



**Dalhousie University**

Retirees over age 65

Major Medical Insurance

MMI

Plan Number: 9146-002

Date of Issue: April 2010

## **ABOUT THIS BOOKLET**

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

- Hospital Benefit
- Extended Health Benefit
- Vision Benefit

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 information contained in this booklet is important, and we suggest it be kept in a safe place.

This booklet replaces any previously issued booklet.

If you are interested in viewing your personal benefits coverage, please go to Dalhousie's website and you will find it under "Web for Employees" (<https://dalonline.dal.ca>).

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## **HOSPITAL BENEFIT**

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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.

### **Reimbursement: 100% Plan**

#### ***ANCILLARY SERVICES***

Maximum: \$150 per hospital admission

Charges for ancillary services outside your province of residence 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.

Hospital means an institution licensed and operating under any federal or provincial health or insurance act, with facilities to provide active in-patient treatment and care. The term Hospital, as used in this contract, shall not include a rehabilitation hospital, mental institution, rest home, nursing home, convalescent home, health spa or hotel, a place for custodial care, a home for the aged or an institution used primarily for treatment of a specific illness or disease.

Hospital includes:

- a regional hospital corporation as defined in the Hospitals Act, R.S.N.B., 1980, c.H-6.1 and any amendments thereto;
- a hospital authority as defined in the Hospitals Act, R.S.Nfld., 1990, c.H-9 and any amendments thereto;
- a board as defined in the Hospitals Act R.S.N.S., 1989, c.208 and any amendments thereto;
- a commission as defined in the Hospital Act, R.S.P.E.I., 1988, c.H-10 and any amendments thereto; and
- any other regional hospital corporation, hospital authority, board, commission or other authority as defined in any other Provincial Hospital Acts or similar legislation not specifically referred to herein.

Upon admission to a hospital where possible you should verify with Medavie Blue Cross what coverage is in place under this benefit. When possible you should seek a pre-determination from Medavie Blue Cross to determine the level of coverage you have under this plan.

***OUTPATIENT SERVICES***

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

***AMBULANCE SERVICES***

Maximum: 100% of \$25 in any period of 12 consecutive months and 80% of the remainder.  
(no maximum)

Charges for professional ambulance services to and from the nearest hospital able to provide the type of care essential for the patient when such ambulance services, in the opinion of Medavie Blue Cross is justified.

***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.

Ambulance claims must be paid and submitted to Medavie Blue Cross for assessment.

Claims must be submitted within no later than 24 months of receiving services or supplies or the end of your Hospital benefit.

## **EXTENDED HEALTH BENEFIT**

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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.

**Reimbursement: 80% Plan            20% Employee**

### ***HOSPITAL ACCOMMODATION***

Maximum:            80% of \$35 per day

Charges of a licensed general hospital for room accommodation (not a suite of more than one room) in excess of government plan allowances and in excess of benefit allowances provided under hospital benefits.

### ***PRIVATE DUTY NURSING***

Maximum:            80% of the first \$10,000; 50% of the next \$10,000; and nil thereafter. The maximum reimbursement amount payable in any one calendar year shall not exceed \$13,000.

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 certified nursing assistant or member of the Victorian Order of Nurses 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.

### ***PROFESSIONAL AMBULANCE***

Professional ambulance to and from the nearest facility able to provide essential care. Air transportation, on the written authorization of the attending physician, for a stretcher patient, up to three economy seats on a regularly scheduled flight. Reimbursed at 80% with no maximum.

### ***SPECIAL AMBULANCE ATTENDANT***

Maximum:            80% of \$150 in any period of 12 consecutive months

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

## **EXTENDED HEALTH BENEFIT**

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### ***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 in your province of residence at the time of treatment.

### ***DIABETIC EQUIPMENT***

Maximum: 80% of \$700 in five calendar years

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

### ***DIABETIC SUPPLIES***

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

### ***EYE EXAMINATIONS, LENSES AND FRAMES***

Maximum: 80% of \$125 in 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, sun glasses or glasses/contacts for cosmetic purposes.

### ***HEARING AIDS***

Maximum: 80% of \$250 in seven consecutive calendar years.

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

### ***DIAGNOSTIC AND X-RAY SERVICES***

Charges for laboratory service and X-ray examinations, when approved by Medavie Blue Cross.

### ***PHYSICIAN SERVICES***

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

## **EXTENDED HEALTH BENEFIT**

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### ***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;

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: 80% of \$200 in a calendar year

Charges for orthopedic footwear when the footwear is customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician. Also, charges for shoe modification, adjustments 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.

