CAPE BRETON UNIVERSITY

Active Employees Over 65

Plan Number: 6043-004

Updated Effective Date: May 1, 2015
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
PRIVACY PROTECTION PRACTICES

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 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 Cape Breton University:

- Hospital Benefit
- Extended Health Benefit
- Dental Benefit
- Health Spending Account

The information contained in this booklet summarizes the important features of your group benefit 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.

To access a wealth of savings on medical, vision care and many other products and services, visit www.blueadvantage.ca.
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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%

ANCILLARY SERVICES
Maximum: $1,000 per hospital admission

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

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

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

TERMINATION
Hospital benefit ceases at age 70.

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 four (4) months and no later than 24 months of receiving services or supplies or the end of your Hospital benefit.
EXTENDED HEALTH BENEFIT - IN CANADA

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%

**PROFESSIONAL AMBULANCE**
Maximum: $500 in a calendar year

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.

**SPECIAL AMBULANCE ATTENDANT**
Maximum: $300 in a calendar year

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

**PRIVATE DUTY NURSING**
Maximum: $10,000 in a calendar year

Provided you do not reside in a convalescent nursing home and the nurse is not a relative, charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant 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 four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. The covered person may be eligible for services in his/her home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital.

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

**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.
EXTENDED HEALTH BENEFIT - WORLDWIDE

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

Co-insurance: 100%

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

**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.

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

**BURN PRESSURE GARMENTS**
Maximum: $500 in a calendar year
Special made-to-measure garments when prescribed by a physician.

**COMPRESSION PUMP**
Maximum: one per five calendar years
Charges for compression pump.

**LYMPHOEDEMA SLEEVES**
Maximum: two in a calendar year
Charges for lymphoedema sleeves.

**PHYSIOTHERAPY**
Maximum: 20 treatments in a calendar year
Charges for physiotherapy treatment.

**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.

**OTHER PRACTITIONERS**
Maximum: $10 per visit to a maximum of $250 per practitioner in a calendar year
One X-ray per practitioner allowed to a maximum of $25 per X-ray in a calendar year
Charges for treatment, except when performed in a hospital, by a licensed chiropractor, osteopath or chiropodist/podiatrist.
**PROSTHETIC APPLIANCES**
Charges for the following remedial appliances or supplies, when authorized by the attending physician:

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

Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of $50 in a calendar year.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of $300 in a lifetime.

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

**EQUIPMENT RENTAL**
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;
- surgical garments, custom made compression garments and elastic support garments to a combined frequency of two in a calendar year.

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

**ORTHOPEDIC FOOTWEAR & SUPPLIES**
Maximum: $125 in a calendar year

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

HEARING AIDS
Maximum: $300 in five (5) calendar years.

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

TERMINATION
Extended Health Benefit ceases at age 70.

WHEN AND HOW TO MAKE A CLAIM
Extended Health Benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer or provider of service as appropriate.

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

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Extended Health Benefit.
VISION BENEFIT

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

Co-insurance:  100%

CONTACT LENSES DUE TO DISEASE
Maximum:  $200 in two (2) calendar years

Charges for contact lenses when medically necessary on the written authorization of the attending physician for; ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

EYE EXAMINATIONS, LENSES, FRAMES AND CONTACT LENSES
Maximum:  $200 in two (2) calendar years

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

VISUAL TRAINING
Maximum:  $150 in a lifetime

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

TERMINATION
Vision Benefit cease at age 70.

WHEN AND HOW TO MAKE A CLAIM
Vision benefit is reimbursed to the employee. The covered person must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt.

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.
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 general practitioners in effect in the covered person’s province of residence.

**Basic Benefits**

Co-insurance: 80%

**Diagnostics**
- complete examinations once every 36 consecutive months
- recall examinations once every five (5) consecutive months
- bitewing four films every five (5) consecutive months
- full series or panoramic x-rays once every 12 consecutive months
- tests/analysis/laboratory procedures

**Preventive Services**
- polishing once, up to one (1) unit of time* every five (5) consecutive months
- fluoride treatment one (1) every five (5) consecutive months
- scaling one (1) every five (5) consecutive months
- pit and fissure sealants and space maintainers
- protective appliance (mouth guard) one (1) appliance every 12 consecutive months
- periodontal, TMJ or Myofascial appliances once every 24 consecutive months
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair, limited to one upper and one lower once every 24 consecutive months.
- occlusal equilibration

**Restorative Services**
- amalgam (silver) and tooth coloured (white) fillings
- full coverage pre-fabricated restorations
- retentive pins

**Endodontic Services**
- root canal therapy

*one unit of time is equal to 15 minutes*
DENTAL BENEFIT

BASIC BENEFITS (Cont’d)

