

# Your Group Benefits Booklet

**Roman Catholic Episcopal Corporation of Halifax**

**Lay Employees**

Plan Number: 12821

Updated Effective Date: January 1, 2021

MEDAVIE BLUE CROSS™

## PRIVACY PROTECTION PRACTICES

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

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

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

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

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

*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 plan member of any contract under which you are a participant

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

## PRIVACY PROTECTION PRACTICES

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

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

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

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

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

www.medavie.bluecross.ca

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

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

or

privacyofficer@medavie.bluecross.ca

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

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

## ABOUT THIS BOOKLET

Medavie Blue Cross administers the following benefits on behalf of Roman Catholic Episcopal Corporation of Halifax:

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

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

Blue Cross Life Insurance Company of Canada underwrites the following benefits:

- Group Life Insurance
- Optional Group Life Insurance
- Accidental Death and Dismemberment Benefit
- Optional Accidental Death and Dismemberment Benefit
- Long Term Disability 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.

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.

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## HOSPITAL BENEFIT

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

**Co-insurance: 100%**

### *HOSPITAL ROOM*

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

### *CONVALESCENT CARE/PHYSICAL REHABILITATION*

Maximum: $50 per day to a maximum of 120 days

Charges for room and board.

### *TERMINATION*

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

### *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 or within four months of the contract termination date.

## WORLDWIDE TRAVEL BENEFIT

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

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses. These benefits are subject to any trip limitation, deductible, co-insurance or maximum amounts specified below.

**Co-insurance: 100%**

| | |
|---|---|
| **Emergency Hospital and Medical Travel:** | $2,000,000 per participant per Incident* |
| **Trip Cancellation and Interruption:** | $5,000 per trip |
| **Baggage Coverage** | $500 per trip |

*Incident – An individual occurrence of emergency illness or injury.
**Coverage duration will be determined based on the age of the participant on their departure date.

### *ACCIDENTAL DENTAL*

Maximum: $1,000

Charges as a result of an accidental injury (direct accidental blow to the mouth) where natural teeth have been damaged, or a fractured or dislocated jaw requires setting. Such dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and be supported by details of the accident.

### *AMBULANCE*

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

### *COMING HOME*

Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the covered person must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. If returning on a commercial aircraft, the benefit covers:

- two economy seats by most direct route to the patient's home city in Canada, one for the covered person and one round trip fare for a medical attendant;
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip fare for a medical attendant.

### *DIAGNOSTIC SERVICES*

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

***DRUG BENEFIT***

Charges for drug benefits in a quantity sufficient for the period of travel. Payment of eligible drugs will be made only when proof of purchase and payment is supplied in the form of an account from a Medavie Blue Cross approved provider located outside the covered person's province of residence and showing the name of the preparation, date of purchase, quantity, strength and total cost.

***EMERGENCY AND PAYMENT ASSISTANCE***

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

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

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

Non Medical Assistance - the covered person may call to obtain:

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

***HOSPITAL ACCOMMODATION***

The cost of a public general hospital, less the amount allowed under the provincial government health plan, for (a) room accommodation (not a suite) and (b) medically necessary inpatient and outpatient services.

***MEALS AND ACCOMMODATION***

Maximum: $1,200 ($150 per day for eight days) per trip

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

***MEDICAL APPLIANCES***

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

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

***PARAMEDICAL SERVICES***
Charges made by a licensed chiropractor, osteopath, chiropodist/podiatrist or physiotherapist (not a relative), in excess of payment by the provincial government health plan, excluding charges for X-rays.

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

***RETURN OF DECEASED***
Maximum: $3,000

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

***TRANSPORTATION TO VISIT THE COVERED PERSON***
Charges for one return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person has been confined to hospital or has died, and the attending physician has advised of the necessity of the attendance of a family member or close friend of the covered person.

***VEHICLE RETURN***
Maximum: $500

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

***DEFINITIONS***

1. Emergency - an illness or injury that requires immediate medical treatment due or related to:
   - an injury resulting from an accident;
   - a new medical condition which begins during a Trip; or
   - a medical condition that existed prior to a Trip (or prior to booking a Trip) provided that it is Stable.

2. Immediate Family Member - A participant's parents, spouse, child, brother or sister.

3. Incident - An individual occurrence of or injury.

4. Travel Companion - Persons who are sharing prepaid travel arrangements with the participant. No more than 3 persons can qualify as a Travel Companion for any given Trip.

5. Trip - Travel outside of the participant's province of residence.

### *TRIP CANCELLATION AND INTERRUPTION*

Medavie Blue Cross will pay eligible expenses listed in this section if:

- they are incurred because of an eligible risk listed in this section;
- they are incurred as a result of an Emergency or reason outside of the control of the participant or Travel Companion;
- the participant notifies Medavie Blue Cross of the eligible risk within the notification periods provided in this section;
- the participant was not aware of any event that could reasonably prevent them from taking the Trip as planned at the time travel arrangements were made; and
- the participant submits a proof of claim that meets the requirements of this section.

Amounts payable in this section are limited to the portion of eligible expenses that could not be reimbursed in the form of cash or credit at the time the eligible risk occurred.

