



Your Group Benefits Booklet

Dalhousie University Retirees

Retiree Benefits

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PRIVACY PROTECTION PRACTICES

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross collects, uses and stores certain personal information about its members and their dependents. Protecting personal information is not new to us. Ensuring the privacy of client information has always been fundamental to the way we do business.

The purpose of our [privacy statement](#) is to keep you informed about privacy protection practices at Medavie Blue Cross. In addition to this privacy statement, we have an [online privacy statement](#) that describes our practices for protecting your personal information when you use our websites and mobile applications and a [Medavie Blue Cross mobile app privacy policy](#) that applies to your use of our mobile app.

For more information on our privacy protection practices, please visit our website. [**medaviebc.ca**](http://medaviebc.ca)

ABOUT THIS BOOKLET

Medavie Blue Cross administers the following benefits on behalf of Dalhousie University Retirees:

- Hospital Benefit
- Extended Health Benefit
- Vision Benefit
- Drug Benefit
- Dental Benefit

Medavie Blue Cross underwrites Travel Benefit and Referral Outside of 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.

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 Medavie Blue Cross 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%

AMBULANCE TRANSPORTATION

Maximum: \$25 per person in any 12 consecutive month period

Charges for emergency transportation of a stretcher patient by a licensed ambulance to and from the nearest Hospital equipped to provide the emergency care needed by the Participant. This includes air or rail transportation.

This coverage excludes inter-Hospital transfers.

ANCILLARY SERVICES

Maximum: \$150 per hospital admission

Charges for ancillary services where such services are not fully covered under a Government Health Program.

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 continues for the lifetime 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.

TRAVEL BENEFIT

PURPOSE OF COVERAGE

Medavie Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Co-insurance:	100%
Coverage Duration:	First 180 days of Trip outside province of Residence
Stability Requirement:	Participant must be Stabilized in the 6 months before the departure date
Emergency Hospital and Medical Travel Coverage:	\$2,000,000/Participant/Incident*
Worldwide Travel Assistance:	Yes
Referral Outside of Canada**	\$500,000/Participant/lifetime

*Incident – An individual occurrence of Emergency Accident, Injury, Sickness or Disease.

**Pre-authorization required.

DEFINITIONS

The following definitions apply to this benefit.

Accident: An unexpected, unforeseen event or mishap that occurs without intent or design.

Accommodation: Lodging located near the Hospital where the Participant is confined.

Airfare: The regular economy-class fare on a scheduled regular flight operated by an air carrier certified by Transport Canada or an equivalent governmental authority in its country.

Disease: Any unhealthy condition of the body, or of any part of the body, that occurs while coverage is in force for Participant and in respect of which expenses are incurred during a Trip outside their province of Residence.

Emergency: Unexpected and not preplanned.

Fare: The standard fare charged for:

- an economy-class seat on a scheduled domestic or international flight;
- a coach seat on a passenger train;
- a regular seat on a passenger bus; or
- an economy-class seat on a boat;

provided that each carrier holds an operating certificate issued by Transport Canada or an equivalent governmental authority in its country of certification.

TRAVEL BENEFIT

Hospital: A licensed institution that provides continuous medical and nursing care, with at least 1 physician on duty at all times and 24-hour nursing services by registered Nurses. Immediate Family Members may serve as Physicians or Nurses for this definition. The institution must offer diagnostic and surgical facilities and operate as an active treatment hospital.

Coverage excludes any facility used primarily as a clinic, rest home, nursing home, or convalescent facility or similar institution unless specifically authorized by Medavie Blue Cross.

Immediate Family Member: Anyone age 18 and older who is the Participant's child, parent, child, brother, sister, in-law (including son, daughter, father, mother, brother or sister-in-law) including natural, adopted or step relationships, as well as the Participant's spouse, grandson, granddaughter, grandfather or grandmother.

Injury: A bodily injury resulting from an Accident that occurs while the Participant is covered under this plan. The injury must be the direct and sole cause of a loss eligible under the plan, and must be sustained during a Trip outside the Participant's province of Residence, with related expenses incurred during that Trip. Injury does not include any form of Sickness or Disease unless directly caused by an Accident.

Motorized Vehicle: A passenger car, station wagon, van, jeep type vehicle, truck, ambulance, or any motorized vehicle used by police forces at the municipal, provincial or federal police level.

Nurse: A registered nurse (R.N.) or licensed practical nurse who is authorized to practice by the appropriate government licensing body. A Nurse cannot be the Participant or an Immediate Family Member.

Physician: A licensed medical doctor, other than the Participant or an Immediate Family Member who is authorized to practice by the appropriate medical licensing body or government authority in the location where treatment is rendered.