### ***OTHER HEALTH CARE PRACTITIONERS***

Maximum: 80% of \$625 in a calendar year  
80% of \$25 for one X-ray in a calendar year per practitioner

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

### ***OXYGEN***

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

### ***PROSTHETIC APPLIANCES***

Charges for the following remedial appliances or supplies, when authorized by the attending physician: (Individual benefit maximums may apply)

- artificial limbs
- breasts
- eyes
- crutches
- cane
- splints
- casts



## **EXTENDED HEALTH BENEFIT**

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### ***PROSTHETIC APPLIANCES (CONT'D)***

- trusses
- braces

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

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

Replacement must be due to pathological or physiological change.

### ***ANTIGEN THERAPY***

Maximum: 80% of \$1,500 per person in a calendar year, up 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.

**Reimbursement: 50% Plan            50% Employee**

### ***NICOTINE PATCH***

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

### ***WHEN AND HOW TO MAKE A CLAIM***

Extended Health Benefit is 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. You may obtain claim forms from the Medavie Blue Cross website or provider of service as appropriate. Some providers (physiotherapists, chiropractors and vision providers) may offer Direct/Web billing. Please check with your provider to see if this service is available. Pre-approval by Medavie Blue Cross is recommended.

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

Claims must be submitted no later than 24 months of receiving services or supplies or the end of your Extended Health Benefit.

## **HEALTH EXCLUSIONS AND LIMITATIONS**

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- 1) Medical examinations or routine general checkups required for use by a third party.
- 2) Charges for rest cures; convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a general hospital, or charges incurred by the Participant when, in the opinion of Medavie Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill.
- 3) Charges relating to elective services obtained by a Participant outside their province of residence when their provincial government health care programs have not accepted liability for those items normally covered in the Participant's province of residence.
- 4) Any services and supplies to which the participant is entitled under any Workers' Compensation statute or any other legislation.
- 5) Charges which normally would not be made if the Participant were not covered by this contract.
- 6) Services for cosmetic purposes or conditions not detrimental to one's health.
- 7) Any services and supplies normally available without cost, or at nominal cost, under any government statute on the effective date of this contract, whether or not such services or supplies continue to be eligible under a government program.
- 8) Mileage and/or delivery charges to or from a hospital or Health Care Professional.
- 9) Services in connection with an injury or disease resulting from riot, insurrection or war, whether war be declared or not. This includes any condition caused directly or indirectly by any armed forces.
- 10) Medications restricted under federal or provincial legislation which are prescribed and/or dispensed despite such regulations.
- 11) Registration charges or non-resident surcharges in any hospital.
- 12) Services required as a result of attempting to commit a criminal act.
- 13) Services performed by an unqualified practitioner.
- 14) Charges for missed appointments or the completion of forms.
- 15) Services which are normally paid for directly or indirectly by the employer.
- 16) Any health care services and supplies which are not provided by a Medavie Blue Cross Approved Provider.
- 17) Charges for Experimental or Investigative health care services or supplies.
- 18) Any health care service or supplies which are not Medically Necessary nor Proven Effective.
- 19) Charges for Health Care Planning Assessments including, but not limited to physiotherapy assessments. Health Care Planning Assessments will be excluded as eligible benefits, unless otherwise specified in this contract.
- 20) Any health care services and supplies administered in a Hospital or by any agency or provider controlled by a Hospital or by any agency or provider funded, in whole or in part, by government of any level, is not eligible for reimbursement under this contract, unless otherwise specified in this contract.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***TERMINATION***

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

- the date you terminate coverage,
- the termination date of the Group Contract,
- the date you cease to be eligible due to death, or age limitation.

### ***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 retired 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.

### ***SURVIVOR BENEFITS***

In the event of the retired employee's death, the surviving spouse is eligible for continued benefits provided the surviving spouse continues to pay the relevant premium based on their family status.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***CONVERSION PRIVILEGE***

If you should terminate your coverage, you may convert to an Individual Health plan currently issued by Medavie 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.

### ***ELIGIBLE RETIRED EMPLOYEES***

Retired Employees may elect coverage, within 31 days of becoming eligible by contacting Dalhousie Benefits Administrator.

### ***ELIGIBLE DEPENDENTS***

Dependent means the Subscriber's spouse and unmarried Dependent children as defined below. Dependents defined below shall exclude any person for whom evidence of health, if required, was not approved by Medavie Blue Cross.

Spouse shall mean a person who is either is married through an ecclesiastical or civil ceremony to an employee, or although not legally married to an employee, co-habits with the employee for at least 12 months in a conjugal relationship. The term "conjugal relationship" shall be deemed to include a conjugal relationship between partners of the same sex. In the event of divorce, legal separation, or discontinuance of cohabitation ("common law" Spouse), the Subscriber may elect to continue membership of the former Spouse or to provide notice to Medavie Blue Cross to terminate the Spouse. Medavie Blue Cross will at no time provide coverage for more than one Spouse under the same policy.