### *ELIGIBLE RISKS*

Participants are eligible for benefits if their Trip is cancelled, interrupted or prolonged as a result of any of the following events:

a) hospitalization or death of the participant, an Immediate Family Member, a Travel Companion, a Travel Companion's Immediate Family Member or a business associate, key employee or caregiver of the participant or Travel Companion;
b) illness or injury of the participant, the Travel Companion or one of their Immediate Family Members, business associates, key employees or a caregiver that is serious enough to require that the participant cancel, interrupt or prolong the Trip;
c) pregnancy of the participant or a Travel Companion if:
    i. the pregnancy occurs after the date that a non-refundable deposit for the Trip has been made or a ticket has been purchased; and
    ii. the departure or return date of the Trip is within 8 weeks before or after the expected date of delivery;
d) summons of the participant or Travel Companion to jury duty or their subpoena to appear as a witness in a trial to be heard during the Trip, excluding those intended for law enforcement officers;
e) quarantine or hijacking of the participant, Travel Companion or their Immediate Family Member;
f) disaster that renders the main residence of the participant or Travel Companion uninhabitable;
g) an employment transfer of the participant, the Travel Companion or one of their spouses that requires the participant or the Travel Companion to move permanent residences;
h) the summons to service of a participant or Travel Companion who is a law enforcement officer, firefighter, reservist or member of the armed forces;
i) a missed flight or connection due to delay of carrier (airline, bus, train) resulting from weather conditions, mechanical failure, an accident, an emergency police-directed road closure or automobile delay resulting from a traffic accident;
j) death or hospitalization of the participant's host at the Trip destination;
k) the participant's or Travel Companion's involuntary loss of a permanent job that they had held for at least a full year that causes the participant to cancel the Trip;

***ELIGIBLE RISKS (Cont'd)***

l) an event in the country or region of destination that causes the Government of Canada to issue a travel warning to avoid all travel or avoid non-essential travel to that country or region, if the travel warning:
   i. applies to a period of time that includes the scheduled Trip; and
   ii. is issued after the date that a non-refundable deposit for the Trip has been made or a ticket has been purchased;

m) the cancellation of a business meeting, prior to departure, for reasons that are beyond the control of the participant, the Travel Companion and their employer;

n) the participant or Travel Companion must cancel travel to or stay in the destination country because their visa application has not been issued, provided:
   i. they are otherwise eligible for the visa;
   ii. the rejection is not due to tardy submission of the application or a prior refusal; and
   iii. the visa application has not been issued for reasons outside of the control of the participant or Travel Companion; or

o) the legal adoption of a child by the participant or Travel Companion if the adoption date is scheduled during the Trip.

***ELIGIBLE EXPENSES***

**Unused Travel Arrangements:**

**Prior to Departure -** Charges for non-refundable and pre-paid travel costs if the participant must cancel the Trip because of an eligible risk.

**After Departure -** Charges for the additional cost of one-way economy fare (by airline, bus or train) to the point of departure and the unused, non-refundable portion of other pre-paid travel expenses (other than the return ticket initially bought), if the participant must interrupt the Trip because of an eligible risk.

**Missed Flight or Connection -** Charges for the additional cost of a one-way economy fare (by airline, bus or train) to the destination if, due to delay of carrier (airline, bus, train) resulting from weather conditions, mechanical failure, an accident, an emergency police-directed road closure or automobile delay resulting from a traffic accident, the participant misses their flight or connection and is prevented from continuing on the Trip as planned, provided the participant was due to arrive at the transfer point at least 2 hours before the scheduled departure time. Cancellation expenses incurred because of an eligible risk relating to adverse weather conditions will only be paid if the adverse weather conditions cause an interruption in the Trip of at least 30% of the total duration initially planned.

**Rejoining a Tour or a Group**
Charges for one-way economy fare (by airline, bus or train) to join an excursion or group if the participant misses part of the Trip because of an eligible risk.

**Next Occupancy Charge**
Charges for additional expenses incurred for next occupancy charges when a participant decides to proceed with their Trip when the Travel Companion must cancel or interrupt their Trip because of an eligible risk. Additional expenses are reimbursed up to an amount equal to the cancellation penalty applicable at the time the Travel Companion cancelled.

**Delayed Returns**
Charges for one-way economy fare (by airline, bus or train) to the point of departure, when the participant's return must be delayed due to an Emergency illness or injury sustained by themselves, an Immediate Family Member or a Travel Companion. The proof of claim must demonstrate the Emergency illness or injury is serious enough to prevent the scheduled return.

**Notification of Trip Cancellation**
When an eligible risk occurs before the departure date, the participant must contact the travel agent or carrier, as well as Medavie Blue Cross, within 48 hours of the occurrence of the eligible risk to cancel the Trip.

**Proof of claim**
All claims under this benefit provision are subject to approval by Medavie Blue Cross and must be accompanied by the following, if applicable:

- proof of eligible expenses incurred, including unused transportation tickets, official receipts for alternate transportation and travel credits;
- documentary evidence acceptable to Medavie Blue Cross that an eligible risk was the cause of the cancellation, interruption or prolongation; and
- for eligible risks relating to:

  i. delay due to a traffic accident, a police report may be required; or
  ii. cancellation, interruption or prolongation due to an Emergency illness or injury, there must be a medical certificate from the attending physician that confirms the diagnosis and that the Emergency illness or injury was serious enough to require cancellation, interruption or prolongation of the Trip.