Province: Interpreted to mean "territory" when the Participant's Residence is located in a Canadian territory or receives treatment within a Canadian territory.

Regular Care and Attendance: The observation and treatment provided in accordance with established standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

Residence: The primary dwelling occupied by the Participant, including the premises on which it is located.

Sickness: Any impairment of normal physiological function, including illness or infection, that occurs while the plan is in force for the Participant and forms the basis of a claim, with related expenses incurred during a Trip outside the province of Residence.

Travelling Companion: A person who is sharing same booked accommodation with the Participant.

Trip: Travel that begins on the date of departure from the Participant's province of Residence and ends on the date of return to that province, up to a maximum duration 180 consecutive days.

TRAVEL BENEFIT

WHAT MEDAVIE BLUE CROSS WILL PAY

Medavie Blue Cross will pay for the expenses explicitly listed in the categories below, subject to the following terms and conditions:

- payment is limited to the reimbursement level, benefit maximums and coverage duration specified below and in the Summary of Benefits;
- prior approval of Medavie Blue Cross must be obtained before the Eligible Expense is incurred;
- the charges must be usual, customary and reasonable, meaning that:
 - the amount charged is consistent with the amount typically charged by health practitioners for similar products or services in the geographical area in which the service or supply is being purchased; and
 - the frequency and quantity in which services or supplies are purchased by the Participant are, in the opinion of Medavie Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition;
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit;
- payment is limited to amounts that are in excess of coverage provided by any other plan (where a court determines that this plan and any other plans provide primary coverage, this benefit will be co-ordinated with the other plan, as specified under the Co-ordination of Benefits section of this booklet); and
- payment is subject to post-payment audit.

EMERGENCY HOSPITAL AND MEDICAL TRAVEL COVERAGE

Medavie Blue Cross will pay the Eligible Expenses listed in this section if:

- they are incurred as a result of an Emergency;
- the Participant is covered by government health care coverage when the Emergency occurs; and
- Medavie Blue Cross is satisfied the expense is necessary to stabilize the Participant's medical condition.

Hospitalization: Charges for Hospital room accommodation (not a suite of rooms), as well as medically required inpatient outpatient Hospital services.

Nursing Care: Fees for private duty nursing performed by a professional nurse or nursing assistant when prescribed by the attending Physician. The nurse providing the service must not be a Family Member of the Participant or an employee of the Hospital.

This coverage excludes nursing fees for custodial care.

Drugs: The cost of drugs, sera, and vaccines prescribed by a physician, or legally qualified dentist and dispensed by a registered pharmacist or physician, to a dispensing maximum of a 30-day supply.

Coverage excludes charges for the administration of injectable drugs.

Ambulance Service: The cost of ground or air ambulance for transportation of a stretcher patient to the nearest qualified medical facility. This includes the cost of an inter-Hospital transfer if the attending Physician and Medavie Blue Cross determine that existing facilities are inadequate for Treatment or stabilization.

TRAVEL BENEFIT

Diagnostic Services: Charges for:

- blood plasma, whole blood, or oxygen, including administration; and
- diagnostic X-rays and laboratory tests.

Medical Appliances: Charges for:

- artificial limbs, eyes, and other prosthetic appliances, to a maximum of \$2,000 per calendar year;
- purchase or rental of casts, cervical collars, crutches, trusses, splints, and braces (excluding dental braces and splints); and
- rental of a wheelchair, iron lung, or other durable medical equipment required for temporary therapeutic purposes.

Physician Fees: Fees charged for Physician or surgeon services.

Anaesthetist: Expenses for a licensed anaesthetist when recommended by a Physician.

Practitioners: The cost of services rendered by chiropractors, osteopaths, chiropodists/podiatrists (including 1 X-ray per practitioner) and physiotherapists.

In addition, the cost of services rendered by massage therapists (Physician referral required), speech therapists, and licensed psychologists to a maximum of \$500 per specialty per Accident, Sickness or Disease.

This excludes practitioners who ordinarily reside in the Participant's Residence or who are Immediate Family Members.

Emergency Dental Treatment Benefit: Charges for dental treatment, replacement, or X-rays provided by a legally qualified dentist or oral surgeon, when required due to an Injury to whole and sound teeth (capped or crowned teeth are considered whole and sound), resulting from a force or blow external to the mouth. Medavie Blue Cross will pay the expenses up to an aggregate maximum amount of \$2,000 per accident.

Coverage amounts are determined in accordance with the fee guide for dental general practitioners applicable to the Participant's province of Residence.

