

**PROVINCE OF NOVA SCOTIA**

**PLAN A**

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## **Introduction**

The purpose of this booklet is to provide you with a description of the benefits you are entitled to as a member of the Health/Dental Plan offered by the Province of Nova Scotia. It is intended to be a reference document that outlines the services and products eligible for reimbursement under the terms of the plan.

This booklet applies to: Civil Service employees, Order-in-Council and Ministerial Appointees, Members of Legislative Assembly and participating employers listed in Appendix A of the Province of Nova Scotia Master Contract with Medavie Blue Cross.

This booklet is not a substitute for the Master Contract. The complete terms and conditions of the plan are set out in the Province of Nova Scotia Master Contract with Medavie Blue Cross. If there is any inconsistency between this booklet and the actual provisions of the Master Contract, the provisions in the Master Contract will apply. You can consult the Master Contract at any time through the internet, on the Nova Scotia Public Service Commission website at [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits).

If you require any additional information regarding the Medavie Blue Cross program, please call Medavie Blue Cross Customer Service toll-free line at 1-800-667-4511 or logon to the cardholder access website at [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca). The cardholder website contains information specific to your own coverage, and past claims history. To logon, you need your Medavie Blue Cross policy number and identification number, which is on your identification card. For logon instructions, refer to page 36.

This booklet replaces any previously issued booklet.

## **Enrollment**

Enrollment in the Province of Nova Scotia Consolidated Health and Dental Plan is a condition of employment for eligible employees of the Government of Nova Scotia. If you are eligible you must apply for coverage unless you can provide proof of comparable coverage elsewhere.

Eligible employees' coverage will be effective on their date of appointment provided an application is completed, and the application is received by your Human Resources division. Any delay will result in a delay of the effective date of your coverage. Application forms can be obtained from the Nova Scotia Public Service Commission website at [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits) .

## **Who is Eligible?**

You are eligible if you are a full-time or permanent part-time employee, who works a minimum of 40 per cent of full-time hours.

In addition, your dependents are considered eligible, provided they meet the following definition:

- “Spouse” shall mean the person acknowledged by you as your spouse with whom you have resided for a period of at least one year.
- A stepchild, legally adopted child, grandchild (Medavie Blue Cross requires legal documentation), natural child, of yourself or your spouse (excluding a foster child) who is under 21 years of age, not employed for more than 20 hours a week and dependent upon the subscriber for financial care and support.
- Unmarried children under 25 years of age while they are attending college, university, or other accredited educational institutions as full-time students. An overage dependent form must be completed each school term. An overage dependent form can be obtained by contacting PSC Benefits or from [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits).
- Unmarried, unemployed children 21 years of age or older who are dependent upon the subscriber by reason of a mental or physical disability prior to attaining age 21, and were previously covered under this policy. A Special Dependent Questionnaire can be obtained from [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits) and forwarded to PSC Benefits upon completion, and subject to approval by Medavie Blue Cross.
- Employees and their dependents must be residents of Canada, and eligible for benefits under the Provincial Government Health Care Programs.

## **What If My Spouse Also Has Coverage (Co-ordination of Benefits)**

Canadian insurance companies follow a process called Co-ordination of Benefits (COB) when both partners have family coverage. COB ensures you receive the maximum benefit available from your health/dental policies. Two policies can be combined to give you up to 100 per cent reimbursement of eligible claims. Please PSC Benefits if you or your dependents are also covered by your spouse’s plan. See page 29 for more details.

## **Termination of Coverage**

You may terminate your coverage if you have proof of comparable coverage elsewhere. Please contact PSC Benefits and provide them with the information on the alternate coverage. The effective date of the termination will be the date of receipt of the termination request.

Coverage under this plan will cease 28 days after your employment termination date. You are eligible to convert to an individual health plan with Medavie Blue Cross as long as you contact Medavie Blue Cross within 31 days of your termination date. The coverage and cost are not the same. However, if you contact Medavie Blue Cross within 31 days of your coverage terminating, you will not have to submit medical evidence. For more information call Medavie Blue Cross at 1-800-667-4511.

## **What Happens to My Coverage at Age 65?**

Prescription drug benefits cease at age 65 under this policy because coverage is available through the Nova Scotia Seniors' Pharmacare Program.

However coverage for all other health benefits does continue after age 65.