***BAGGAGE COVERAGE***
Medavie Blue Cross will pay eligible expenses listed in this benefit provision, subject to the following terms and conditions:

- the participant must take all reasonable precautions to protect, safeguard or recover the property;
- in the event of loss, the participant must notify Medavie Blue Cross as promptly as possible; and
- Medavie Blue Cross is second payer to any other liability insurance that may apply.

**Loss or Damage to Baggage**
If baggage owned by the participant is lost or damaged during a Trip, Medavie Blue Cross will, at its discretion, and subject to the maximum specified:

- pay the participant the actual cash value of the baggage and its contents at the time of loss or damage; or
- repair or replace any damaged or lost baggage and its contents with property of equal quality or value.

If there is loss or damage to baggage that is part of a set, the measure of loss will be in reasonable and fair proportion to the total value of the set. Medavie Blue Cross will give consideration to the importance of such article to the set, with the understanding that the set is not completely lost.

**Baggage Delays**
If checked baggage is delayed by the carrier for more than 12 hours and before the return to the point of departure, Medavie Blue Cross will reimburse a maximum of $250 per participant per Incident for the purchase of toiletries and clothing, subject to the overall baggage coverage benefit maximum.

**Lost or Stolen Documents**
Medavie Blue Cross will cover expenses to replace a lost or stolen passport, driver's licence, birth certificate or travel visa. This benefit is subject to a maximum of $50 per participant per Incident and is subject to the overall baggage coverage benefit maximum.

**Proof of Claim**
Claims for loss, damage or delay of baggage, or lost or stolen documents, are subject to approval by Medavie Blue Cross and must be accompanied by the following documentation:

- for lost baggage or documents, written confirmation from the hotel manager, tour guide or transportation authority;
- for stolen baggage or documents, proof of notification of the police and corresponding written confirmation regarding the loss; and
- for delayed baggage, proof of the delay from the carrier and all receipts for items purchased.

Proof of loss or damage as well as the value of the loss must be received by Medavie Blue Cross within 90 days of the loss or damage, or the claim will be ineligible for payment.

## *EXCLUSIONS*

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

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

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

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

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

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

   A pre-existing condition is considered stable if you, in the 90 days before the departure date (or 90 days before the booking date for Trip Cancellation coverage), have not:

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

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

## *EXCLUSIONS (Cont'd)*

7 The participant fails to communicate with Medavie Blue Cross in the event of medical consultation or hospitalization following an injury or illness.

8. Expenses are incurred beyond the coverage duration period specified.

9. Expenses are incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning to avoid all travel or avoid non-essential travel, when such travel warning was issued before the departure date and the loss or expense is related to the reason for which the travel warning was issued.

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

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

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

## *SPECIFIC EXCLUSIONS AND LIMITATIONS*

**Trip Cancellation and Interruption Coverage**
No payment will be made if:

a) the Trip was undertaken to visit or care for a sick or injured person and that person's medical condition or death is the cause of the Trip cancellation, interruption or prolongation; or
b) the Trip is cancelled or interrupted due to financial difficulties, inability to obtain desired accommodations, fear of flying or aversion to the Trip.

**Baggage Coverage**
No payment will be made for:

a) loss or damage as a result of:
    i. confiscation or damage by order of any government or public authority;
    ii. illegal transportation or trade;
    iii. wear and tear, gradual deterioration, moths or vermin;
    iv. theft from an unattended automobile, trailer or other vehicle unless such vehicle was securely locked or was equipped with a closed compartment that was securely locked and the theft occurred as a result of forcible entry (with visible marks); and
    v. any imprudent action or omission by the participant;
b) loss or damage that occurs while baggage is being repaired; or
c) loss of personal property that cannot be located and where the circumstances of its disappearance do not lend themselves to a reasonable conclusion that theft has occurred.

## *TERMINATION*

Travel benefit ceases at the earlier of retirement, termination of employment or age 75.

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

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

**Trip Cancellation and Interruption Coverage -** Proof of cancellation or interruption of the trip must be received by Blue Cross within 90 days of the cancellation or interruption of the trip, or the claim will be ineligible for payment.

**Baggage Coverage -** Proof of loss or damage as well as the value of the loss must be received by Blue Cross within 90 days of the loss or damage, or the claim will be ineligible for payment.

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

## REFERRAL FOR SERVICES OUTSIDE CANADA

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

**Co-insurance: 100%**

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

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

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

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

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

## *LIMITATIONS AND EXCLUSIONS*

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

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

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

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

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

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

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

### *TERMINATION*

Referral for services outside Canada benefit ceases at the earlier of retirement, termination of employment or age 75.

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

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

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

## 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 participant basis.

**Co-insurance: 100%**

***ACCIDENTAL DENTAL***
Maximum: $2,500 per accident

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 12 months following the date of the accident.

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

***DIABETIC SUPPLIES***
Charges for needles, syringes, swabs, test tapes, and lancets prescribed by a physician.

***FM SYSTEMS***
Maximum: $1,000 in a lifetime

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

***HEARING AIDS***
Maximum: $300 every 60 consecutive months

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

***MEDICAL SUPPLIES AND EQUIPMENT***
Maximum: The combined maximum is $10,000 in a lifetime

Charges for the rental of standard manual wheelchairs (non-powered), standard hospital beds, medication compressors, canes, crutches, glucometer, blood pressure monitor, walker, equipment for the administration of oxygen, and transcutaneous electrical nerve stimulator (TENS machine), when prescribed by a licensed Physician. All charges must be pre-approved by Medavie Blue Cross with such approval being subject to periodic reassessment.

Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every 60 consecutive months.

***ORTHOPEDIC FOOTWEAR & SUPPLIES / MOLDED ARCH SUPPORTS***
Maximum: $200 every 12 consecutive months

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

***OSTOMY SUPPLIES***
Charges for essential ostomy supplies.

***PARAMEDICAL PRACTITIONERS***
Maximum: $1,000 per practitioner per calendar year with a total combined maximum of $1,500 for all Health Practitioners.

Charges for treatment, except when performed in a hospital, by a licensed speech therapist, clinical psychologist, chiropractor, osteopath, occupational therapist, naturopath/homeopath, massage therapist/ acupuncturist and chiropodist/podiatrist.

***PHYSIOTHERAPIST***
Program pays up to the Usual, Customary and Reasonable charges of a licensed physiotherapist.

***OXYGEN***
Charges for oxygen.

***PRIVATE DUTY NURSING***
Maximum: $5,000 every 12 consecutive months

Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant at your residence (other than a convalescent or nursing home) on the written authorization of the attending physician.

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

***PROFESSIONAL AMBULANCE (IN CANADA)***
Professional ambulance to and from the nearest facility able to provide essential care. Air transportation, within Canada, on the written authorization of the attending physician, for a stretcher patient, up to six economy seats on a regularly scheduled flight.

***PROSTHETIC APPLIANCES***
Remedial appliances or supplies including artificial limbs and eyes (combined maximum of $10,000 in a lifetime for all artificial limbs and eye prosthesis including repairs and/or adjustments), breasts (limited to one, except in the event of a bilateral mastectomy, every 24 consecutive months), surgical brassieres (limited to two every 12 consecutive months), splints, casts, trusses (limited to one truss per 60 consecutive months) and braces (limited to one cervical collar per 12 consecutive months). Replacement and/or adjustments must be due to pathological or physiological change excluding breasts.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of $200 every 12 consecutive months. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

***SPECIAL AMBULANCE ATTENDANT (IN CANADA)***
Travel expenses of a Registered Nurse (not a relative) when medically necessary and approved by Medavie Blue Cross.

***SPEECH AIDS***
Maximum: $500 in a lifetime

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

***TERMINATION***

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

***BENEFITS FOR LATE APPLICANTS***

If application for Extended Health Benefit is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, some benefits will be limited for the first 6 months of coverage and will start on the 7th month of coverage. This provision does not apply to Extended Health Benefit 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.

***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 or the end of your Extended Health Benefit.

## VISION BENEFIT

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

**Co-insurance: 100%**

***CONTACT LENSES DUE TO DISEASE***

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

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

***LENSES, FRAMES, EYE EXAMINATIONS AND CONTACT LENSES***

Maximum: Eligible expense is $250 every 24 consecutive months, every 12 consecutive months for participants under age 18

Charges for corrective eyeglasses, including lenses, frames and contact lenses, but excluding safety glasses or glasses/contacts for cosmetic purposes. Charges of a licensed optometrist or ophthalmologist for eye examinations.

***TERMINATION***

Vision Benefit ceases at the earlier of termination of employment or death of the employee.

***BENEFITS FOR LATE APPLICANTS***

If application for Vision Benefit is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, some benefits will be limited for the first 6 months of coverage and will start on the 7$^{th}$ month of coverage.

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

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

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

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.

## DRUG BENEFIT

If you (or your dependents, if applicable) incur charges for 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 covered person basis.

| | |
|---|---|
| Co-payment: | $15 for each eligible drug on the prescription |
| Co-insurance: | 100% of the remaining eligible expense |
| Method of payment: | paid directly to the pharmacy |

Includes prescription drug items approved by Medavie Blue Cross and certain over-the-counter items which are considered life-sustaining in nature and which are approved by Medavie Blue Cross. Benefit excludes contraceptive drugs.

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

Medavie Blue Cross will reimburse only for the lowest priced interchangeable drug when prescribed by a physician and dispensed by a pharmacist, unless the physician indicates no substitution.

### *TERMINATION*

Drug Benefit ceases at the earlier of retirement, termination of employment or when the participant reaches age 65.

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

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

## DENTAL BENEFIT

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

***BASIC BENEFITS***

Co-insurance: 100% with the exception of Endodontic and Periodontic Services which are reimbursed at 70%

Maximum: Combined maximum for Basic and Major Restorative benefits is $1,000 per person every calendar year

**Diagnostics -** clinical oral examinations (two recall exams every 12 consecutive months), tests and laboratory examinations, X-ray examinations include: full mouth (including bitewings) or panoramic films (one of each type every 24 consecutive months), single films and cephalometric films (up to five every 24 consecutive months). Occlusal, extraoral and temporomandibular joint films are limited to four of each type every 12 consecutive months.

**Preventive Services** - cleaning, polishing and fluoride treatments (twice every 12 consecutive months), pit and fissure sealants, space maintainers, maintenance and repairs.

**Restorative Services -** caries, trauma and pain control, Amalgam (metal and tooth coloured plastic) restorations, prefabricated stainless steel crowns.

