

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 benefits program are described in the group policies held by your employer.

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

schedule of benefits

DAIRY FARMERS OF NOVA SCOTIA

POLICY NUMBER - 5088-002 and Sections

ELIGIBILITY PERIOD - Following two months
of active permanent
employment (Health Benefits)

Following six months
of active permanent
employment (Dental Benefits)

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 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

SCHEDULE OF BENEFITS

Underwritten by
(Blue Cross Life Insurance Company of Canada)

GROUP LIFE INSURANCE

Classes A- Active Milk Producer, B – Inactive Milk Producer & D – Spouse of Retired or Deceased Producer – medically approved - amount of insurance - \$25,000

- benefit reduces 50% at age 65 and ceases at the earlier of retirement or age 70
- *non-evidence limit - \$25,000

Class C – Spouse of Retired or Deceased Producer - amount of insurance - \$5,000

- benefit reduces 50% at age 65 and ceases at the earlier of retirement or age 70
- *non-evidence limit - \$5,000

DEPENDENT LIFE INSURANCE

Spouse - \$5,000 Children - \$2,000

OPTIONAL GROUP LIFE INSURANCE

Each employee covered by Basic Group Life Insurance, or the employee's spouse, may purchase additional life insurance in units of \$10,000 to a maximum of \$250,000. The combined Basic and Optional Group Life Insurance benefit cannot exceed \$275,000 for Classes A, B, and D; \$255,000 for Class C.

- evidence of health is required for all amounts of optional life insurance
- benefits cease at the earlier of retirement or age 65

*Please refer to the Group contract, as the non-evidence limits are subject to change each year on the Group's anniversary date.

All benefits described in this booklet are available to employees of the Group, subject to application by the employee and underwriting approval.

SCHEDULE OF BENEFITS

Underwritten by
(Medavie Blue Cross)

HEALTH CARE BENEFITS

WORLDWIDE TRAVEL BENEFITS

- benefits are provided for an accident or unexpected illness outside the province of residence
- payment assistance through World Assistance
- program pays 100% of the eligible expense

OUT OF CANADA REFERRALS

- medical services incurred outside of Canada on a referral basis when those services are unavailable in Canada
- program pays 100% of the eligible expense up to a lifetime maximum payment of \$500,000 per person

EXTENDED HEALTH BENEFITS

- reimbursement to the employee
- program pays 100% of the eligible expense with the exception of other practitioner's which is reimbursed at 80% with an overall maximum of \$1,200 in a calendar year

VISION CARE

- vision care benefits \$100 maximum payable for lenses and frames every two consecutive calendar years; plus one eye exam every 2 calendar years for adults and every calendar year for dependent children less than 21 years of age
- reimbursement to the employee
- program pays 100% of the eligible expense

DRUG BENEFITS - Benefit List MA. Includes oral contraceptives and prescription drug items approved by Medavie Blue Cross.

Certain prescription-requiring drugs on the eligible drug benefit list may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross.

The employee pays 30% to a maximum of \$15 for each eligible drug on the prescription.
The program pays 100% of the remaining eligible expense.
Payment is made directly to the pharmacy.

Certain prescription-requiring drugs on the eligible drug benefit list are eligible benefits on an individual Participant basis based on specific medical needs and when approved by Medavie Blue Cross under the Special Authorization process.

SCHEDULE OF BENEFITS

Underwritten by
(Medavie Blue Cross)

DENTAL CARE BENEFITS

BASIC SERVICES

- reimbursement to the employee
- program pays 80% of the eligible expense
- maximum payment of \$1,000 per person per calendar year

MAJOR SERVICES

- reimbursement to the employee
- program pays 50% of the eligible expense
- maximum payment of \$1,500 per person per calendar year

FEE SCHEDULE

- current Dental Society Fee Guide for General Practitioners in the employee's province of residence

TERMINATION: All Health benefits cease at the earlier of retirement, termination of employment or age 65, with the exception of Dental benefits which cease the earlier of retirement, termination of employment or age 70. For eligible person's enrolled in the Inactive Class, Health benefits cease at age 65 and all other benefits cease at age 70.