Evacuation Benefit: If, due to Injury, Sickness or Disease, a Participant requires any of the following evacuations below, Medavie Blue Cross will pay the reasonable and necessary expenses incurred:

- transportation by any conveyance licensed to carry passengers for hire (excluding ground ambulance), including air ambulance, from the location of the Accident, Sickness or Disease to the nearest Hospital capable of providing the necessary treatment (or to a medical facility or physician's clinic when appropriate), when such evacuation is recommended by the attending Physician and approved by Medavie Blue Cross;
- transportation to the Participant's province of Residence by any conveyance licensed to carry passengers for hire (excluding ground ambulance), including air ambulance, when recommended by the attending Physician and approved by Medavie Blue Cross and when the attending Physician provides written certification that Participant's medical condition after treatment warrants return for continued care or recovery; and

TRAVEL BENEFIT

- transportation to the Participant's province of Residence when the Participant is confined as an inpatient under the Regular Care and attendance of a Physician, preventing return on the original scheduled return flight when that ticket is non changeable and non refundable.

Medavie Blue Cross will also reimburse reasonable and necessary round trip Airfare, Accommodation, and board expenses incurred by a medical attendant or 1 Immediate Family Member accompanying the Participant, up to a maximum of \$5,000.

This benefit is payable under only 1 plan issued to the Plan Sponsor by Medavie Blue Cross.

Repatriation Benefit: The reasonable and necessary expenses incurred to transport the body of a deceased Participant whose death resulted from Injury, Sickness or Disease when located not less than 50 kilometres from their normal Residence. This includes transportation to the nearest appropriate resting place (such as a funeral home or place of interment) within the vicinity of the Participant's Residence, as well as charges for preparing the body for transportation.

The maximum amount payable under this benefit is \$15,000.

Benefits are payable to the individual who incurred the covered expenses.

Family Transportation and Accommodation Benefit: If, due to Injury, Sickness or Disease, a Participant dies or is hospitalized as an inpatient for at least 4 consecutive days under the Regular Care and Attendance of a Physician, Medavie Blue Cross will pay the reasonable and necessary expenses incurred by:

- any other Participants or Travelling Companion who stay with the hospitalized Participant and are unable to return to their province of Residence on their original, non-changeable and non-refundable return date. Eligible expenses include board, Accommodation, and transportation home by the most direct route, up to the cost of a 1-way Fare; or
- an Immediate Family Member or designated representative for board, Accommodation, and 1 return Fare to travel by the most direct route between their Residence and the
- hospitalized Participant, when the Participant was travelling without a family member at the time of hospitalization.

Transportation reimbursement is limited to 75% of the applicable Fare. For travel by a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, reimbursement is limited to \$0.35 per kilometre.

The total amount payable under this benefit is \$5,000 per Participant, per Accident, Sickness or Disease.

Vehicle Return Benefit: The reasonable and necessary expenses charged by a commercial agency to return the Participant's Motorized Vehicle, whether private or rental used as transportation during a trip, when the attending Physician certifies in writing that the Participant has become disabled as a result of Injury, Sickness or Disease and is unable to continue the trip by means of driving that vehicle. The vehicle will be returned by a commercial agency to the Participant's normal place of Residence or to the rental agency, as applicable.

This benefit is subject to a maximum of \$1,000 per 1 Accident, Sickness or Disease.

TRAVEL BENEFIT

Rental Expense Benefit: The reasonable expenses incurred for the rental of a telephone and or television set when, as a result of Injury, Sickness or Disease, the Participant is confined as an inpatient in a hospital and is under the regular care and attendance of a Physician.

This benefit is subject to a maximum of \$200 per 1 Accident, Sickness or Disease.

Hotel Convalescence Benefit: The cost of commercial accommodation and meals when the Participant's travel is delayed due to Injury, Sickness or Disease of the Participant or Travel Companion. The medical reason for the delay must be verified by the attending Physician. The maximum reimbursement is \$150 per Participant per day for a maximum of 20 days (up to a total maximum of \$3,000 per Injury, Sickness or Disease).

All costs must be supported by receipts from commercial organizations.

WORLDWIDE TRAVEL ASSISTANCE

Medavie Blue Cross, through its travel assistance provider, will provide an emergency toll-free line available 24 hours a day, 7 days a week, for Participants who need medical assistance or general assistance while travelling.