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

**General Services -** emergency treatment of pain, general anaesthesia as well as conscious sedation.

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

**Prosthodontic Services -** denture adjustments (after three months of the initial insertion), repairs and additions as well as one upper and one lower complete or partial denture rebase or reline (using existing framework) every 36 calendar months, removal, repair and recementing fixed bridge.

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

## DENTAL BENEFIT

### *MAJOR RESTORATIVE BENEFITS*

Co-insurance: 70%

Maximum: Combined maximum for Major Restorative and Basic benefits is $1,000 per person every calendar year

**Major Restorative Services -** Crowns and veneers, inlays and onlay restorations.

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

### *DENTAL EXCLUSIONS AND LIMITATIONS*

The dental plan does not cover the following expenses:

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

### *BENEFITS FOR LATE APPLICANTS*

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

### *TERMINATION*

Dental Benefit ceases at the earlier of termination of employment or death of the employee.

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

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

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

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

## GENERAL EXCLUSIONS AND LIMITATIONS

Medavie Blue Cross does not cover the following expenses:

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

### *TERMINATION OF INSURANCE*

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

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

### *CO-ORDINATION OF BENEFITS*

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

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

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

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

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

### *CONVERSION PRIVILEGE*

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. 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 on a non-premium basis, however, coverage will end on the earliest of the following dates:

- the contract termination date;
- twenty-four (24) months after the employee's death;
- the effective date of any similar coverage with another insurer;
- whenever they cease to be eligible dependents.

## BASIC AND OPTIONAL GROUP LIFE INSURANCE

### *AMOUNT OF BASIC INSURANCE*

| | |
|---|---|
| Benefit Formula: | two x annual earnings |
| Benefit Maximum: | $100,000 |
| Non-evidence Limit: | $100,000 |
| Benefit Reduction: | Reduces $5,000 at age 65 |

All amounts of insurance are rounded up to the next higher $1,000 amount

Benefit ceases at the earlier of retirement, termination of employment or age 70.

### *AMOUNT OF OPTIONAL INSURANCE*

Coverage may be purchased, subject to evidence of insurability, by you and/or your covered Spouse in units of $10,000 to a maximum of $300,000 per insured. The combined Basic Group Life Insurance plus Optional Life cannot exceed $1,000,000.

Evidence of Insurability is required for all amounts of insurance.

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

### *DEATH BENEFIT*

The death benefit provides for payment to your designated beneficiary for the amount of Life Insurance in force on the date of death.

### *OPTIONAL LIFE INSURANCE*

Optional Life Insurance benefits are payable to you, if living, otherwise to your designated beneficiary.

### *TERMINAL ILLNESS*

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request. A medical certificate will be required. The payment must be requested in writing and will be the lessor of $50,000 or 50% of your Basic Group Life Insurance. This payment will be deducted from the Basic Group Life Insurance benefit otherwise payable upon your death.

***WAIVER OF PREMIUM***

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six (6) consecutive months, insurance coverage is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Total Disability means a state of incapacity due to accidental bodily injury or illness which prevents you from engaging in any occupation for which you are reasonably qualified by education, training or experience and you are unable to perform work for remuneration or profit. However, if you are entitled to receive any Long Term Disability benefits under this plan, you will be considered to be totally disabled for the waiver of premium benefit.

In the event you recover from a total disability and become disabled again due to the same or related cause, the second period of disability will be considered a continuation of the first disability, unless, the periods of disability are separated by an interval of at least six (6) months during which you returned to work on a permanent basis.

If a period of total disability is considered to be a continuation of a previous total disability, then premiums will be waived without the application of another six (6) months of total disability.

***EXTENSION OF INSURANCE***

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any individual plan issued under the conversion privilege is surrendered.

***CONVERSION PRIVILEGE***

If your Basic or Optional Group Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then the employee may purchase an individual plan of the type then being offered by Blue Cross Life in an amount not to exceed $200,000.

If you terminate employment prior to your 65th birthday, you may convert to an individual plan issued by the insurer, without evidence of insurability. Written application must be made and the required premium submitted during the 31 day period immediately following the date of termination.

This option does not apply to scheduled reductions or termination of coverage which become effective at specified ages.

Limited conversion rights are available on termination of the group contract in accordance with the Superintendents of Insurance Guidelines. If the Group Life Insurance contract is not being replaced, all employees who had been insured for at least five (5) continuous years, may convert their group life coverage in the same manner as terminating employees.

***CONVERSION PRIVILEGE (Cont'd)***

If the life insurance on a spouse under this benefit terminates on or before attaining 65 years of age because of:

- the death of the covered employee, or
- the termination of the employee's Group Life Insurance for any reason which entitles the employee to convert this life insurance, or
- divorce or legal separation from the employee.

Then the spouse may purchase an individual life insurance plan from the insurer in an amount not to exceed the amount of Optional Group Life insurance on the spouse which terminated.

***LIMITATION OF COVERAGE***

In the event of the death of you or your covered spouse by suicide, while sane or insane, the payment to be made with respect to any amount of Optional Group Life Insurance, which has been in force less than two (2) consecutive years during you or your covered spouse's lifetime, will be limited to the return of premiums. This limitation is applicable to Optional Group Life Insurance on you and your covered spouse.

***TERMINATION OF INSURANCE***

All Group Life insurance will terminate on the earliest of:

- the date that you cease to be eligible for Group Life Insurance,
- the date of termination of this coverage,
- the day on which you attain the age limitation for this plan,
- the end of the grace period for which any premium has not been paid in full.