Please refer to the appropriate page in this booklet for a more detailed benefit description

GENERAL INFORMATION

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a permanent employee actively working at least 20 hours per week and have completed the waiting period shown in the Schedule of Benefits. Non-active Employees are also insured.

Employees may elect coverage, within the 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, adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee.

The term "spouse" is defined as a person of the opposite or same sex who is legally married to the Subscriber, or has continuously resided with the Subscriber 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), the Subscriber 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 policy.

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 covered 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 so 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.

GENERAL 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. These could include benefits in excess of the non-evidence limits, as indicated in the Schedule of Benefits, and late reporting of salary changes where benefits are related to earnings. The cost of obtaining evidence of health shall be paid by Blue Cross if you or your dependent apply for coverage within 31 days of becoming eligible.

TERMINATION OF BENEFITS

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

- the date you terminate employment
- the date you become a non-active producer, unless you advise your plan administrator within 31 days, and your coverage will be transferred to the non-active producer division.
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc.
- the termination date of the Group Contract.

(The exact terms are contained in the Group Contract).

GENERAL INFORMATION

CLAIMING BENEFITS

If your Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

1. In reference to Group Life, Dependent Life, Accidental Death & Dismemberment, Weekly Income or Long Term Disability Income claims, please obtain the necessary forms from your employer. Certain portions must be completed by the employer, the claimant and/or the attending physician. Once the claim forms are completed, they should be submitted to the insurer for processing. Written notice of claim must be given to the insurer within 31 days of loss. Claims for disability benefits should be reported within 30 days before the end of the elimination period; or, if this is not reasonably possible, at least within six months of the commencement of disability.
2. All Health and Dental Benefits are on a reimbursement basis unless otherwise specified in the Schedule of Benefits. Claims must be submitted within four months of receiving services or supplies. To claim benefits on a reimbursement basis, please follow the procedures described in paragraph (b) below.

For Health Care, Drugs, or Dental claims, the subscriber or dependent should ensure they are dealing with a Health Care Professional approved by Medavie Blue Cross. After this, one of the procedures below should be followed:

- (a) Direct payment plan: the subscriber's Medavie Blue Cross identification card should be shown and the provider will arrange to bill Medavie Blue Cross directly, or
 - (b) Reimbursement plan: the subscriber must pay the provider, obtain an official receipt and submit this to Medavie Blue Cross for payment. The subscriber should also arrange for the completion of the appropriate claim forms, which are available from your employer or the provider of services. For drug claims on a reimbursement basis, receipts must indicate the following information for each prescription item:
 - patient's name
 - prescription number and date dispensed
 - D.I.N. (Drug Identification Number) or drug name, strength and quantity.
3. If your plan includes Group Travel Benefits, please refer to the appropriate page in this booklet for claims filing procedures.

DEPENDENT LIFE INSURANCE

DEATH BENEFIT

The Dependent Life Insurance benefit as indicated in the Schedule of Benefits will be paid to the insured employee upon the death of an insured dependent.

ELIGIBLE DEPENDENTS

An eligible dependent is as defined under General Information.

COMMENCEMENT OF COVERAGE

Insurance on the dependent begins on the later of the date the application for dependent insurance was completed or the date the employee acquired the dependent, provided the dependent is not confined to a hospital. In this instance, coverage for the dependent will commence on the date the dependent ceases to be confined to hospital. In the case of a child born while this coverage is in force, the dependent coverage on that child will become effective after 24 hours of age, even if confined to hospital.

EXCEPTIONS AND LIMITATIONS

Dependents excluded from the policy include:

- any spouse residing outside of Canada or the United States of America, or
- any person for whom evidence of insurability, if required, is not approved by the insurer.

WAIVER OF PREMIUM

If a claim is approved under Group Life Insurance for total disability, the Dependent Life benefit shall 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 PRIVILEGE

A terminating insured employee may convert the insurance on the life of his/her spouse in the same manner as under the Group Life benefit in an amount not to exceed the amount of insurance which terminated. The Conversion Privilege is available to the employee's spouse only -- not to dependent children.

EXTENSION OF COVERAGE

If the spouse of an insured employee should die within 31 days of the insured employee's termination of employment, the death benefit of the spouse will be paid, provided that any individual policy issued under the Conversion Privilege is surrendered.