Medical Assistance

If the Participant requires hospitalization or a consultation with a physician as a result of an Emergency, the travel assistance provider appointed by Medavie Blue Cross will provide the following support services:

- direct the Participant to an appropriate clinic or Hospital;
- confirm with the service provider that the Participant is covered;
- ensure a follow-up of the medical file and communicate with the Participant's family physician;
- co-ordinate the return home of a Child if the Participant is hospitalized;
- repatriation of the Participant to the province of residence if the Participant meets the eligibility requirements of this expense;
- arrange for the transportation of an Immediate Family Member to the Participant's bedside if the Participant meets the eligibility requirements of this expense; and
- co-ordinate the return of the Participant's vehicle if the Participant meets the eligibility requirements of this expense.

General Assistance

In Emergency situations, the travel assistance provider appointed by Medavie Blue Cross will also provide the Participant with the following services:

- transmittal of urgent messages;
- co-ordination of claims;
- services of an interpreter for Emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance with the loss or theft of identity papers; and
- information regarding embassies and consulates.

In addition, pre-travel advice regarding visas and vaccines is available.

Medavie Blue Cross and its travel assistance provider are not responsible for the quality of medical and Hospital care provided to the Participant or for the availability of such care.

TRAVEL BENEFIT

REFERRAL OUTSIDE OF CANADA

When an attending physician refers a Participant outside of Canada for medical services not available in Canada, Medavie Blue Cross will cover the portion of expenses listed below which exceed those covered by the Participant's government health care coverage.

Hospital Services: Charges for:

- hospital room accommodation;
- intensive care room accommodation;
- nursing services;
- operating and recovery room services;
- diagnostic and laboratory services, including X-rays;
- oxygen and blood;
- prescription drugs including intravenous solutions; and
- physiotherapy.

Physicians and Surgeons: Charges for services rendered by a physician or surgeon.

Ambulance Transportation and Attendant: Charges for licensed ambulance services needed to transport a stretcher patient to and from the nearest hospital able to provide acute care. Charges for air transportation are included to a maximum of up to 3 economy fare seats on a regularly scheduled flight. This also includes any charges for travel expenses of an accompanying registered nurse or qualified medical attendant, other than a relative.

To be eligible for coverage under this category, all expenses must be pre-approved by Medavie Blue Cross and the Participant's government health care coverage must agree to cover a portion of the expenses.

Specific Exclusions and Limitations Applicable to Referral Outside of Canada

The following limitations apply:

- a) any referral outside of Canada must be medically necessary and not be for services that are available in Canada, as determined by Medavie Blue Cross;
- b) the claim must have pre-authorization from Government Health Care Coverage and Medavie Blue Cross;
- c) payment will be made based on the Provider's Usual, Customary and Reasonable charges for the services or supplies provided in the area in which they are rendered;
- d) payment will only be made for services or supplies provided while the Participant is under the treatment of a Physician;
- e) no payment will be made for treatment related to an illness beginning within 12 months following the Participant's effective date of coverage or for which medical treatment was received, or medication was prescribed 12 months prior to the effective date of this coverage; and
- f) services for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

TRAVEL BENEFIT

PAYMENT OF CLAIMS

How Payments are Made

Medavie Blue Cross may approve payment directly to the service provider. In certain circumstances, the Participant will pay the full cost of any Eligible Expense at the time of purchase. Medavie Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

The following benefits are excluded from the overall benefit maximum of Emergency Hospital and Medical Travel Coverage:

- Evacuation Benefit;
- Repatriation Benefit;
- Family transportation and Accommodation Benefit;
- Vehicle Return Benefit;
- Rental Expense Benefit; and
- Hotel Convalescence Benefit.

Unless otherwise specified, all benefits, including those for a Dependent Spouse or Child, are paid to the Participant or as they request. Any unpaid benefits at the time of the Member's death will go to the estate.

Continuation of Coverage

In the event the Participant is delayed beyond the termination date of coverage, coverage under this plan may be continued without payment of premium, subject to the following:

- If the Participant is in the process of returning to their province of Residence and the delay results from a mechanical failure of the mode of transportation, a traffic accident, or adverse weather conditions, coverage will remain in force for a period not exceeding 72 hours from the original termination date of coverage;
- If the Participant is hospitalized as an inpatient due to Injury, Sickness or Disease at the time coverage would otherwise terminate, coverage will continue for up to 72 hours following discharge from the Hospital; and
- If, as a result of Injury, Sickness or Disease, the Participant is not confined to a Hospital but the attending Physician determines that the Participant is medically unable to return to their province of Residence, coverage will be extended for a maximum period of 10 days from the date coverage would otherwise have ended.

Any coverage extended under this section shall be governed by the terms, conditions, and benefit limits of the Plan in effect on the date coverage would otherwise have terminated, including any applicable reductions in coverage.