If your spouse is under 65, their eligible prescription drugs are still covered by this policy. For more information on the Nova Scotia Seniors' Pharmacare Program, please call 1-800-544-6191.

## **Retirement**

Coverage under this plan will terminate 28 days after your date of retirement.

Upon retirement, if you are receiving the Public Service Superannuation, you are eligible to participate in the Province of Nova Scotia Retired Employees Health Plan. If you are already a member of the employee health plan, then at retirement, you will automatically be enrolled in the Retired Employees Health Plan. Should coverage not be required, notice in writing should be sent to PSC Benefits.

All previous health plan claims history information with Medavie Blue Cross will carry forward to the Retired Employees Health Plan.

The Retired Employees Health Plan Book can be accessed through the internet, on the Nova Scotia Public Service Commission website at [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits).

For any changes in the status of your eligible dependents, marital status, or address please notify PSC Benefits. Health/Dental Change Forms are available on the Nova Scotia Public Service Commission website at [www.gov.ns.ca/psc/benefits](http://www.gov.ns.ca/psc/benefits).

If you require a duplicate or replacement Medavie Blue Cross identification card, please contact PSC Benefits.

## **HOSPITAL BENEFITS**

This benefit is designed to supplement your Government Hospital Insurance Plan, which provides coverage at the standard ward level only.

Note: Medavie Blue Cross will pay the usual, customary and reasonable charges for the following Eligible Expenses incurred in Medavie Blue Cross approved hospitals.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>SEMI-PRIVATE ACCOMMODATION</b>	<ul style="list-style-type: none"> <li>▪ Charges for hospital accommodation in excess of the basic ward rates up to a semi-private level. There is no limit on the number of days allowed or no dollar limit, with plan covering the charges of the hospital where confinement takes place. If a private room is occupied, the plan will provide payment at the semi-private room level.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A hospital stay when the participant is not under the active treatment and care of a physician.</li> <li>▪ Charges for chronic, convalescent, respite or custodial care.</li> <li>▪ Services provided in a nursing or convalescent home or special institution for the treatment of alcoholism or drug addiction.</li> <li>▪ A hospital stay following a medically-determined discharge date.</li> </ul>
<b>SPECIALIZED CARE FACILITY</b>	<ul style="list-style-type: none"> <li>▪ The facility must be a licensed institution that is not a general hospital.</li> <li>▪ It must provide specialized, active treatment.</li> <li>▪ It must be continuously staffed or supervised by licensed physicians and registered graduate nurses.</li> <li>▪ It must be approved by Medavie Blue Cross.</li> </ul>	

**HOSPITAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>PROFESSIONAL AMBULANCE SERVICE</b>	<ul style="list-style-type: none"><li>▪ Cost of licensed professional ground ambulance transportation to or from the nearest hospital is covered when no other form of transportation can be used because of the medical condition of the patient.</li><li>▪ Where a government program or plan for ambulance services exist, coverage will be limited to ambulance user fees applicable under such government program or plan.</li></ul>	<ul style="list-style-type: none"><li>▪ Transportation to and from scheduled appointments.</li></ul>



## WORLDWIDE TRAVEL BENEFITS

The following benefits are provided as a result of an accident or unexpected illness incurred outside the participant's province of residence in Canada or outside Canada while this plan is in effect.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>HOSPITAL ACCOMMODATION</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No benefits are available under the plan for the covered person travelling outside province of residence primarily or incidentally to seek medical advice or treatment even if such a trip is on the recommendation of a physician.</li> </ul>
<b>PHYSICIANS AND SURGEONS</b>	<ul style="list-style-type: none"> <li>▪ Customary charges by physicians and surgeons for services rendered, less the amount allowed under the provincial government health plan.</li> </ul>	
<b>WHEELCHAIRS, CRUTCHES, CANES</b>	<ul style="list-style-type: none"> <li>▪ The cost of temporary rental of a wheelchair, crutches and/or canes, when required due to an accident or sudden illness which occurs outside the province of residence and when ordered by a physician.</li> </ul>	
<b>NURSE</b>	<ul style="list-style-type: none"> <li>▪ Charges for private duty nursing (not a relative of the patient or an employee of the hospital) when ordered by an attending physician.</li> </ul>	
<b>AMBULANCE</b>	<ul style="list-style-type: none"> <li>▪ Normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility.</li> </ul>	
<b>DIAGNOSTIC SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.</li> </ul>	