Periodontic Services
- periodontal scaling and root planing
- periodontal surgery (grafts)

Prosthodontic Services
- denture adjustments and repairs (after 3 months of initial insertion)
- denture reline or rebase once every 24 consecutive months (using existing framework for complete or partial dentures)
- tissue conditioning

Surgical Services (Basic)
- extraction of teeth and roots

General Services
- general anaesthesia and intravenous sedation in conjunction with oral surgery

MAJOR RESTORATIVE BENEFITS
Co-insurance:  70%
Maximum:    $1,000 per person in a calendar year

Surgical Services (Major)
- surgical exposure and movement of teeth
- removal of benign tumours and cysts

Extensive Restoratives
- inlays/onlays/crowns

Prosthodontic Services
- complete and partial dentures, limited to one upper and one lower, once every 60 consecutive months
- bridgework

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

**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, the maximum benefit will be limited to $100 per covered person during the first 12 months 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 cease at age 70.

**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.

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 Dental benefit.
HEALTH SPENDING ACCOUNT

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

ABOUT YOUR HEALTH SPENDING ACCOUNT
The policy year of your Health Spending Account is from April 1st to March 31st. Your Health Spending Account credits may be used to reimburse expenses incurred during the year or may be carried over to the following year’s account. If Health Spending Account credits are rolled-over to the following year, a 31 day grace period will be given, during which all credits from the previous year must be exhausted. If these credits are not exhausted, they will be forfeited. Canada Revenue Agency does not allow the payout of unused balances in taxable cash as an alternate to the rollover requirement. All prior policy year HSA credits not used as of the end of the claims limitation period will be carried forward into the current policy year. HSA credits previously carried forward into the prior policy year, if any, will be forfeited by the subscriber at that time.

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

Professional Services
- acupuncturist
- audiologist
- chiropodist
- chiropractor
- christian science practitioner
- dentist
- dental hygienist
- dental mechanic
- dermatologist
- dietician
- naturopath
Professional Services (cont’d)
- optician
- optometrist
- osteopath
- physiotherapist
- plastic surgeon
- podiatrist
- practical nurse (medical services only)
- psychiatrist
- psychologist
- registered nurse
- speech therapist

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

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

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

Hospital Services
- room accommodation
- miscellaneous hospital services

Artificial Limbs, Aids and Other Devices and Equipment
- artificial limb
- iron lung
- rocking bed for poliomyelitis victims
- wheelchair
- crutches
HEALTH SPENDING ACCOUNT

Artificial Limbs, Aids and Other Devices and Equipment (cont’d)
- spinal brace
- brace for a limb
- ileostomy or a colostomy pad
- truss for a hernia
- artificial eye
- laryngeal speaking aid
- aid to hearing
- artificial kidney machine

Products or Services Requiring a Prescription
- A wig made to order for an individual who has suffered abnormal hair loss because of disease, medical treatment or accident.
- A needle or syringe designed to be used for the purpose of giving an injection.
- A device or equipment used by an individual suffering from a severe chronic respiratory ailment or a severe chronic immune system disregulation, but not including an air conditioner, humidifier, dehumidifier, heat pump or heat or air exchanger.
- A device or equipment designed to pace or monitor the heart of an individual who suffers from heart disease.
- An orthopedic shoe or boot or an insert for a shoe or boot made to order for an individual to overcome a physical disability.
- A power-operated guided chair installation, for an individual, that is designed to be used solely in a stairway.
- A mechanical device or equipment designed to assist an individual to enter or leave a bathtub or shower or to get on or off a toilet.
- A hospital bed, including any attachments to the bed.
- A device designed to assist an individual in walking, when the individual has mobility impairment.
- An external breast prosthesis that is required due to a mastectomy.
- A teletypewriter or similar device, including a telephone-ringing indicator, that enables an individual who is deaf or mute to make and receive telephone calls.
- An optical scanner or similar device designed to enable an individual who is blind to read print.
- A power-operated lift or transportation equipment designed for an individual who is disabled to allow the individual access to different areas of a building or to assist the individual in gaining access to a vehicle or to place the individual's wheelchair in or on a vehicle.
- A device designed exclusively to enable an individual who has a mobility impairment to operate a vehicle.
- A device or equipment, including a synthetic speech system, braille printer and large print-on-screen device, designed exclusively for use by an individual who is blind, in operating a computer.
- An electronic speech synthesizer that enables an individual who is mute to communicate by using a portable keyboard.
- A device or decode special television signals to permit the script of a program to be visually displayed.
Products or Services Requiring a Prescription (cont’d)
- A visual or vibratory signaling device, including a visual fire alarm indicator, for an individual who has a hearing impairment.
- A device designed to be attached to an infant diagnosed as being prone to sudden infant death syndrome in order to sound an alarm if the infant ceases to breathe.
- An infusion pump, including disposable peripherals, used to treat diabetes or a device designed to enable an individual with diabetes to measure blood sugar level.
- An electronic or computerized environmental control system designed exclusively for the use of an individual who has a severe and prolonged mobility restriction.
- An extremity pump or elastic support hose designed exclusively to relieve swelling caused by chronic lymphedema.
- An inductive coupling osteogenesis stimulator for treating non-union of fractures or aiding in bone fusion.