Time Limit to Submit a Claim

Emergency Hospital and Medical Travel Coverage, and Referral Outside of Canada:

Written notice of a claim must be provided to Medavie Blue Cross within 30 days from the date the expense was incurred, or as soon as reasonably possible.

Written proof of claim must be submitted to Medavie Blue Cross within 90 days from the date the expense was incurred.

Failure to provide notice of claim or proof of claim within the time periods specified above will not invalidate a claim where it is demonstrated that compliance was not reasonably possible and the required information was provided as soon as reasonably possible, provided that in no event shall notice or proof be accepted more than 1 year from the date the expense was incurred.

TRAVEL BENEFIT

EXCLUSIONS AND LIMITATIONS

Limitations Applicable to all Travel Benefit Claims

The following limitations apply:

- coverage for a Trip begins once the Participant departs the border of their province of Residence, or, when travelling by air, at the moment the aircraft takes off from within their province of Residence, provided the Participant's insurance is in effect.

Coverage ends when the Participant crosses back into their province of Residence upon returning from the Trip, or, if travelling by air, when the aircraft lands in their province of Residence, or as specified in the definition of Trip following the date of departure from the province of Residence, whichever occurs first;

- all expenses must be Emergency, non-elective in nature, incurred outside the Participant's province of Residence, and exceed the amounts payable under any individual, group or Government Health Care Plan; and
- in consultation with the attending Physician, Medavie Blue Cross may require that the Participant be transferred to another Hospital or returned to their province of Residence for ongoing treatment. If the Participant refuses the recommended transfer, Medavie Blue Cross will not be responsible for any further expenses related to the condition after the proposed transfer date.

Exclusions Applicable to all Travel Benefit Claims

No payment will be made (or payment may be reduced) if:

- a) expenses that are covered under any Government Health Care Coverage, whether benefits are payable or not, or expenses for which insurance coverage is prohibited by law;
- b) expenses for which reimbursement has been made through the Plan Sponsor's other group health or hospitalization insurance plan;
- c) medical examinations requested by a third party, cosmetic procedures, and dental treatment unless required due to an Accident;
- d) charges for experimental drugs not approved by Pharmaceutical Drugs Directorate, Health Canada, any type of contraceptive and patent medicines;
- e) charges for experimental medical treatments;
- f) services for which no charge would normally be made if insurance coverage were not in place;
- g) medical expenses for treatment or surgery the Participant chooses to receive outside their province of Residence after Emergency care or diagnosis, when medical evidence shows the Participant could have returned home before undergoing such treatment or surgery;
- h) any medical condition for which the Participant received medical advice, consultation or treatment within 6 months prior to the start of the Trip, except for a Chronic Condition that is under treatment and has remained Stabilized through the regular use of prescribed medication.

A Chronic Condition is a disease or disorder that has existed for at least 6 months.

Stabilized means the condition has not required any change in medical or psychiatric care for at least 6 months. Adjustments to Warfarin or Coumadin dosages are not considered medical intervention, provided the attending Physician confirms the condition was stabilized prior to departure;

- i) the Participant fails to communicate with Medavie Blue Cross in the event of medical consultation or hospitalization following an injury or Sickness;
- j) expenses are incurred beyond the coverage duration period specified in the Summary of Benefits;
- k) the purpose of the Trip is primarily to seek medical advice or treatment, even if this Trip is on the recommendation of a physician, with the exception of Referral Outside of Canada;

TRAVEL BENEFIT

- l) expenses have already been paid or are eligible for refund from a third party;
- m) expenses are incurred by a Participant who is not covered by Government Health Care Coverage; or
- n) expenses are incurred as a result of:
 - i. participation in acts of terrorism, or in a riot, insurrection or civil commotion;
 - ii. suicide or intentionally self-inflicted injury; or
 - iii. any war, whether declared or not, within Canada or the United States of America.

Specific Exclusions and Limitations

Emergency Hospital and Medical Travel Coverage

No payment will be made for:

- a) expenses for any care, treatment, surgery, products or services that:
 - i. are not incurred as a result of an Emergency;
 - ii. are not medically necessary;
 - iii. are performed for cosmetic purposes only;
 - iv. are not required for the immediate relief of acute pain and suffering; or
 - v. could be delayed until the Participant's return to Canada;
- b) expenses incurred due to pregnancy or childbirth, except for pregnancy complications, which are covered as any other Sickness; or
- c) expenses incurred due to an Emergency that occurs while participating in a sport for remuneration.

TERMINATION

Travel benefit continues for the lifetime of the subscriber.

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: 80%

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.

ANTIGEN THERAPY

Maximum reimbursement: \$1,200 per calendar year, to a lifetime maximum of \$2,400

Charges for antigens, antihistamines and serums used solely for the purpose of desensitization and/or treatment of allergic conditions and/or environmental illness.