The Optional Group Life Insurance on your dependents will cease on the date that person ceases to be an eligible dependent or the day on which the dependent attains age 65.

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

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer.

## BASIC AND OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

***AMOUNT OF BASIC INSURANCE***
The principal amount is equal to the amount of Group Life Insurance

Benefit Reduction: Reduces 50% at age 65

Benefit ceases at the earlier of retirement, termination of employment or age 70.

***AMOUNT OF OPTIONAL INSURANCE***
Coverage is provided to you and/or your spouse in units of $10,000 to a maximum of $300,000 per insured. The combined Basic and Optional Accidental Death and Dismemberment benefit cannot exceed $1,000,000. You must purchase an equal amount of Optional Life Insurance.

Family coverage is as follows:

- The spouse is insured for 40% of the amount purchased by you, and each dependent child is insured for 5% of the amount purchased by you.
- The spouse is insured for 50% of the amount purchased by you if there are no dependent children.
- Each Dependent Child is insured for 10% of the amount purchased by you if there is no Spouse.

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

In the event of loss, occurring within 365 days after the date of injury, the amount payable will be the following percentage of the principal amount for which you or your eligible dependent is insured on the date of the injury. The maximum amount payable for all losses sustained as a result of the same accident will not exceed 100% of the amount of insurance, with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200%. Only one amount, the largest applicable, will be payable for injuries to the same limb resulting from any one accident:

| | |
|---|---|
| Loss of life | 100% |
| Loss of or loss of use of both hands or both feet | 100% |
| Loss of or loss of use of one hand and one foot | 100% |
| Loss of the entire sight of both eyes | 100% |
| Loss of one hand and the entire sight of one eye | 100% |
| Loss of one foot and the entire sight of one eye | 100% |
| Loss of or loss of use of both arms or both legs | 100% |
| Loss of or loss of use of one arm and one leg | 100% |
| Loss of speech and hearing | 100% |
| Quadriplegia | 200% |
| Paraplegia | 200% |
| Hemiplegia | 200% |
| Loss of or loss of use of one arm or one leg | 75% |
| Loss of or loss of use of one hand or one foot | 66 2/3% |
| Loss of the entire sight of one eye | 66 2/3% |
| Loss of speech or hearing | 50% |
| Loss of thumb and index finger on the same hand | 33 1/3% |
| Loss of four fingers on the same hand | 33 1/3% |
| Loss of hearing in one ear | 16 2/3% |
| Loss of all toes on one foot | 12 1/2% |

***AMOUNT OF OPTIONAL INSURANCE (Cont'd)***

**Exposure -** a loss caused by unavoidable exposure to the elements is covered.

**Disappearance -** caused by accidental wrecking, sinking or disappearance of a conveyance is considered to be loss of life if the body is not found within 365 days.

**Coma Benefit -** 1% of the principal amount payable monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury.

**Repatriation -** $7,500 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

**Rehabilitation -** $5,000 maximum reimbursement of special training expenses.

**Occupational Training for Spouse -** $5,000 maximum reimbursement for a formal training program within three years of your date of death.

**Education Benefit -** the lessor of 5% of your principal sum, or $5,000 for each year of post-secondary education for your eligible dependent children to a maximum of five years or until the age of 25 inclusive, whichever occurs first.

**Family Travel -** $1,500 maximum reimbursement for family members to attend the hospital of your confinement if confinement is of at least four days and such confinement occurs more than 150 kilometres from your normal place of residence.

**Common Disaster -** an amount equal to the principal amount on your life will be payable on the life of your covered spouse if loss of life is due to the same accident (applicable to optional coverage only).

**Extended Family Benefit -** insurance under this provision for your covered spouse and dependents will be continued without payment of premiums for a period of six (6) months following your death (applicable to optional coverage only).

***EXCLUSIONS AND LIMITATIONS***

No benefit is payable if a disability, illness, injury or accident occurs while participating in or engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

No benefit will be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1. intentionally self-inflicting injuries, committing suicide, or attempting suicide, while sane or insane.

2. insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion.

3. any accident or injury occurring while operating a motor vehicle with a blood alcohol in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.)

4. illness or disease of any kind, or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained.

5. travel or flight in, or descent from, any kind of aircraft if you or your covered spouse:

    - is a member of the aircraft crew, or
    - has any duties relating to the operation, maintenance, testing, or control of the aircraft, or
    - is on the aircraft for the purpose of instruction or training.

***REDUCTION SCHEDULE***

The reduction schedule coincides with that of the Basic Group Life plan.

***AGGREGATE BENEFIT***

Benefits for the following are payable under the Basic coverage or the Optional coverage, but not both:

- Repatriation - aggregate of $7,500
- Rehabilitation - aggregate of $5,000
- Occupational Training for Spouse - aggregate of $5,000
- Education Benefit - aggregate of $5,000
- Family Travel - aggregate of $1,500

## BASIC AND OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

### *TERMINATION OF INSURANCE*

Basic Accidental Death and Dismemberment insurance will terminate on the earlier of:

- the date you cease to be eligible for Group Life Insurance, or
- the day of termination of this provision, or
- the earlier of retirement or the day on which you attain the termination age, or
- the date you cease to pay the premium for this benefit.