**WORLDWIDE TRAVEL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>COMING HOME</b>	<ul style="list-style-type: none"> <li>▪ 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, this coverage is included:               <ul style="list-style-type: none"> <li>- 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 the medical attendant;</li> <li>- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip for a medical attendant.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Benefits under the plan will not be paid if the covered person received the same from a third party.</li> </ul>
<b>VEHICLE RETURN</b>	<ul style="list-style-type: none"> <li>▪ An allowance of up to \$500 Canadian for the cost of driving the patient’s vehicle, whether 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.</li> </ul>	
<b>PARAMEDICAL SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Charges made by a licensed chiropractor, osteopath, chiropodist/podiatrist or physiotherapist (not a relative), in excess of payment by the provincial government health plan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Charges for X-rays.</li> </ul>

**WORLDWIDE TRAVEL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>DENTAL SERVICES</b></p>	<ul style="list-style-type: none"> <li>▪ Charges for dental treatment to a maximum of \$1,000 Canadian when, as the result of accidental injury (direct accidental blow to the mouth), natural teeth have been damaged, or 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 proper certificate.</li>   <li>▪ When such dental treatment must be deferred because of the age of the patient, or other factors, which are justified in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet the payment criteria, the participant must have been covered by Medavie Blue Cross for Accidental Dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered. The only exception to this criteria is when the participant is uninsured for Dental benefits at the time the service is rendered, in which case the claim may be approved. The subscriber must submit to Medavie Blue Cross within 180 days of the accident complete details of the required services from the Dentist and reason for deferment.</li> </ul>	

**WORLDWIDE TRAVEL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>DRUG BENEFITS</b>	<ul style="list-style-type: none"> <li>▪ 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 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.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No benefits are available under the plan 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 the rendered or performed outside 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.</li> </ul>
<b>RETURN OF DECEASED</b>	<ul style="list-style-type: none"> <li>▪ Maximum: \$3,000.</li> <li>▪ Charges for the cost of preparation 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.</li> </ul>	
<b>TRANSPORTATION TO VISIT THE COVERED PERSON</b>	<ul style="list-style-type: none"> <li>▪ 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 the hospital or has died, and the attending physician has advised of the necessity of the attendance of a family member or close friend of the covered person.</li> </ul>	

**WORLDWIDE TRAVEL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>MEALS AND ACCOMMODATION</b></p>	<ul style="list-style-type: none"> <li>▪ Maximum: \$700 (\$100 per day for seven days) per trip.</li> <li>▪ 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.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Expenses in excess of \$2 million Canadian per covered person, per incidence outside the province of residence.</li> </ul>
<p><b>TRANSPORTATION TO VISIT THE COVERED PERSON</b></p>	<p>Return economy fare by most direct route for transportation costs (air, bus, train) when the covered person has been confined to hospital for seven days or more or has died and the attending physician advised the necessary attendance of a family member or close friend of the covered person.</p>	

**WORLDWIDE TRAVEL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>EMERGENCY AND PAYMENT ASSISTANCE</b></p>	<ul style="list-style-type: none"> <li>▪ The services of a 24-hour emergency hotline are available to covered persons who need assistance while travelling. By telephoning the appropriate number on your Medavie Blue Cross identification card when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the covered person. In addition, the following services are offered:               <ul style="list-style-type: none"> <li>▪ <u>Medical Assistance</u> - 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 of a family member to the covered person's bedside or to identify the deceased.</li> <li>▪ <u>Non Medical Assistance</u> - 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.</li> </ul> </li> </ul>	<p>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 elect 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.</p>

**EXTENDED HEALTH BENEFITS**

This benefit provides comprehensive protection against the cost of health services and supplies not covered by government programs. The plan reimburses you for 100 per cent of the following covered expenses, subject to plan maximums, when ordered by the attending physician. Note: Medavie Blue Cross will pay the usual, customary and reasonable charges for the following expenses in the geographic area where the claim occurs.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>NURSING SERVICE</b></p>	<ul style="list-style-type: none"> <li>▪ Private duty nurse.</li> <li>▪ Maximum eligible expense is limited to \$5,000 per person in any 12 consecutive months for medically necessary services.</li> <li>▪ Coverage is based on payment schedule established by Medavie Blue Cross for the participant's province of residence.</li> <li>▪ Home nursing by a private duty nurse at the participant's residence, on the written authorization of the attending physician.</li> </ul> <p><b>Services must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.</b></p>	<ul style="list-style-type: none"> <li>▪ Nursing services provided at a convalescent or nursing home.</li> <li>▪ Custodial care, light housekeeping, meal preparation, shopping, transportation and respite care.</li> </ul>
<p><b>DIAGNOSTIC AND X-RAY SERVICES</b></p>	<ul style="list-style-type: none"> <li>▪ Diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory.</li> <li>▪ Services covered include laboratory and X-ray examinations.</li> <li>▪ Charges for blood, blood plasma when not supplied as a free service.</li> </ul>	