BASIC AND OPTIONAL GROUP LIFE INSURANCE

DEATH BENEFIT

The death benefit provides for payment of the amount shown in the Schedule of Benefits to your designated beneficiary.

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. The payment must be requested in writing and will be the lessor of \$50,000 or 50% of your group Basic Life coverage.

OPTIONAL LIFE INSURANCE

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

WAIVER OF PREMIUM

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six 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 not performing work for remuneration or profit. If you are entitled to receive Long Term Disability benefits under this program, 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 months during which you returned to work on a full-time 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 months of total disability.

EXTENSION OF COVERAGE

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 Policy issued under the conversion privilege is surrendered.

BASIC AND OPTIONAL GROUP LIFE INSURANCE

CONVERSION PRIVILEGE

If you terminate employment prior to your 65th birthday, you may convert to an Individual Policy 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.

If your optional group life insurance coverage ceases on or before attaining age 65 because of a termination of employment or termination of membership in a class of employee eligible for insurance under this plan, then you may purchase individual life insurance in an amount not to exceed the lesser of the total amount of group life insurance and optional group life insurance for which you were covered in the group plan on the termination date, or \$200,000.

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 5 continuous years, may convert their group life coverage in the same manner as terminating employees.

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

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

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

BASIC AND OPTIONAL GROUP LIFE INSURANCE

LIMITATION OF COVERAGE

In the event of the death of an insured person by suicide, while sane or insane, the payment to be made with respect to any amount of optional insurance, which has been in force less than two consecutive years during the insured person's lifetime, shall be limited to the return of premiums. This limitation is applicable to optional life insurance on the employee and the employee's spouse.

TERMINATION OF COVERAGE

All Group Life insurance will terminate on the earliest of:

- (a) the date that the employee ceases to be eligible for Group Life insurance,
- (b) the date of termination of this coverage,
- (c) the day on which the employee attains the age limit specified in the Schedule of Benefits,
- (d) the end of the grace period for which any premium has not been paid in full.

The Optional Group Life insurance on an employee's dependent will cease on the date that such person ceases to be an eligible dependent or the day on which the dependent attains age 65.

HEALTH CARE BENEFITS

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 in the Schedule of Benefits and the benefit maximums listed below.

EXTENDED HEALTH BENEFITS - IN CANADA

PROFESSIONAL AMBULANCE - licensed ambulance or other emergency service, when medically necessary, to transport you or your dependent from the place where injury, disease, illness, pregnancy or mental disorder is suffered to the nearest hospital where adequate treatment can be rendered, from one hospital to another, and from a hospital to your residence.

Charges for the fare of one attendant to accompany you or your dependent if transportation is not provided by a licensed ambulance service.

PRIVATE DUTY NURSING - home nursing care by a Private Duty Nurse as defined within the contract provisions, the maximum eligible expense is limited to a maximum of \$10,000 in a calendar year and \$25,000 per lifetime subject to prior approval by Medavie Blue Cross, based on the payment schedule for Private Duty Nurses established by Medavie Blue Cross for the participant's province of residence.

DIAGNOSTIC AND X-RAY SERVICES - charges for laboratory services and X-ray examinations.

OXYGEN - charges for oxygen.

EXTENDED HEALTH BENEFITS - WORLDWIDE

ACCIDENTAL DENTAL - charges by a legally licensed dentist for dental treatment of injuries to natural teeth, or replacement of natural teeth, for accidents suffered by you or your dependent while insured under this benefit.

The charges will be subject to all of the following conditions:

- The treatment is necessitated by a direct accidental blow to the mouth and not by an object or food placed wittingly or unwittingly in the mouth.
- The accidental blow occurs while the person is insured.
- The treatment is received within twelve months after the accidental blow.
- The treatment is the least expensive that will provide a professionally adequate treatment.
- No payment will be made for any part of the charge which exceeds the amounts shown for the treatment in the current Dental Association Schedule of Fees for General Practitioners in your province of residence.
- If treatment is to be received more than 90 days after the accidental blow, a treatment plan must be submitted to Medavie Blue Cross within 90 days of the accident.

HEALTH CARE BENEFITS

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

DIABETIC EQUIPMENT - charges for the following equipment used for treatment and control of diabetes: preci-jet, glucometer, or equipment approved by Medavie Blue Cross that performs similar functions.