Children shall mean any natural, stepchild, adopted child or foster child of the employee and/or the employee's spouse, including a natural child of the unmarried minor female dependent of an employee, or a child to which the employee is in "loco parentis". Such children shall mean:

- a) an unmarried child under age 21, or under age 25 if a full-time student in attendance at university or similar institution of learning, who is dependent on the employee for support or maintenance.
- b) A child of any age who is incapable of self sustaining employment due to mental retardation or physical handicap, who is dependent on the employee for support.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***EVIDENCE OF HEALTH***

Proof of good health is not required if application is made within 60 days of first becoming eligible. If coverage is not applied for within this 60 day period, medical evidence may be requested for the retired 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 60 days of becoming eligible.

### ***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.

## **CARDHOLDER SITE**

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### ***INSTRUCTION FOR MEMBERS***

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. Our latest innovation, the Cardholder Site, will help you better understand, manage and co-ordinate your benefit plan.

The Cardholder Site is simple to use and is delivered in a secure environment. You can access general information about your plan, view your claims and payment history, or print generic claim forms, with a click of your mouse. The Cardholder Site is available 24 hours a day, seven days a week from home or work, all you need is an Internet connection. The Cardholder Site makes life easier for you.

### ***FIRST-TIME ACCESS TO THE CARDHOLDER SITE***

1. Log on to the Medavie Blue Cross Web site at [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)
2. Select “English” or “French”
3. Select “For Cardholders” from the left menu bar
4. Select “First Time, Register Now”
5. Complete the online registration form
6. Medavie Blue Cross immediately e-mails you a temporary password
7. Access your e-mail account to receive your temporary password
8. Repeat steps 1 and 2
9. Enter your selected user ID and your temporary password
10. You are prompted to change your password
11. You are in the Cardholder Site

\*\* Please ensure you make note of your user ID and password for future reference. \*\*

### ***PLEASE NOTE***

For security reasons, the Cardholder Site is for use of the cardholder only. Dependents and other family members will not have access to the site.

For further information on the Cardholder Site, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Center toll free at 1-800-667-4511 (Atlantic Region) or 1-800-355-9133 (Ontario Region) or e-mail [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca).

## **MEDAVIE BLUE CROSS PRIVACY PROTECTION PRACTICES**

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

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

### ***What is personal information?***

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

### ***How is your personal information used?***

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

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

\*not applicable in Ontario and Quebec

### ***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 cardholder of any contract under which you are a participant

## **MEDAVIE BLUE CROSS PRIVACY PROTECTION PRACTICES**

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### ***To whom could this personal information be disclosed? (Cont'd)***

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

To 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 Dalhousie University Employee Benefits (494-1122).

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](http://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](mailto: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



Medavie Blue Cross has branch offices at the following locations to answer any inquiries you may have relating to your benefit plan.

**NEW BRUNSWICK**

*Bathurst*

*St. Anne Street Plaza  
Unit 4 - 930 St. Anne Street  
Bathurst, NB E2A 6X2*

*Fredericton*

*Unit 2 - 1055 Prospect Street  
Fredericton, NB E3B 5B9*

*Moncton*

*644 Main Street  
P. O. Box 220  
Moncton, NB E1C 8L3*

*Saint John*

*47A Consumers Drive  
Saint John, NB E2J 4Z7*

**NOVA SCOTIA**

*Dartmouth*

*7 Spectacle Lake Drive  
P. O. Box 2200  
Dartmouth, NS B3J 3C6*

*Halifax*

*Halifax Barrington Tower, Scotia Square  
1894 Barrington Street  
Halifax, NS B3J 2A8*

**PRINCE EDWARD ISLAND**

*Charlottetown*

*Suite 120 - 90 University Avenue  
Charlottetown, PE C1A 4K9*

**NEWFOUNDLAND**

*St. John's*

*66 Kenmount Road  
Suite 102 - Board of Trade Building  
St. John's, NL A1B 3V7*

**ONTARIO**

*Toronto*

*Suite 1200 - 185 The West Mall  
P. O. Box 2000  
Etobicoke, ON M9C 5P1*

**QUEBEC**

*Montreal*

*550 Sherbrooke St. West  
Montreal, QC H3A 1B9*

***Toll-free Customer Information Line: 1-800-667-4511***

S/benefits/benefits-general/Dalhousie Retirees over age 65Sept 09

## MEMORANDUM

**TO:** Dalhousie University Retirees Over Age 65  
**FROM:** Dalhousie Retiree Benefits Advisory Committee  
**DATE:** June 25, 2014  
**RE:** Benefits Plan Update: Change in Semi Private Hospital Room Coverage

This notice is to inform you of an important change to your hospital coverage effective September 1, 2014 as approved by the Dalhousie Retiree Benefits Advisory Committee. In addition, you will also read about a change in policy related to extending premium holidays to a surviving spouse.

