

*schedule of benefits*

**DAIRY FARMERS OF NOVA SCOTIA**

Updated Effective Date: September 1, 2017

POLICY NUMBER - 5088 and Sections  
11348-000  
(Optional Enhanced Critical Conditions)

ELIGIBILITY PERIOD - Following two months  
of active permanent  
employment

## ABOUT THIS BOOKLET

Medavie Blue Cross underwrites the following benefits:

- Worldwide Travel Benefit
- Extended Health Benefit
- Vision Care
- Drug Benefit
- Dental Benefit

Medavie Blue Cross provides the following benefits:

- Second Opinion<sup>®</sup>

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

- Group Life Insurance
- Optional Group Life Insurance
- Dependent Life Insurance (Benefit is mandatory with family status)
- Accidental Death and Dismemberment Benefit
- Optional Accidental Death and Dismemberment Benefit
- Critical Conditions 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 benefits program are described in the group policies 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 the Company 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](http://www.blueadvantage.ca).

## **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

## 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](http://www.medavie.bluecross.ca)**

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

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

or

**[privacyofficer@medavie.bluecross.ca](mailto:privacyofficer@medavie.bluecross.ca)**

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

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

## **SCHEDULE OF BENEFITS**

Underwritten by  
(Blue Cross Life Insurance Company of Canada)

### GROUP LIFE INSURANCE

A. Active Milk Producer

B. Inactive or Retired 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

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

A. Active Milk Producer

B. Inactive or Retired Milk Producer

C. Spouse of Retired or Deceased Producer

D. Spouse of Retired or Deceased Producer (medically approved)

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  
(Blue Cross Life Insurance Company of Canada)

### ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- A. Active Milk Producer
- B. Inactive or Retired Milk Producer
- C. Spouse of Retired or Deceased Producer
- D. Spouse of Retired or Deceased Producer (medically approved)

- the principal amount is equal to the amount of Group Life Insurance.
- benefit reduces 50% at age 65 and ceases at the earlier of retirement or age 70

### OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- A. Active Milk Producer
- B. Inactive or Retired Milk Producer
- C. Spouse of Retired or Deceased Producer
- D. Spouse of Retired or Deceased Producer (medically approved)

Coverage is provided to you and/or your spouse in units of \$10,000 to a maximum of \$250,000 per insured. The combined Basic and Optional Accidental Death and Dismemberment benefit cannot exceed \$275,000 for Classes A, B & D and \$255,000 for Class C. 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.

### OPTIONAL ENHANCED CRITICAL CONDITIONS BENEFIT

Employee	\$10,000 to a maximum of \$100,000
Spouse	\$10,000 to a maximum of \$100,000
Each Child	\$10,000

Waiting Period: 2 months following the date of employment (same day)

Coverage Terminates: **Employee** – Ceases at the earlier of retirement, termination of employment or age 65  
**Spouse** – Ceases at age 65  
**Each Child** – Ceases when no longer an eligible Dependent

## **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.

Charges for the following are also included:

- Fertility benefit (limited to \$1,500 in a calendar year up to a lifetime maximum of \$3,000)
- Erectile dysfunction benefit (limited to \$250 in a calendar year)

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

### **SECOND OPINION<sup>®</sup>**

Second Opinion is a service that provides you with access to leading medical expertise and the reassurance that you are receiving the right care at the right time. Upon the diagnosis of a qualifying medical condition, you can contact the Second Opinion provider to have your medical files reviewed by a specialist from the McGill University Health Centre (MUHC).

**TERMINATION:** All Health, Worldwide Travel, Referrals for Services Outside of Canada and Second Opinion 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 persons 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 dependents 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.

## **BASIC AND OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### DEATH BENEFIT

The death benefit provides for payment to your last named beneficiary or beneficiaries for the amount of Accidental Death & Dismemberment Insurance in force on the date of death. Benefit will be payable to you for any other loss, coma or for the death of your covered spouse or dependents.

### 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.

### SCHEDULE OF BENEFITS

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%



## **BASIC AND OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### SCHEDULE OF BENEFITS (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** - \$10,000 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

**Rehabilitation** - \$10,000 maximum reimbursement of special training expenses.

**Occupational Training for Spouse** - \$10,000 maximum reimbursement for a formal training program within three years of your date of death.