DIABETIC EQUIPMENT

Maximum reimbursement: \$560 every five consecutive calendar years

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 laboratory service and X-ray examinations.

HEARING AIDS

Maximum reimbursement: \$200 every 84 consecutive months.

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

EXTENDED HEALTH BENEFIT

HOSPITAL ACCOMMODATION

Maximum reimbursement: \$28 per day

Charges of a licensed general hospital for room accommodation.

MEDICAL SUPPLIES AND EQUIPMENT

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

- rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair or hospital-type bed;
- equipment for the administration of oxygen;
- lymphoedema sleeves (limited to 2 in a calendar year);

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.

MENTAL HEALTH PRACTITIONERS

Overall maximum reimbursement: \$1,500 in a calendar year

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

SMOKING CESSATION AIDS

Maximum reimbursement: 50% of the eligible expense to a maximum reimbursement lifetime payment amount of \$200.

Charges for smoking cessation aids when prescribed by a physician.

ORTHOPEDIC FOOTWEAR & SUPPLIES

Maximum reimbursement: \$160 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.

OSTOMY SUPPLIES

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

OXYGEN

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

PARAMEDICAL PRACTITIONERS

Maximum reimbursement: \$20 for X-rays in a calendar year per practitioner

Overall maximum reimbursement: \$500 in a calendar year

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

EXTENDED HEALTH BENEFIT

PHYSICIAN SERVICES

Charges outside the covered person's province of residence in excess of the allowance under a government health plan.

PRIVATE DUTY NURSING

Maximum reimbursement: 80% of the first \$10,000, 50% of the next \$10,000 and nil thereafter.
The maximum reimbursed is \$13,000 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.

In addition, services provided by an approved personal care worker are eligible under this benefit for up to 4 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 and requires temporary home care.

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

AMBULANCE TRANSPORTATION

Charges for emergency transportation of a stretcher patient by a licensed ambulance to and from the nearest Hospital equipped to provide the emergency care needed by the Participant. This includes air or rail transportation.

This coverage excludes inter-Hospital transfers.

EXTENDED HEALTH BENEFIT

PROSTHETIC APPLIANCES

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

- artificial limbs (limited to one prosthetic appliance to each limb in a lifetime);
- breasts (limited to a left and a right prosthesis every two consecutive calendar years);
- eyes (limited to one left and one right prosthesis in a lifetime);
- canes or crutches (limited to two in a lifetime);
- splints;
- casts;
- trusses (limited to one truss every five consecutive calendar years); and
- braces (limited to one cervical collar in a calendar year and all other braces are limited to one in a lifetime).

Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum reimbursement of \$40 every 12 consecutive months.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum reimbursement of \$500 every three calendar years.

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

SPECIAL AMBULANCE ATTENDANT

Maximum reimbursement: \$120 every 12 consecutive months

Travel expenses of a Registered Nurse (not a relative) when medically necessary and approved by Medavie Blue Cross.

TERMINATION

Extended Health benefit continues for the lifetime 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: 80%

CONTACT LENSES DUE TO DISEASE

Maximum reimbursement: \$100 every 24 consecutive months

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.

EYE EXAMINATIONS, LENSES, FRAMES AND CONTACT LENSES

Maximum reimbursement: \$100 every 24 consecutive months for adults and every 12 consecutive months for dependent children less than 18 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.

TERMINATION

Vision benefit continues for the lifetime 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: Tier 1: the participant pays the dispensing fee

Co-payment: Tier 2: the participant pays 40% for each eligible prescription item

Co-insurance: 100% of the remaining eligible expense

Payment for a Specialty High Cost Drug may be reduced by the amount of financial assistance available under a Patient Support Program.

Includes prescription drug items approved by Medavie Blue Cross and certain over-the-counter items that are considered life-sustaining in nature and that are approved by Medavie Blue Cross.

Charges also for the following supplies in a quantity prescribed by a physician and deemed reasonable by Medavie Blue Cross under Tier 1:

- diabetic supplies, including needles, syringes, swabs, test tapes, lancets and insulin pump supplies; and
- 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 in a calendar year.

Drug Benefits are paid directly to the pharmacy.

Tiered Formulary

Eligible drug benefits include only medically necessary drugs which by law can only be obtained with a prescription and considered by Medavie Blue Cross to be life-sustaining. Drugs are separated into two tiers with the co-pay varying among the tiers. Drugs selected for the first tier are less expensive drugs, recognized as first line therapy for the treatment of disease, and are used to treat serious medical conditions. Drugs in the second tier are drugs that are usually more expensive, may be used to treat non-life threatening conditions, and are not always considered first line therapy for the treatment of specific diseases. Any eligible medication must be authorized by Medavie Blue Cross and prescribed and dispensed by Medavie Blue Cross approved providers.