**EXTENDED HEALTH BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>MEDICAL EQUIPMENT</b></p>	<ul style="list-style-type: none"> <li>▪ Charges subject to internal plan maximums, for rental or purchase (at the discretion of Medavie Blue Cross):               <ul style="list-style-type: none"> <li>○ wheelchair, scooter</li> <li>○ standard hospital bed</li> <li>○ walkers, canes</li> <li>○ medication compressor</li> <li>○ insulin pumps (including infusion pumps)</li> <li>○ compression pumps or</li> <li>○ other DURABLE medical equipment required for therapeutic use.</li> </ul> </li> </ul> <p><b>Charges must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.</b></p>	<ul style="list-style-type: none"> <li>▪ Maintenance of any medical equipment.</li> <li>▪ Installation costs.</li> </ul>
<p><b>MEDICAL PROSTHESIS</b></p>	<ul style="list-style-type: none"> <li>▪ Charges for the purchase, repair, adjustment or maintenance of prosthetic limbs and eyes.</li> <li>▪ Replacements only in the event of pathological change.</li> <li>▪ Charges for one breast prosthesis in a 24-month period.</li> <li>▪ Two breast prostheses in the event of a bilateral mastectomy in a 24-month consecutive period.</li> <li>▪ Cost of two surgical brassieres in any 12-month consecutive period.</li> <li>▪ Hair, when hair loss is due to an underlying pathology or its treatment, not to exceed \$200 in any period of 12 consecutive months.</li> <li>▪ Artificial Larynx, to a frequency of one occurrence in a lifetime. Larynx repair and adjustment is limited to a maximum Eligible Expense of \$300 in a calendar year.</li> </ul> <p><b>Charges must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.</b></p>	<ul style="list-style-type: none"> <li>▪ Myoelectric prostheses.</li> <li>▪ Hair prosthetics, replacement therapy and other procedures for physiological hair loss (i.e. male pattern baldness).</li> </ul>



**EXTENDED HEALTH BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>MEDICAL SUPPLIES</b>	<ul style="list-style-type: none"> <li>▪ Ostomy appliances, irrigating sets, and pouches.</li> <li>▪ Charges for urinary collection and retention systems including catheter tubes and pouches.</li> <li>▪ Intra-uterine contraceptive devices, limited to one in any 12 consecutive month period.</li> <li>▪ Charges for diabetic insulin pump supplies including needles, syringes and testing materials.</li> <li>▪ Special garments for treatment of burns.</li> <li>▪ Charges for elastic support stockings, limited to two pairs per participant in any 12 consecutive month period.</li> <li>▪ Enuresis detection devices, limited to one in any 60 consecutive month period.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deodorants, adhesives, skin creams, pads or other supplies.</li> <li>▪ Mechanical or electric testing or monitoring devices.</li> <li>▪ Infusion set, automatic pressurized insulin injectors and other related equipment.</li> </ul>
<b>OXYGEN AND OXYGEN SUPPLIES</b>	<ul style="list-style-type: none"> <li>▪ Charges for the purchase of oxygen and rental of equipment required for its administration, on the order of the attending physician.</li> <li>▪ Equipment may be purchased at the option of Medavie Blue Cross.</li> </ul>	
<b>SUPPORTS</b>	<ul style="list-style-type: none"> <li>▪ Cervical collars.</li> <li>▪ Splints.</li> <li>▪ Trusses.</li> <li>▪ Traction devices.</li> <li>▪ Custom fitted braces of rigid construction.</li> </ul> <p><b>Charges must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.</b></p>	