**Education Benefit** - the lesser 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** - \$3,000 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 an illness, sickness, injury or accident occurs while participating in or engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Also, 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.)

## **BASIC AND OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### EXCLUSIONS AND LIMITATIONS (Cont'd)

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.

### AGGREGATE BENEFIT

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

- Repatriation - aggregate of \$10,000
- Rehabilitation - aggregate of \$10,000
- Occupational Training for Spouse - aggregate of \$10,000
- Education Benefit - annual aggregate of \$5,000
- Family Travel - aggregate of \$3,000

### TERMINATION OF COVERAGE

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

- (a) the date you cease to be eligible for Group Life Insurance, or
- (b) the day of termination of this coverage, or
- (c) the date of retirement, or
- (d) the earlier of retirement or the day on which you attain the termination age, or
- (e) the date you cease to pay the premium for this benefit.

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

- (a) the date that you cease to be eligible for Group Life Insurance,
- (b) the earlier of retirement or the day on which you attain age 65, or
- (c) 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.

## **OPTIONAL ENHANCED CRITICAL CONDITIONS BENEFIT**

### **LIVING BENEFIT**

This benefit will be paid in a lump-sum payment to you if you or your covered dependents are afflicted with a critical condition as shown in the contract. You must provide medical evidence satisfactory to Blue Cross within 365 days following the end of the benefit waiting period.

The benefit amount is limited to the first eligible Covered Condition per insured Employee and for each covered Dependent.

### **WAIVER OF PREMIUM**

If a claim is approved under Basic Group Life Insurance for total disability, the Critical Conditions coverage will continue without further payment of premium from the date last worked. However, the waiver of premium on the Critical Condition coverage will cease if the master contract terminates.

Coverage shall terminate in accordance with the Basic Life benefit provisions for insured active employees.

### **EXCLUSIONS AND LIMITATIONS**

No Critical Conditions benefit shall 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.

As well, Critical Conditions benefits are not payable for any condition due to or resulting directly or indirectly from any of the following:

- an accident except for major burns, or
- self-inflicted injury or sickness, while sane or insane, or
- insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion, or
- any accident or injury occurring while operating a motor vehicle with a blood alcohol level 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).

## OPTIONAL ENHANCED CRITICAL CONDITIONS BENEFIT

### PRE-EXISTING CONDITION

A pre-existing condition means an illness or condition for which you or your dependent has received medical treatment, consultation, care or services (including diagnostic measures) or has been prescribed medication during the 24 months immediately prior to the effective date of the Critical Conditions coverage.

Critical Conditions benefits are not payable as a result of any pre-existing condition unless commencement of the critical condition occurs after 24 consecutive months of coverage.

If you were previously insured under another group contract and make a claim to Blue Cross due to a pre-existing medical condition, Blue Cross will administer it using your effective date of coverage under the previous contract.

### COVERED CONDITIONS

All conditions must be the result of illness or disease in order to be considered eligible, with the exception of burns.

**Aorta Surgery** - The undergoing of surgery for disease of the aorta, requiring excision and replacement of such diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. Traumatic damage and repair is not covered.

**Benign Brain Tumour** - A benign brain tumour that requires craniotomy or gamma knife surgery for removal.

**Blindness** - A definite diagnosis made by a certified ophthalmologist, of the permanent loss of sight in both eyes such that:

- a) visual acuity cannot be corrected beyond 20/200 in both eyes, or
- b) the field of vision must be less than 20 degrees in both eyes.

**Major Burns** - A diagnosis by a plastic surgeon of third degree burns (requires skin grafting) and covering at least 20% of the surface area of the body.

**Cancer (Life Threatening)** - Diagnosis by a physician of a malignancy, characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

The following cancers are excluded from coverage:

- a) carcinoma in situ
- b) stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without level IV or V invasion)
- c) any non-melanoma skin cancer that has not become metastatic (spread to distant organs)
- d) stage A (T1a or T1b) prostate cancer
- e) any tumour in the presence of any HIV (Human Immunodeficiency Virus)

There is no coverage for cancer if the insured is diagnosed with cancer and such diagnosis was made, or any symptom or medical problem is determined, which initiated the investigation leading to a diagnosis of cancer, within 90 days following the effective date of the insured's Critical Conditions insurance coverage.