All Optional Accidental Death and Dismemberment insurance will terminate on the earliest of:

- the date that you cease to be eligible for Group Life Insurance,
- the earlier of retirement or the day on which you attain age 65, or
- the date that you cease to pay the premium for this benefit.

The Optional Accidental Death and Dismemberment insurance on your dependents will cease on the date that person ceases to be an eligible dependent, or the day on which the dependent attains age 65.

### *WAIVER OF PREMIUM*

If a claim is approved under the Basic Group Life plan for total disability, the Basic and Optional Accidental Death and Dismemberment benefits will continue for the same period without further payment of premium. Termination of the master contract, however, will also cause the waiver of premium to be terminated.

### *CONVERSION OPTION*

If your Basic and Optional Accidental Death and Dismemberment insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then you and your covered spouse may purchase an individual Accidental Death and Dismemberment plan of the type then being offered by Blue Cross Life in an amount not to exceed $200,000.

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

If you suffer a loss other than death, a claim must be received by Blue Cross Life within one (1) year after the loss.

If the claim is the result of a death, the claim should be made as soon as possible after the death occurred.

Claim forms are available from your employer.

## LONG TERM DISABILITY BENEFIT

***AMOUNT OF INSURANCE***

| | |
|---|---|
| Benefit Formula: | 60% of monthly earnings |
| Benefit Maximum: | $2,500 per month |
| Non-evidence Limit: | $2,500 |
| Elimination Period: | 119 days |
| Benefit Period: | To age 65 |
| Cost-of-Living Adjustment: | CPI adjustment up to a maximum of 3% Cost of Living Adjustment (COLA) |

Claim payments received are non-taxable benefits.

Benefit ceases at the earlier of retirement, termination of employment or age 65. Coverage for active employees ceases at age 65 less the elimination period.

Long Term Disability (LTD) plans are designed to provide a monthly income to you if you are confronted with loss of income during a lengthy or permanent disability.

***DISABILITY***

To be eligible for this benefit, you must be under the continuous care of a physician. Blue Cross defines Total Disability as:

a) The complete and continuous inability of the insured Employee to perform the regular duties of his own occupation as a result of illness or injury, during the Elimination Period and for the following 24 months; and

b) Thereafter, "Total Disability" means a state of continuous incapacity, resulting from illness or injury, which wholly prevents the insured Employee from performing the regular duties of any occupation for which he:

- would earn 60% or more of his pre-disability Earnings; and
- is reasonably qualified, or may so become, by training, education or experience.

Regular duties are defined as those work related activities which are considered essential to the insured Employee's performance of the occupation and which proportionately take the majority of time to complete.

The availability of such occupations, jobs or work will not be considered while assessing the insured Employee's disability.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

***PARTIAL DISABILITY***

To be considered partially disabled, you must be deemed totally disabled throughout the elimination period. If, following the elimination period, you are only capable of returning to the workforce in a reduced capacity, Blue Cross Life will apply the regular provisions under the Long Term disability coverage.

***COST-OF-LIVING ADJUSTMENT***

The amount of the monthly benefit being paid to an insured Totally Disabled Employee shall be increased each January after the commencement of the Benefit Period using the following method:

1. The amount of the increase shall be calculated using the ratio of the average Canadian Consumer Price Index for the 12 month period ending on 31 October of the immediately preceding year to the average Canadian Consumer Price Index for the 12 month period ending on 31 October of the next preceding year.

2. The ratio determined in 1 shall be modified so that it will not be less than 1.0 and so that it will not exceed the maximum Cost-of-Living Adjustment factor shown under the Amount of Insurance provision within this booklet.

3. The adjusted benefit payable starting for the month of January is equal to the net monthly benefit that would have been otherwise payable multiplied by the ratio (rounded to three decimal places) calculated in 2 above.

4. The maximum benefit amount shown within the Amount of Insurance provision shall have no effect on any Cost-of-Living Adjustment determined in accordance with this section.

5. The operation of all source limitations in the Integration of Benefits provision shown within this booklet, shall be calculated as if this contract did not contain a Cost-of-Living Adjustment provision.

It is hereby provided that if there is a change in the time basis or content of the Canadian Consumer Price Index then:

1. any adjustments made up to the date of change shall be calculated on the basis in effect immediately prior to such change, and

2. any adjustments made on or after the date of change shall be calculated on the new basis.

If Statistics Canada ceases to publish a Canadian Consumer Price Index on a monthly basis, then the Company shall select an appropriate successor index to be used in this section.

***RECURRENT DISABILITY***

Successive periods of total disability occurring while this coverage is in force will be considered to be one period of total disability as long as you become totally disabled from the same or related causes for which your claim for Long Term disability was previously approved by Blue Cross Life and the intervals of total disability have not been separated by a period longer than six months.

If you return to work for a new employer and you are without disability coverage, you may be eligible to claim under this provision as long as your employment with the new employer is part of a return to work program that has been pre-approved by Blue Cross Life. Your claim for disability benefits cannot be approved under any other plan and you must become totally disabled from the same or related causes within six months of returning to active employment.

## LONG TERM DISABILITY BENEFIT

### *ELIMINATION PERIOD*

The benefit elimination period is the period of time which you must wait from the onset of the disability before the insurer begins paying Long Term Disability benefits.