**EXTENDED HEALTH BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>ORTHOTICS</b>	<ul style="list-style-type: none"> <li>▪ Charges for custom molded foot supports as prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician up to \$200 per participant in a calendar year or \$300 in a calendar year if participant is under 21 years of age.</li> <li>▪ Orthotics must be fitted by and purchased from an orthopaedic foot care provider approved by Medavie Blue Cross.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Charges for off-the-shelf retail items are not covered.</li> </ul>
<b>ORTHOPAEDIC SHOES AND MODIFICATION</b>	<ul style="list-style-type: none"> <li>▪ Customized orthopaedic shoes to accommodate, relieve or remedy some mechanical foot defect or abnormality and charges for shoe modification and adjustment supplies.</li> <li>▪ Must be prescribed by an orthopaedic surgeon, physiatrist, rheumatologist or the attending physician.</li> <li>▪ The maximum in any 12 consecutive month period is \$100.</li> </ul>	
<b>EMERGENCY TRANSPORTATION</b>	<ul style="list-style-type: none"> <li>▪ Charges for emergency transportation by air, rail or water to the nearest medical facility able to provide the required care is covered when:               <ul style="list-style-type: none"> <li>○ an area is not serviced by licensed ground ambulance; or</li> <li>○ the urgency of the situation requires that only such form of transportation is adequate.</li> </ul> </li> <li>▪ Coverage includes the cost of return transportation for a registered nurse when it is medically necessary.</li> <li>▪ Limit of \$500 per participant for any one emergency illness or accident.</li> </ul>	

**EXTENDED HEALTH BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>DENTAL SERVICES FOR ACCIDENTAL INJURY ONLY</b></p>	<ul style="list-style-type: none"> <li>▪ The services of a dentist or dentist specialist for the repair or replacement of natural teeth that have been damaged by a direct, accidental blow to the mouth, or fractured or dislocated jaw requiring setting.</li> <li>▪ An accident report must be submitted before claims will be considered for payment.</li> <li>▪ Services must be completed within 12 months of the date of accident provided the participant’s coverage remains in force.</li> </ul> <p><b>When a planned course of treatment is expected to be more than \$300 (other than on an immediate emergency basis), Medavie Blue Cross must receive an estimate of the proposed treatment and charges, and dental X-rays where applicable.</b></p>	<ul style="list-style-type: none"> <li>▪ Charges above the general practice level of the current edition of the <i>Dental Association Fee Schedule</i> of the province of residence.</li> <li>▪ Charges which are not the result of an accident.</li> </ul>

**EXTENDED HEALTH BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>PRIVATE PRACTICE PARAMEDICAL SERVICES</b></p>	<ul style="list-style-type: none"> <li>▪ Charges for treatment, except when performed in a hospital, by a licensed speech therapist, massage therapist, chiropractor, chiropodist/podiatrist, occupational therapist, physiotherapist (physician confirmation required) or acupuncturist to a maximum eligible expense of \$500 in any calendar year. The overall maximum eligible expense is \$1,500 in one calendar year.</li> <li>▪ In addition, the maximum eligible expense for X-rays in one calendar year is \$35 per practitioner.</li> <li>▪ Claim forms are required for all practitioners.</li> <li>▪ Combined maximum eligible expense is \$800 in a calendar year for a licensed psychologist or social worker. The social work must be a Master Social Worker (MSW), licensed and registered to be eligible.</li> <li>▪ Charges for a licensed naturopath, osteopath or homeopath to a maximum eligible expense of \$300 per practitioner in a calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cardiovascular rehabilitation or supervised exercise program.</li> <li>▪ Some types of massages.</li> </ul>
<p><b>HEARING AIDS AND SPEECH AID EQUIPMENT</b></p>	<ul style="list-style-type: none"> <li>▪ Hearing aids up to \$750 in any period of five consecutive years when prescribed by an otolaryngologist or clinical audiologist following referral by a physician.</li> <li>▪ Auditory Training System when required by a Child for language development or for classroom use to a maximum of \$1,000 in a lifetime of a participant.</li> <li>▪ Speech Aid Equipment for participants who do not have oral communication ability to a lifetime maximum of \$500.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hearing tests, batteries, or ear molds.</li> </ul>