## OPTIONAL ENHANCED CRITICAL CONDITIONS BENEFIT

### COVERED CONDITIONS (Cont'd)

**Coma** - A state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of four days. The Glasgow coma score must be four (4) or less, continuously during the four days. Excluded are medically induced comas and comas which result directly from alcohol or drug use.

**Coronary Artery Bypass Surgery** - The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excludes non-surgical techniques, such as balloon angioplasty, laser embolectomy or other non-bypass techniques. The surgery must have been recommended by a cardiologist practicing in Canada.

**Deafness** - Definite diagnosis made by a certified otolaryngologist, of the permanent loss of hearing in both ears. The loss of hearing in each ear must be such that sounds of 90 decibels or less cannot be distinguished.

**Heart Attack** - Diagnosis by a physician of the death of a portion of heart muscle resulting from blockage of one or more coronary arteries due to atherosclerotic heart disease. The diagnosis must be based on all of the following criteria occurring at the same time:

- a) new electrocardiographic (ECG) changes indicative of an acute myocardial infarction,
- b) new episodes of typical chest pain or equivalent symptoms, and
- c) biochemical evidence of myocardial necrosis (heart muscle death) including serial elevation of cardiac enzymes and/or troponin.

Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are excluded.

**Kidney Failure** - End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

**Loss of Speech** - Total and irreversible loss of speech for a continuous period of 180 days as a result of physical disease as diagnosed by a medical specialist. Psychiatric conditions are excluded.

**Major Organ Failure Requiring Transplant** - The irreversible failure of the heart, liver, bone marrow or both lungs requiring a transplant of that organ, resulting in the insured being accepted into a recognized transplant program in Canada or the United States. The insured must survive at least 30 days following the date of enrolment into the transplant program.

**Motor Neuron Disease** - The definite diagnosis of Motor Neuron Disease resulting in weakness and wasting of muscles and made by a certified neurologist. Motor Neuron Disease includes ALS/Lou Gehrig's Disease, progressive muscular atrophy, progressive bulbar palsy, spinal muscular atrophy and primary lateral sclerosis.

## OPTIONAL ENHANCED CRITICAL CONDITIONS BENEFIT

### COVERED CONDITIONS (Cont'd)

**Multiple Sclerosis** - A diagnosis by a neurologist of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least six months or with evidence of two separate clinically documented episodes. Multiple areas of demyelination must be confirmed by MRI scanning or imaging techniques generally used to diagnose multiple sclerosis.

**Paralysis** - The complete and permanent loss of use of two or more limbs resulting from a neurological deficit caused by illness or disease with measurable objective impairment that lasts for a continuous period of 180 days, as diagnosed by a medically appropriate specialist.

**Parkinson's Disease** - Definite diagnosis by a neurologist of primary idiopathic Parkinson's Disease characterized by the clinical manifestations of two or more of the following:

- a) rigidity
- b) tremor
- c) bradykinesis.

Excluded are all other types of Parkinsonism.

**Senile Dementia** - Diagnosis by a certified neurologist of the loss of intellectual capacity involving impairment of memory and judgment, which results in significant reduction in mental and social functioning requiring supervision for daily living. This includes dementia caused by Alzheimer's disease and its variants such as, vascular disease dementia, Lewy body dementia and Pick's disease. Excluded are all other dementing organic brain disorders and psychiatric illnesses.

**Stroke** - A cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit. Transient Ischemic Attacks are specifically excluded.

### WHEN AND HOW TO MAKE A CLAIM

Claim forms are available from your employer.

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

## **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 \$1,500 in a calendar year. The maximum eligible expense for x-rays for chiropractor and chiropodist/podiatrist is \$35 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, surgical brassieres (one every two calendar years), surgical stockings (one every two calendar years), breasts, or eyes, crutches, canes (limited to one in a lifetime) and braces. Replacement must be due to pathological or physiological change. Wigs and hairpieces as a result of chemotherapy/radiation therapy up to a lifetime maximum of \$100. Wigs purchased due to total hair loss from alopecia total is up to a lifetime maximum of \$250.

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 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.

### 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 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%**

### ACCIDENTAL DENTAL

Maximum: \$1,000 per accident

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.

## **WORLDWIDE TRAVEL BENEFIT**

### **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 co-ordinated 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 8 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.

### **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, chiropract/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.