OSTOMY SUPPLIES - charges for essential ostomy supplies.

OTHER PRACTITIONERS - charges for treatment, except when performed in a hospital, by a licensed: speech therapist, clinical psychologist, masseur, chiropractor, osteopath, chiropodist/podiatrist, physiotherapist, acupuncturist or naturopath. The maximum eligible expense for each type of practitioner is \$500 in a calendar year with an overall maximum of \$1,200 in a calendar year. Speech therapist and clinical psychologist services are covered to a maximum of \$1,000 per calendar year.

PROSTHETIC APPLIANCES - remedial appliances or supplies including artificial limbs, breasts, or eyes, crutches, canes and braces. Replacement must be due to pathological or physiological change.

MEDICAL SUPPLIES AND EQUIPMENT - charges for rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair, hospital-type bed, equipment for the administration of oxygen, grab bars, mozes detectors, an initial pair of frames and one corrective prosthetic lens, for each eye, that is prescribed after cataract surgery and transcutaneous electrical nerve stimulator (TENS machine) on the written authorization of a physician.

ORTHOPEDIC SHOE(S) & SUPPLIES - custom made Orthopaedic shoes prescribed by a podiatrist or physician up to a maximum of one pair per calendar year. Modifications to any shoes will not be payable.

Foot orthotics to a maximum amount payable per participant of \$75 per calendar year. To be eligible for payment, the orthotic devices must be (i) prescribed by a physician, podiatrist or chiropodist, (ii) made from a plaster cast, (iii) diagnosed as being necessary by a biomechanical examination, (iv) made at a professional podiatry laboratory and (v) Medically Necessary for the participant's regular daily living activities and not solely for recreation or sports.

HEARING AIDS – the purchase of hearing aids and repairs, excluding batteries, up to an individual maximum of \$500 in four consecutive years.

INTRAUTERINE CONTRACEPTIVE DEVICES - purchase of an intrauterine contraceptive device to a maximum reimbursement of \$75 every 24 consecutive calendar months.

HEALTH CARE BENEFITS

VISION CARE

EYE EXAMINATIONS, LENSES AND FRAMES - charges of a licensed optometrist or ophthalmologist for eye examinations. Charges for corrective eyeglasses, including lenses and frames but excluding safety glasses or glasses for cosmetic purposes. The maximum eligible expense is shown in the Schedule of Benefits.

CONTACT LENSES - when medically necessary for ulcerated keratitis, severe corneal scarring, keratoconus or aphakia provided sight can be improved to at least the 20/40 level. The maximum eligible expense in two consecutive calendar years is \$200.

VISUAL TRAINING - visual training and remedial eye exercises up to a maximum lifetime eligible expense of \$150. Services received in Canada for visual training and remedial exercises subject to 50% reimbursement, regardless of the benefit maximum.

DRUG COVERAGE

Please refer to the Schedule of Benefits page to determine if the drug benefit is on a direct-payment or reimbursement basis, the payment features, and the benefit list applicable to this plan.

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

Medications specifically excluded as benefits:

- Non prescription-requiring medications
- Prescription-requiring antihistamines, cough/cold medications
- Vaccines, toxoids, and serums, including allergy serums
- Medications used solely for the prevention of malaria in foreign countries
- Medications administered and/or dispensed by a Hospital for use as an inpatient or outpatient.
- Homeopathy and Herbal products

HEALTH CARE BENEFITS

COORDINATION 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 which provides the greatest benefit to the subscriber.

Benefit payments will be coordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

EXCEPTIONS AND LIMITATIONS

Health Care Benefits will not be payable for charges in connection with the following:

- convalescent, custodial or rehabilitation services
- conditions not detrimental to health
- services or supplies normally provided without cost or at nominal cost by the participant's government health plan
- benefits the participant receives or is entitled to receive from Workers' Compensation
- mileage or delivery charges
- insurrection or war
- participation in the commission of a criminal offense
- a service or supply which is experimental or investigative in nature
- a service or supply which is not medically necessary.

CONVERSION PRIVILEGE

If you should terminate employment, you may convert to an Individual Health Plan currently issued by Medavie Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to the surviving spouse and/or dependents in the event of your death.