Conditional Co-payment

Certain eligible drugs that would normally be reimbursed at the lower reimbursement level may be reimbursed at the higher reimbursement level when established criteria are met. The criteria to be met for Conditional Co-payment are established by Medavie Blue Cross.

DRUG BENEFIT

Mandatory Generic Substitution

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.

DEFINITIONS

Medication Advisory Panel: The group of health care and other industry professionals appointed by Medavie Blue Cross to review new drugs and decide which drugs Medavie Blue Cross includes on its formularies.

Patient Support Program: A program that provides assistance and services to participants when prescribed Specialty High Cost Drugs.

Special Authorization: Eligible drugs that are identified by Medavie Blue Cross as requiring prior or ongoing authorization by Medavie Blue Cross to qualify for reimbursement. The criteria to be met for Special Authorization are established by Medavie Blue Cross and may include requiring the participant to participate in a Patient Support Program.

Specialty High Cost Drug: An eligible drug that requires Special Authorization and:

- is considered a Specialty High Cost Drug by the Medication Advisory Panel; or
- meets the following criteria:
 - costs \$10,000 or more per treatment or per calendar year;
 - is used to treat complex chronic or life threatening conditions such as cardiac, rheumatoid arthritis, cancer, multiple sclerosis or hepatitis c.; and
 - is prescribed by a specialist.

TERMINATION

Drug benefit ceases at age 65. Coverage continues for an under age spouse until age 65 even if the subscriber is over 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.

DENTAL BENEFIT (VOLUNTARY)

The Dental benefit is a voluntary benefit (only applicable if the retiree has enrolled in the benefit). If you chose dental coverage, the program will cover 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 Nova Scotia Dental Fee Guide for general practitioners.

BASIC BENEFITS

Co-insurance: 100%

Diagnostics

- complete examinations once every three (3) consecutive calendar years
- recall examinations one (1) in a calendar year
- bitewing two films in a calendar year
- full series or panoramic x-rays once every 12 consecutive months
- tests/analysis/laboratory procedures

Preventive Services

- polishing once, up to one (1) unit of time* in a calendar year
- fluoride treatment one (1) in a calendar year
- scaling one unit in a calendar year
- pit and fissure sealants and space maintainers
- appliances (periodontal, TMJ or Myofascial) once every (2) two calendar years

Restorative Services

- amalgam (silver) and tooth coloured (white) fillings
- full coverage prefabricated restorations
- retentive pins

Prosthodontic Services

- denture adjustments and repairs (after 3 months of initial insertion)
- denture reline or rebase once every two (2) consecutive calendar years
- tissue conditioning

Surgical Services

- extraction of teeth and roots
- surgical movement of teeth
- removal of benign tumors, cysts

General Services

- general anaesthesia and intravenous sedation in conjunction with oral surgery

*one unit of time is equal to 15 minutes

DENTAL BENEFIT (VOLUNTARY)

ENDODONTIC AND PERIODONTIC SERVICES

Co-insurance: 90%

Endodontic Services

- root canal therapy

Periodontic Services

- periodontal scaling and root planing
- periodontal surgery (grafts)
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair
- occlusal equilibration

MAJOR RESTORATIVE BENEFITS

Co-insurance: 70%

Maximum: \$1,000 in a calendar year

Extensive Restoratives

- inlays/onlays/crowns

Prosthodontic Services

- complete and partial dentures, limited to one upper and one lower, once every five (5) consecutive calendar years
- bridgework

The maximum payment is \$1,000 per participant in a calendar year period. Services related to implants are also included within the maximum with a two (2) calendar year period.

This program excludes replacement of the denture unless it is at least five years old and cannot be made serviceable, and the replacement of dentures that may have been lost, mislaid or stolen.

ORTHODONTIC BENEFITS (Applicable to employees with this benefit prior to retirement)

Co-insurance: 50%

Maximum: \$3,000 in a lifetime

Orthodontic Services

- removable and fixed appliances (braces)
- observations and adjustments.

Treatment rendered by an Orthodontist, including the provision of orthodontic appliances for the correction of Class I, Class II, or Class III malocclusions in relation to a primary, mixed, or permanent dentition. Treatment shall be deemed to commence on the date the initial orthodontic appliance is installed.