## **WORLDWIDE TRAVEL BENEFIT**

### **RETURN OF DECEASED**

Maximum: \$3,000 per covered person

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 for seven (7) days or more, 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 per trip

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.

### **MEDICAL APPLIANCES**

The cost of temporary rental of wheelchairs, crutches, canes when required due to an accident or sudden illness that occurs outside the province of residence and when ordered by a physician.

## WORLDWIDE TRAVEL BENEFIT

### LIMITATIONS AND 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; suicide or attempted suicide; criminal acts, or injuries suffered as a result of operating a motor vehicle while alcohol levels are in excess of the legal limit in the jurisdiction where the accident occurred.
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.

- 6a. **Applicable to Active Employees** – 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, 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 or treated in 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.

## WORLDWIDE TRAVEL BENEFIT

### LIMITATIONS AND EXCLUSIONS (Cont'd)

- 6b. **Applicable Retired Employees** – Coverage is limited to expenses incurred as a result of a sudden illness or Accident which occurs outside the Participant's province of residence during the term of this Policy.
- 7a. **Applicable to Active Employees** - 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) expenses incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning, 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; and
  - b) insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.
- 7b. **Applicable to Retired Employees** – Medavie Blue Cross will not pay any benefit or accept any liability for claims relating to a medical condition/illness/injury or Related Medical Condition/Illness/Injury which has:
- deteriorated; or
  - been diagnosed; or
  - required medical consultation; or
  - required hospitalization; or
  - required a Change in Medication:
- at any time within the six month period immediately prior to the date of departure from the Participant's province of residence.
8. 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.
9. 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.

## **WORLDWIDE TRAVEL BENEFIT**

### **TERMINATION**

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

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

Please call the toll free number on the back of your Medavie Blue Cross identification card for assistance when an unexpected illness or injury happens while travelling outside your province of residence. Every effort will be made by Medavie Blue Cross to direct you towards the appropriate medical treatment and assist you in making payment to the providers of service and coordinate with your provincial government plan.

However, under certain circumstances, Medavie Blue Cross will require you to obtain and directly send original, detailed receipts for all expenses incurred outside your province of residence to your provincial government health plan for their consideration and payment. Please ensure you retain a copy of these receipts as you will then need to submit them along with the provincial government health plan proof of payment statement directly to Medavie Blue Cross. This procedure should be followed when purchasing drugs, incurring medical services not pre-approved by Medavie Blue Cross (some exceptions may apply) and when incurring medical services within Canada (that will be covered by your provincial health plan).

Please 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 once every 36 consecutive months and 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 (two units per calendar year); fluoride treatments (two every calendar year); 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 myofascial 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.

## **SECOND OPINION<sup>®</sup>**

Second Opinion<sup>®</sup> Services provides an in-depth review of a participant's medical file by the Second Opinion institution or physician, including a review of the diagnosis and treatment plan. On completion of the review, a booklet containing the Second Opinion summary and recommendations (if applicable) is sent to the participant along with detailed information pertaining to the qualifying medical condition.

### ***QUALIFYING MEDICAL CONDITIONS:***

- AIDS
- ALS
- Alzheimer's disease
- Any amputation
- Any life threatening illness
- Benign brain tumor
- Cancer (all types)
- Cardiovascular conditions
- Chronic pelvic pain
- Coma
- Deafness
- Embolism/Thrombophlebitis
- Emphysema
- Hip and knee replacement
- Kidney failure
- Loss of speech
- Major or severe burns
- Major organ transplant
- Major trauma
- Multiple Sclerosis
- Neuro-degenerative diseases
- Paralysis
- Parkinson's disease
- Rheumatoid Arthritis
- Stroke
- Sudden blindness due to illness

The list of Qualifying Medical Conditions may change without notice.

Second Opinion Services are not available for population-wide exposure to poisonous gas or radioactive contamination.

### ***HOW TO ACCESS***

The Second Opinion Services may be accessed toll-free Monday to Friday from 8am to 8pm EST **1-877-893-3122**.

### ***TERMINATION***

The Second Opinion benefit ends at your retirement, termination of employment or age 65, whichever occurs first. The dependent's coverage ends either on the date you cease to be covered or on the date they no longer meet the definition of dependent, whichever occurs first.

## **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

### **NEWFOUNDLAND**

St. John's Viking Building  
136 Crosbie Road, Suite 204  
St. John's, NL A1B 3K3

### **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**