WORLDWIDE TRAVEL BENEFITS

The Group Travel Plan covers a wide range of benefits which may be a result of an accident or unexpected illness incurred outside the participant's province of residence while on business or vacation. Subject to the maximum amounts indicated below, the Plan pays 100% of the eligible expense with no overall maximum, less the amount allowed under any Government Health Program.

Eligible expenses include:

HOSPITAL ACCOMMODATION - the cost of hospital room accommodation (not a suite) and medically necessary inpatient/outpatient services.

PHYSICIANS AND SURGEONS - customary charges by physicians and surgeons for services rendered.

MEDICAL APPLIANCES - the cost of casts, canes, slings, splints, trusses, braces and/or temporary rental of a wheelchair, when required due to an accident or sudden illness which 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.

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 patient 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 patient 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.

PARAMEDICAL SERVICES - charges made by a licensed chiropractor, osteopath, chiropodist, podiatrist or physiotherapist payable at 80% of the eligible expense with an overall maximum of \$1,200 in a calendar year.

DRUG BENEFITS - charges for drugs, serums and injectables, approved by Medavie Blue Cross, and purchased on the prescription of a physician (vitamins, patent and proprietary drugs excluded).

WORLDWIDE TRAVEL BENEFITS

DENTAL SERVICES - up to \$1,000 Canadian for dental treatment necessitated by a direct accidental blow to the mouth. Such services must be rendered or reported and approved within 180 days of the accident and be supported by details of the accident.

VEHICLE RETURN - up to \$500 Canadian for the cost of driving the patient's vehicle, either private or rental, by commercial agency to the patient's residence or nearest appropriate vehicle rental agency when the patient is unable to return it due to sickness or accident.

RETURN OF DECEASED - up to \$3,000 Canadian towards the cost of preparation and homeward transportation of a deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route.

MEALS AND ACCOMMODATION - up to \$1,200 Canadian (\$150 per day for eight days) per trip for extra costs of commercial accommodation and meals incurred by the subscriber, or by a covered dependent 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.

TRANSPORTATION TO VISIT THE COVERED PERSON - 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 advised the necessary attendance of a family member or close friend of the covered person.

EMERGENCY AND PAYMENT ASSISTANCE - the services of a 24-hour emergency hotline are available to participants who need assistance while travelling. By telephoning the appropriate number on your "World Assistance 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 participant. In addition, the following services are offered.

Medical Assistance - the patient 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 patient's condition and communication with the subscriber and family
- return home or transfer of patient if medically permissible
- transport of a family member to the patient's bedside or to identify the deceased.

Non Medical Assistance - the patient may call to obtain:

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

WORLDWIDE TRAVEL BENEFITS

COORDINATION 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 which provides the greatest benefit to the subscriber.

Benefit payments will be coordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

EXCLUSIONS

1. No benefits are available under the Plan for residents 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 Plan for elective (nonemergency) 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 Plan shall 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 patient is (on medical evidence) able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition which 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 participant'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 stabilized prior to travel, and medical attention is not anticipated during the travel period.

WORLDWIDE TRAVEL BENEFITS

EXCLUSIONS (Cont'd)

7. This Policy excludes loss, damage, cost, or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
- (a) war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, chemical, biological or bacteriological warfare, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
 - (b) any act of terrorism. For the purpose of this Policy an act of terrorism means an act, including but not limited to: hijacking, the use of force or violence, chemical, biological or bacteriological force and/or the threat thereof, by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear, that has been determined by the appropriate federal authority to have been an act of terrorism.
 - (c) any action taken in controlling, preventing, suppressing or in any way relating to (a) and/or (b) above.
8. (a) Expenses in excess of \$2 million Canadian per covered Participant, per incidence outside the province of residence.
- (b) A maximum amount of \$5 million will be paid by Medavie Blue Cross for all claims incurred due to any one occurrence. If the total claims payable exceeds \$5 million Canadian, Medavie Blue Cross will pro-rate the payment.

Any one occurrence as used herein means each and every loss, or series of losses, arising out of one accident or cause, regardless of the number of policies or covered persons involved.

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

WORLDWIDE TRAVEL BENEFITS

CLAIMING BENEFITS

When not using the Emergency and Payment Assistance services, 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. 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.