DENTAL BENEFIT (VOLUNTARY)

DENTAL EXCLUSIONS AND LIMITATIONS

The dental plan does not cover the following expenses:

1. Services and supplies, or portion thereof, which is covered by, or which the Participant is entitled to receive from, a government health plan, any other government plan, or Workers' Compensation.
2. Services and supplies for which a government or government agency prohibits the payment of benefits.
3. Services and supplies provided by a dental or medical department maintained by the employer, a mutual benefit association, labour union, trustee or similar type of group.
4. Services and supplies required as the result of any intentionally self-inflicted injury, or as the direct result of war (declared or undeclared) or of engaging in a riot or insurrection.
5. Services and supplies rendered for dietary planning for the control of dental caries, for plaque control or for oral hygiene instruction.
6. Services and supplies rendered principally for cosmetic purposes, unless the services are required as the result of an Accident which occurred after the Participant's effective date of coverage.
7. Services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction, or for correction of a temporomandibular joint dysfunction.
8. Dental treatment which is not yet approved by the Canadian Dental Association or which is clearly experimental in nature.
9. Dentures which have been lost, mislaid or stolen.
10. Services and supplies rendered for the correction of any congenital or developmental malformation which is not a Class I, Class II or Class III malocclusion.
11. Implants include placement of implants, post surgical care, uncovering and placement of attachment but not prosthesis.
12. That portion of Orthodontic treatment, normally considered an Eligible Expense under this Policy, which is rendered after the Participant's effective date of coverage and which is part of a course of treatment that commenced prior to such effective date, unless the expense is not covered by any group benefit.
13. Replacement dentures required less than five years after initial or replacement dentures were provided under this Policy.
14. Broken appointments or the completion of claim forms.
15. Services for which charges would not normally be made if the Participant were not covered by this Policy.

DENTAL BENEFIT (VOLUNTARY)

BENEFITS FOR LATE APPLICANTS

If application for dental benefits is made more than 60 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$150 per covered person during the first 12 months of coverage. Major Restorative benefits for late applicants are payable after 12 months from the effective date of coverage; Orthodontic benefits are payable after 24 months from the effective date 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.

PREDETERMINATION OF BENEFITS

When the total cost of any proposed dental treatment is expected to exceed \$500, ask your dentist to complete and submit the predetermination section of the claim form to Medavie Blue Cross before the start of the treatment. You will know, beforehand, the exact amount of reimbursement. If you change dentists in the course of treatment, you will be required to submit a new treatment plan.

TERMINATION

Dental Benefit ceases when the subscriber reaches age 65. Orthodontic benefits will continue, provided the treatment is rendered within the three-month period immediately following the termination date and treatment commenced prior to the termination date.

WHEN AND HOW TO MAKE A CLAIM

Dental benefits are reimbursed to the retired employee. The retired 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.

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.

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 AND DENTAL 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.

With the exception of 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 Travel Benefit provided under this policy is limited to amounts that are in excess of coverage provided by any other plan(s), as specified under What Medavie Blue Cross Will Pay.

CONVERSION PRIVILEGE

If you should terminate your coverage, 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. 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 and Dental Benefits provided:

- the surviving spouse makes arrangements to pay the full cost of the coverage as amended from time to time and as prescribed by the University;
- any eligibility conditions continue to be met by the surviving spouse and any dependent children.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE RETIRED EMPLOYEES

To be eligible for group benefits, you must be a retired employee:

- who is a resident of Canada;
- covered under your provincial government plan;
- have been a participant in the active policy:
 - at retirement; and
 - enrolled in the coverage you are continuing for at least five years directly preceding retirement;
- within 10 years of normal retirement; and
- have at least ten years of service with the policyholder.

Coverage commences following the date of retirement.

Retired 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 21 years of age or, if 21 years of age but less than 25 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 25 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.

ADDITIONAL BENEFIT INFORMATION

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: 1-800-667-4511

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@medaviebc.ca or visit our website at www.medaviebc.ca.

CONNECT WITH BLUE CROSS

Like us on Facebook at facebook.com/MedavieBlueCross



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.

CONNECTED CARE

Connected Care provides convenient access to innovative products and services such as virtual care, mental wellness and other health solutions from industry leading partners. These offerings are available at preferred pricing, and you may also be covered for certain products and services under your group benefits plan. Availability is subject to change without notice. For more information, log in to the Medavie Blue Cross Mobile app or website at www.medaviebc.ca/connected-care.

HEALTH CONNECTED®

Health Connected 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 Health Connected resources.

Blue Cross is proud to help point your way to healthier living. To register for your free account go to Connected Care and simply follow the instructions for Health Connected or visit medaviebc.ihealthconnected.com.

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

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); or
- 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.