## VISION CARE SERVICES

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>VISION CARE</b></p>	<ul style="list-style-type: none"> <li>▪ Services must be performed by a licensed optometrist or ophthalmologist.</li> <li>▪ Services are covered every two consecutive calendar years; every calendar year for dependent children under 18 years of age.</li> <li>▪ Optometrist or ophthalmologist services for one eye refraction up to the usual, reasonable and customary charges as determined by Medavie Blue Cross.</li> <li>▪ The purchase of frames and prescription lenses or prescription contact lenses up to \$150.</li> <li>▪ Special Contact Lens Benefit - Charges for contact lenses and professional fitting services up to \$200 per benefit period for non-elective, medically-necessary conditions.</li> <li>▪ There are several conditions which facilitate payment <i>in lieu of</i> frames and prescription lenses, or prescription contact lenses. The list of conditions is available upon request.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refractions required by an employer, government body or other third party.</li> <li>▪ Safety glasses or safety goggles.</li> <li>▪ Replacement of lost, stolen or broken lenses or frames.</li> <li>▪ Duplicate or spare eyeglasses.</li> <li>▪ Intra-ocular lens implants (soft lenses).</li> <li>▪ Non-prescription sunglasses.</li> </ul>

## **PRESCRIPTION DRUG BENEFIT**

*The following Drug Benefits do not apply to a plan member over age 65.*

When you are enrolled under the plan, you are issued a Medavie Blue Cross identification card. Please present to your pharmacist. The participant pays the dispensing fee for each eligible drug on the prescription. There is an overall per subscriber maximum drug card co-payment per fiscal year. For specific details, please contact your Group Administrator or Medavie Blue Cross. Medavie Blue Cross shall pay the usual, reasonable and customary charges in the geographic area where the claim occurs.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>PRESCRIPTION DRUGS</b></p>	<ul style="list-style-type: none"> <li>▪ Prescription drugs including oral contraceptives and only certain over the counter items which are considered life-sustaining in nature.</li> <li>▪ Coverage is for the generic equivalent which means that coverage is limited to the cost of the least expensive interchangeable product when available.</li> <li>▪ Smoking cessation products are included as benefits for one course of treatment up to a lifetime maximum of three consecutive months and \$350.</li> <li>▪ The quantity of each separate prescription order or refill is limited to a maximum of a 100-day supply, unless prior written authorization is obtained by Medavie Blue Cross.</li> </ul> <p>Coverage is not included for an additional supply of a prescription drug during any period covered by a previously dispensed prescription for the same drug, unless necessitated by a change in dosage.</p> <p>Drugs must be dispensed at a pharmacy within one year from the date of the original prescription.</p>	<ul style="list-style-type: none"> <li>▪ Prescription drug benefits end when the participant becomes eligible for the Nova Scotia Seniors' Pharmacare Program available at age 65.</li> <li>▪ Medicines and other preparations routinely purchased without prescription.</li> <li>▪ Any drug that is dispensed without being in compliance with federal or provincial legislation.</li> <li>▪ Experimental drugs, research drugs, or drugs available through the Emergency Drug Release Program.</li> <li>▪ Fertility drugs, anti-obesity drugs and anti-impotence drugs.</li> <li>▪ Drugs administered or dispensed by a hospital or Specialized Care facility for use as an in-patient or out-patient, or drugs provided for by a qualified home care program.</li> <li>▪ Any prescription drug that is determined by Medavie Blue Cross to be non-</li> </ul>

**PRESCRIPTION DRUG BENEFIT CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>PRESCRIPTION DRUGS (cont'd)</b></p>		<p>therapeutic, not cost effective relative to drugs used for the same or similar conditions or not medically necessary, <i>or</i> not proven effective.</p> <ul style="list-style-type: none"> <li>▪ Homeopathic and naturopathic medications, nutritional supplements or herbal remedies.</li> <li>▪ Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products.</li> <li>▪ Charges for delivery service, completion of forms, or other ancillary services.</li> <li>▪ Medications or preparations available without a prescription, unless determined by Medavie Blue Cross to be life sustaining or included on a supplementary benefit list approved by Medavie Blue Cross.</li> <li>▪ Drugs eligible for coverage under a government program ordinarily included for coverage in this Contract or which would have been eligible in the absence of a private prescription drug benefit plan.</li> <li>▪ Vaccines, biologicals or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN).</li> </ul>