When the disability is not continuous, the days you are disabled may be accumulated to satisfy the elimination period, provided coverage remains in force during the accumulation of the elimination period, no interruption is longer than 30 days, disabilities are due to the same or related causes and each period of total disability is completed within 365 days after the start of the elimination period, or as pre-approved by Blue Cross Life if longer.

### *PRE-EXISTING CONDITIONS (3-6-12)*

A pre-existing condition means a sickness or injury for which you received medical treatment, consultation, care or services (including diagnostic measures) or have been prescribed medication, during the three (3) months immediately prior to the effective date of Long Term Disability coverage.

Long Term Disability benefits are not payable for any disability caused by or resulting from a Pre-existing condition unless:

- You have not received medical treatment, consultation, care or services (including diagnostic measures) or have not been prescribed medication for any six (6) consecutive months within the 15 month time period beginning three months before and ending 12 months after your effective date of Long Term Disability coverage, or
- The disability begins after 12 consecutive months of employment from your effective date of Long Term Disability coverage.

***INTEGRATION OF BENEFITS***

Direct Offset plan

Monthly benefits are co-ordinated with other income payments to which you become entitled as a result of the current disability. The benefit co-ordination is applied as follows:

1. The amount of monthly income otherwise payable is reduced directly by any disability benefits available from the Canada or Quebec Pension plan (primary benefits only), the Workers' Compensation Act and "income from all other sources". "Income from all other sources" includes:

   - disability benefits available under any other government program excluding secondary benefits under the Canada or Quebec Pension plan,
   - retirement benefits provided by any employer or government program,
   - income or benefits payable under any group program provided by or through the employer,
   - income or benefits payable under a plan sponsored by an association, union or fraternal organization of which you are a member,
   - income replacement benefits payable under any plan of automobile insurance, where such reduction is not prohibited by law, and
   - wages or remuneration payable from any employer or from self-employment, but excluding 50% of earnings received under an approved rehabilitation program.

2. The amount determined in "1" above is further reduced if necessary, so that the amount of monthly income, including all amounts of income mentioned in "1" above, does not exceed 85% of your pre-disability earnings.

During the period of an approved rehabilitation program, the amount of monthly income as defined above, will be further reduced if necessary, so that the amount of monthly income together with all amounts of income in "1" above, including 100% of earnings received from an approved rehabilitation program does not exceed 100% of pre-disability earnings.

Canada/Quebec Pension plan Freeze

Once the initial CPP/QPP offset has been established on a Long Term Disability claim, it will not be changed due to cost-of-living adjustments to the CPP/QPP payments.

### *EXCLUSIONS AND LIMITATIONS*

Long Term Disability benefits will not be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Long Term Disability benefits are not payable for any of the following:

1. any period of disability during which you are not under the appropriate treatment and care of a physician who is a registered medical specialist or health care practitioner in the field of medicine which is applicable to your condition,
2. any period during which you are not undergoing a course of medical treatment or participating in a program of rehabilitation which is deemed appropriate in the opinion of Blue Cross Life,
3. any period during which you are imprisoned,
4. any disability due to or resulting from self-inflicted injury or sickness, while sane or insane,
5. any disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion,
6. any disability during the period:
   - of formal maternity leave taken by you pursuant to provincial or federal law, or pursuant to mutual agreement between you and the employer, or
   - in which employment insurance maternity benefits are being paid or would be paid if you were eligible,

   whichever is longer.

### *WAIVER OF PREMIUM*

If you are totally disabled and qualify for Long Term Disability benefits, any premium due under this benefit will be waived commencing with the first full calendar month following the end of the elimination period. Premiums will be waived until you return to active permanent employment or no longer qualify for benefits.

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

To make a claim, complete the notice of claim for Long Term Disability benefits that is available from your employer.

We must receive written notice of claim on the earlier of the following dates:

- within 90 days immediately following the end of the elimination period,
- within six (6) months of the termination of this Long Term Disability benefit.

## ADDITIONAL BENEFIT INFORMATION

### *ELIGIBLE EMPLOYEES*

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 20 hours per week on a regular basis. Coverage date is determined by the Group Administrator.

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: (a) the employee is not actively at work on the day that coverage would otherwise become effective, or (b) the application is made after the 31 day period.

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

### *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 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

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

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

## 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.

### *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.

## 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)

**Submit Claims electronically**

### *FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE*

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

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

### *PLEASE NOTE*

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

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

## BLUE CROSS CONTACT INFORMATION

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

**Atlantic Provinces:** 1-800-667-4511
**Ontario:** 1-800-355-9133
**Quebec:** 1-888-588-1212
**From Anywhere in Canada:** 1-888-873-9200

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

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

***CONNECT WITH BLUE CROSS***
Like us on Facebook at **facebook.com/MedavieBlueCross**

Follow us on Twitter at @**MedavieBC**

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

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

BLUE ADVANTAGE®

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

## HOW TO OBTAIN MORE INFORMATION

### *HOW TO OBTAIN A CLAIM FORM*

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

- the plan member website;
- one of our Quick Pay® locations;
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed above.

All claim forms for Life, Accidental Death and Dismemberment or Disability benefits can be obtained through your group benefits administrator.

### *HOW TO SUBMIT A CLAIM*

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

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

You can submit your claims for Life, Accidental Death and Dismemberment or Disability benefits by:

- Mail, fax, or scan to the address indicated on the applicable claim form;
- Drop the form off at one of our Quick Pay locations; or
- providing them to your group benefits administrator.