### **Change in hospital coverage**

Effective September 1, 2014, semi-private hospital room coverage will no longer be provided as part of the Healthcare Plan for retirees over age 65. Ward level accommodation will be available under your provincial government medicare plan (in Nova Scotia, MSI). If medically necessary and required by the physician, private or semi-private accommodation may be covered under your provincial government medicare plan.

You will continue to have access to semi-private hospital room coverage under the Travel Plan for emergency coverage while traveling outside your province of residence and Canada.

### **What this means for you**

- **For hospital stays that begin on or after September 1, 2014**

If you or an eligible dependent is hospitalized on or after September 1, 2014, you will be covered for the standard ward accommodation provided under your provincial government medicare plan. If you choose semi-private or private accommodation, you will be responsible for any costs above the cost of ward accommodation, which is covered under your provincial government medicare plan.

- **For semi-private hospital stays that begin before September 1, 2014**

If you or an eligible dependent begins a hospital stay in a semi-private room prior to September 1, 2014 and your stay extends beyond that date, the additional costs for a semi-private room will not be covered under the plan starting September 1, 2014.

However, if the patient has been hospitalized for an extended stay, the Dalhousie Retiree Benefits Advisory Committee may consider reimbursement of some costs on a one time basis only.

- **For premium payments**

Your monthly healthcare premiums will be reduced to reflect the change in coverage. The reduction and new premium rates starting September 1, 2014 are shown below.

	<b>Single</b>	<b>Family</b>
Current monthly premium to August 31, 2014	\$31.68	\$63.43
Reduction in premium due to change in coverage	- \$6.23	- \$12.45
<b>New monthly premium starting September 1, 2014</b>	<b>\$25.45</b>	<b>\$50.98</b>

### **Premium holiday extended to survivors**

As a reminder, members whose year of birth is 1940 or earlier are currently eligible for a premium holiday up to April 1, 2015. Effective immediately, the premium holiday will be extended to a member's surviving dependent, if the member was receiving a premium holiday at the time of his/her death based on the member's year of birth. Premium holidays are assessed by the Dalhousie Retiree Benefits Advisory Committee on an annual basis to determine if a premium holiday can be offered and who will be eligible for the current benefit year.

### **Need more information?**

If you have any questions, please contact us at 494-1122 or by email at [benefits@dal.ca](mailto:benefits@dal.ca).

## MEMORANDUM

TO: Members of the Over 65 Dalhousie Retirees Health Plan  
FROM: The Dalhousie Retiree Benefits Advisory Committee (RBAC)  
DATE: March 4, 2016  
RE: Retiree Benefits Program Renewals effective April 1, 2016

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Each year our benefits advisors review the Plan to ensure that contribution rates are adequate to pay expected claims and expenses in the coming year. The Committee also requested a change to foot care coverage. The plan currently covers foot care provided under the Private Duty Nursing benefit. Starting April 1, 2016, this benefit will be extended to also include foot care provided in foot care clinics.

As a result of the annual review and additional benefit coverage, our Plan will see an increase in premiums, effective April 1, 2016. The increase is primarily related to an increase in rates for SSQ emergency travel coverage, which can be attributed to the declining value in the Canadian dollar. Although our rates are increasing, they still remain competitive when compared to industry norms, and the program provides a richer benefit.

MONTHLY PREMIUMS				
	Current premiums 2015/2016 (to March 31, 2016)		New premiums 2016/2017 (effective April 1, 2016)	
	Single	Family	Single	Family
Health care	\$19.02	\$38.06	\$21.45	\$42.93
Emergency travel	\$13.19	\$26.51	\$17.29	\$34.74
<b>TOTAL</b>	<b>\$32.21</b>	<b>\$64.57</b>	<b>\$38.74</b>	<b>\$77.67</b>

### Premium holiday

The committee has also reviewed the premium holiday that had been introduced in past years to offset particularly high premiums that had been in place prior to 2009. After careful review, the RBAC has approved the following for the 2016/2017 benefit year starting April 1, 2016:

- Premium holiday will continue for members whose date of birth is in 1937 or earlier, and
- Full premium contributions will resume starting April 1, 2016 for members whose date of birth is in 1938 or later.

This decision came as a result of the committee agreeing that members who were born in 1938 or later experienced higher premiums in the past for a shorter period of time than those born earlier and, therefore, would have the premium holiday for a shorter period of time.

### More information

If you have any questions or require additional information, please contact the Payroll & Employee Benefits team at (902) 494-1122.

### RBAC members

Dianne Pothier (Chair and ADRP), Lee Crowell (Vice-Chair, Board), Peter Wallace (Secretary, ADRP), David Tindall (ADRP), and Jenny White (Board).