## **DENTAL BENEFITS**

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

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 1</b>		
<b>DIAGNOSTIC</b>	<ul style="list-style-type: none"> <li>▪ Complete oral examinations.</li> <li>▪ Recall, specific, or emergency oral examinations.</li> <li>▪ Radiographs (X-rays) and interpretation.</li> <li>▪ Tests and laboratory services except when normally included as part of an oral examination.</li> <li>▪ Services or appliances for space regaining, bite correction or habit control.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Complete oral examinations are limited to one during any period of 24 consecutive months.</li> <li>▪ Frequency of dental recall exams (and related services such as X-rays and polishings) are limited to once per calendar year for participants age 18 and over, twice per calendar year for participants under age 18.</li> <li>▪ Complete mouth X-rays or panographic X-rays are limited to one during any period of 24 consecutive months.</li> <li>▪ Bite-wing X-rays are limited to two sets during any period of 12 consecutive months.</li> </ul> <p>More frequent service may be allowed on an independent consideration basis for cases of clinical caries or high risk caries.</p>	

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 1</b>		
<b>PREVENTIVE</b>	<ul style="list-style-type: none"> <li>▪ Polishings.</li> <li>▪ Fluoride applications for children under age 18.</li> <li>▪ Space maintainers for missing primary teeth.</li> <li>▪ Pit and fissure sealants.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Polishings are covered twice during any period of 12 consecutive months for children under age 18 and once every calendar year for participants age 18 and over.</li> <li>▪ Fluoride treatments are limited to two procedures every calendar year for each participant under age 18.</li> <li>▪ If two unilateral space maintainers are provided, benefits will be limited to the allowance for one bilateral space maintainer.</li> </ul> <p>Pit and fissure sealants are limited to restoration free occlusal surfaces of permanent posterior teeth for children up to age 18.</p>	<ul style="list-style-type: none"> <li>▪ Oral hygiene instruction.</li> <li>▪ Nutritional counselling.</li> <li>▪ Mouth guards.</li> </ul>
<b>ORAL SURGERY</b>	<ul style="list-style-type: none"> <li>▪ Simple extraction and surgical extraction of teeth.</li> <li>▪ Removal of roots.</li> <li>▪ Surgical incision or excision.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre and post operative services which are normally included in the surgical procedure fee.</li> <li>▪ Tooth replantation or transplantation.</li> </ul>

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 1</b>		
<b>MINOR RESTORATIVE</b>	<p>Services Included:</p> <ul style="list-style-type: none"> <li>▪ Sedative dressings, temporary restoratives.</li> <li>▪ Amalgam, acrylic, composite resin and silicate restorations.</li> <li>▪ Retentive pins.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gold foil restoration.</li> <li>▪ Inlays and onlays including repair.</li> <li>▪ Crowns and veneers, including repair.</li> <li>▪ Post (including core) and post removal.</li> </ul>

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 1</b>		
<b>ADJUNCTIVE SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Emergency treatment not classified elsewhere in the Dental Fee Schedule will be reviewed on an independent consideration basis.</li> <li>▪ Conscious sedation (includes intravenous or nitrous oxide).</li> <li>▪ Professional consultation.</li> </ul> <p>Basic Dental Services covered at 100% of the eligible expense, and subject to specific internal plan maximums.</p> <p>Maximum Payable for Level 1 includes the following: Diagnostic, Preventive , Oral Surgery, Minor Restorative, and Adjunctive Services is \$1,000 per participant per calendar year.</p>	<ul style="list-style-type: none"> <li>▪ Separate charges for local anaesthesia administered in conjunction with procedures.</li> <li>▪ General anaesthesia unless patient's medical condition prevents conscious sedation.</li> <li>▪ Electronic anaesthesia.</li> <li>▪ Hypnosis.</li> <li>▪ Acupuncture.</li> </ul>
<b>LEVEL 2</b>		
<b>PROSTHETIC/ RESTORATION MAINTENANCE</b>	<ul style="list-style-type: none"> <li>▪ Repair of partial or complete dentures.</li> <li>▪ Relining or rebasing of dentures.</li> <li>▪ Recementing of bridgework.</li> <li>▪ Recementing of crowns, inlays or onlays.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Relining or rebasing of dentures is limited to once in any period of 36 consecutive months.</li> <li>▪ Repair of partial or complete dentures, and recementing of bridgework, crowns, inlays or onlays is covered after a period of 6 months following installation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preparation and placement of dentures, bridgework, crowns, inlays or onlays.</li> </ul>