REFERRAL SERVICES OUTSIDE CANADA

When participants 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 reasonable and customary amount for charges in excess of provincial government health care allowances up to a lifetime maximum of \$500,000.

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.

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.

REFERRAL SERVICES OUTSIDE CANADA

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 participant's effective date of group coverage for which the participant 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

DENTAL BENEFITS

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 Dental Society Fee Guide for general practitioners in effect in the subscriber's province of residence. The overall limits and co-insurance amounts are shown in the Schedule of Benefits.

BASIC BENEFITS

DIAGNOSTICS: Clinical oral examinations (two recall exams per calendar year).

X-ray examinations:

- full mouth or panoramic films (one of each type in 12 months)
- single films,
- occlusal, bitewing, extraoral films (up to four of each type in five months),
- temporomandibular joint films, (up to four in 12 months),
- cephalometric films (up to five in 24 months).

Tests, laboratory examinations and treatment planning.

PREVENTATIVE SERVICES: cleaning and polishing; fluoride treatments (once for each every Calendar Year; twice every Calendar Year for participants under 19 years of age); nutritional counselling; oral hygiene instruction; pit and fissure sealants; space maintainers, maintenance and repairs; protective athletic appliance (one appliance in 12 months).

RESTORATIVE SERVICES: caries, trauma and pain control; silver and plastic fillings; plastic veneer applications; removal and/or repairs to inlays, onlays and crowns; prefabricated stainless steel crowns.

ENDODONTIC SERVICES: diagnosis and treatment of the pulp (nerve) and tissue which supports the end of the root; root canal therapy and emergency procedures.

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, TMJ appliances and myofacial pain syndrome appliances (limited to any one upper and any one lower appliance in 24 months), scaling and root planing (limited to 8 units per calendar year).

PROSTHODONTIC SERVICES: denture adjustments, repairs and additions as well as one upper and one lower complete or partial denture rebase, reline, or remake (using existing framework) in 24 months; tissue conditioning; removal, repair and recementing fixed bridge.

SURGICAL SERVICES: extraction of teeth; control of hemorrhage; post surgical care.

GENERAL SERVICES: emergency treatment of pain; local anaesthesia as well as conscious sedation; consultation with another dentist.

DENTAL BENEFITS

MAJOR RESTORATIVE BENEFITS

EXTENSIVE RESTORATIVES: remodelling and recontouring oral tissues; surgical exposure of the teeth; surgical movement of teeth; major repairs and restorations, including inlays, onlays and crowns; incision and excision of benign tumors and cysts.

PROSTHODONTIC SERVICES: complete dentures (limited to one complete upper and one complete lower denture in 60 months); partial dentures (limited to one partial upper and one partial lower denture in 60 months); transitional dentures, (limited to one complete upper transitional and one complete lower transitional denture in 60 months, and/or one partial upper transitional and one partial lower transitional denture in 60 months); pontics; abutments; crowns; fixed bridges.

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 BENEFITS

COORDINATION 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 which provides the greatest benefit to the subscriber.

Benefit payments will be coordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

EXCEPTIONS AND LIMITATIONS

The dental plan does not cover:

- services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
- dental treatment required as a result of self-inflicted injuries, insurrection, war or engaging in a riot.
- services for which the government prohibits the payment of benefit.
- services provided without charge or paid for by the employer.
- services performed by an unqualified practitioner.
- charges for missed appointments or the completion of claim forms.
- services not listed as a covered benefit.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits (subscriber or dependent) 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 participant 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.

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

NEW BRUNSWICK

Bathurst

*275 Main Street
Harbourview Place, Suite 200
Bathurst, New Brunswick
E2A 1A9*

Fredericton

*1055 Prospect Street, Unit 2
Fredericton, New Brunswick
E3B 5B9*

Moncton

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

Saint John

*47A Consumers Drive
Saint John, New Brunswick
E2J 4Z7*

NOVA SCOTIA

Dartmouth

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

Halifax

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

PRINCE EDWARD ISLAND

Charlottetown

*90 University Avenue, Suite 120
Charlottetown, Prince Edward Island
C1A 4K9*

NEWFOUNDLAND

St. John's

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

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