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

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

Medical Treatments
- blood transfusion
- diathermy
- electric shock treatments
- healing services
- hydrotherapy
- injections
- insulin treatments
- nursing
- pre-natal; post natal treatments
- radium therapy
HEALTH SPENDING ACCOUNT

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

**Non-Eligible Expenses**
- non- prescription birth control devices
- Wigs, unless made to order for individuals who have suffered abnormal hair loss owing to disease, medical treatment or accident.
- maternity clothes
- athletic club memberships
- toothpaste
- scales for weighing food
- funeral, cremation or burials, cemetery plot, monument, mausoleum
- illegal operations, treatments or drugs illegally procured
- Payments to a municipality where the municipality employed a doctor to provide medical services to the residents.
- Medical expenses for which you are reimbursed or are entitled to be reimbursed.
HEALTH AND DENTAL 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 were 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. Services that are normally paid for directly or indirectly by the employer.
10. Charges for health care planning assessments.
11. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
12. Convalescent, custodial or rehabilitation services.
13. Conditions not detrimental to health.
14. 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.
15. Services or supplies normally provided by the covered person’s government health plan.
16. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
17. Mileage or delivery charges.
18. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
19. Any injury or illness resulting from the covered person’s active participation in or related civil unrest, riot, insurrection, or war.
20. Participation in the commission of a criminal offense.
21. A service or supply that is experimental or investigative in nature.
22. A service or supply that is not medically necessary or proven effective.
23. Services for which the government prohibits the payment of benefit.
24. Services provided without charge or paid for by the employer.
25. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
HEALTH AND DENTAL INFORMATION

TERMINATION OF BENEFITS
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.

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

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

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

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

ELIGIBLE EMPLOYEES
To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 15 hours per week on a regular basis and have completed the plan waiting period with the exception of seasonal employees who are eligible for benefits after working 780 hours. An employee can also be a term employee with contracts of eight (8) months to five (5) years. The waiting period for your group plan is one day of continuous employment. Coverage commences the first of the month following completion of the plan waiting period.

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 spouse legally married to the employee in an ecclesiastical or civil ceremony or a partner who cohabits on a continuous basis with an employee in a spousal relationship that is not a legal marriage, including a partner of the same gender, provided that the cohabitation existed for a period of 12 months prior to the partner being admitted to the plan. The subscriber requesting coverage for such a partner must give written notice to Blue Cross. Unless such written request is made, the person legally married to the subscriber shall be considered to be the covered spouse. Discontinuance of cohabitation with the subscriber shall terminate coverage of the partner.

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

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

ON THE PLAN MEMBER WEBSITE
There are a variety of options available to you on the Plan Member Website.

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

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

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

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE
1. Log on to the Medavie Blue Cross Web site at www.medavie.bluecross.ca
2. Select “Plan Members”
3. Choose “Go to Secure Site” and select “First Time, Register Now”
4. Complete the online registration form
5. A temporary password will be e-mailed to the e-mail address entered during registration
6. Return to the Plan Member Website and enter the user ID and temporary password
7. You will be prompted to change the password. Click “Submit” to save the new password
8. Click “Done” once the changes are saved

**Please ensure you make note of your user ID and 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.
MEDAVIE BLUE CROSS CONTACT INFORMATION

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

NEW BRUNSWICK
Fredericton
Unit 2 - 1055 Prospect Street
Fredericton, NB  E3B 3B9

Moncton
Blue Cross Centre
644 Main Street
P. O. Box 220
Moncton, NB  E1C 8L3

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

NOVA SCOTIA
Dartmouth
Street Address:
230 Brownlow Avenue
Dartmouth, NS B3B 0G5
Mailing Address:
P. O. Box 2200
Halifax, NS  B3J 3C6

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

PRINCE EDWARD ISLAND
Charlottetown
Atlantic Technology Centre
176 Great George Street, Suite 120
Charlottetown, PE  C1A 9S2

NEWFOUNDLAND
St. John's
Kenmount Business Centre
66 Kenmount Road, Suite 102
St. John's, NL  A1B 3V7

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

QUEBEC
Montreal
550 Sherbrooke Street West, Suite 12
Montreal, QC  H3A 6T6

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

Medavie Blue Cross