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 2 CONT.</b>		
<b>ENDODONTICS</b>	<ul style="list-style-type: none"> <li>▪ Pulpal therapy.</li> <li>▪ Root canal therapy (includes treatment planning, clinical procedures, and appropriate radiographs).</li> <li>▪ Periapical services, i.e; apicoectomy, apical cutterage.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bleaching of vital teeth.</li> </ul>
<b>PERIODONTICS</b>	<ul style="list-style-type: none"> <li>▪ Gingivectomy, gingivoplasty, curettage and other surgical periodontal services.</li> <li>▪ Periodontal root planning.</li> <li>▪ Non-surgical periodontal services including appliance therapy.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Periodontal scaling and root planing is limited to a combined total of 8 units in any period of 12 consecutive months. More frequent services may be allowed on an independent consideration basis for cases of severe periodontal conditions, and a treatment plan must be submitted prior to the service being rendered.</li> </ul> <p>Level 2 and 3 Services covered at 80% of the eligible expense, and subject to specific internal plan maximums.</p> <p>Combined Maximum Payable for Level 2 and 3 includes the following:            Prosthetic/Restoration Maintenance, Endodontics, Periodontics, Major Restorative, Prosthodontics is \$1,000 per participant per calendar year.</p>	

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p><b>LEVEL 3</b></p> <p><b>MAJOR RESTORATIVE</b></p> <p><b>PROSTHODONTICS</b></p>	<ul style="list-style-type: none"> <li>▪ Crowns and veneers.</li> <li>▪ Inlay and onlay restorations.</li> <li>▪ Gold filling when teeth cannot be restored with other material.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Replacement will be covered only after a period of five years has elapsed following initial placement, and the existing restoration is unserviceable and cannot be made serviceable. When a temporary restoration is provided preparatory to final placement, the total benefit amount paid will not exceed the Dental Fee Schedule allowance for the permanent restoration.</li> </ul> <ul style="list-style-type: none"> <li>▪ Fixed bridgework.</li> <li>▪ Partial and complete dentures.</li> <li>▪ Surgical services associated with placement of prosthodontics listed in the Dental Fee Schedule.</li> </ul> <p>Services Limited:</p> <ul style="list-style-type: none"> <li>▪ Replacement of a denture or a bridge will be covered only after a period of five years has elapsed following initial placement, and the existing prosthodontic appliance is unserviceable and cannot be made serviceable. When a temporary appliance is provided preparatory to final placement, the total Benefit paid will not exceed the Dental Fee Schedule allowance for the permanent appliance.</li> </ul> <p>Level 2 and 3 Services covered at 80% of the eligible expense, and subject to specific internal plan maximums.</p>	<ul style="list-style-type: none"> <li>▪ Services associated with fixed bridgework or other prostheses.</li> <li>▪ Replacement of misplaced, stolen or broken prostheses.</li> </ul>

**DENTAL BENEFITS CONT.**

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<b>LEVEL 3</b>		
<b>PROSTHODONTICS (cont'd)</b>	<p>Combined Maximum Payable for Level 2 and 3 includes the following:            Prosthetic/Restoration Maintenance, Endodontics, Periodontics, Major Restorative, Prosthodontics is \$1,000 per participant per calendar year.</p>	
<b>LEVEL 4</b>		
<b>ORTHODONTIC SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Orthodontic appliances.</li> <li>▪ Orthodontic observations and adjustments.</li> <li>▪ An orthodontic treatment plan must be submitted and confirmation of the payment schedule will be provided at that time.</li> </ul> <p>Orthodontic Dental Services covered at 50% of the eligible expense and subject to specific internal plan maximums.</p> <p>Maximum Benefit:            Lifetime maximum orthodontic benefit per participant is \$2,000.</p> <p><u>FEE GUIDE</u>            The Fee Guide in use is the Current Dental Society Fee guide for General Practitioners in the employee's province of residence. Services performed by a dentist specialist are paid in accordance with the fee guide for the particular specialty.</p>	<ul style="list-style-type: none"> <li>▪ Charges for orthodontic services will not be covered until the services relating to such charges are actually rendered.</li> </ul>

## **CO-ORDINATION OF BENEFITS**

The *Coordination of Benefits* provision limits the financial responsibility of Medavie Blue Cross when you are also insured under another plan (i.e. your spouse's plan). Benefits will be coordinated so that the amount payable under both policies does not exceed 100 per cent of the actual eligible expenses incurred.

### **Claims for the Insured**

If you are the person named on the subscriber identification card, submit your claim to Medavie Blue Cross. Once the claim has been processed, any balance can be claimed with the other insurance company under which you are covered.

### **Claims for your Spouse**

If the claim is for your spouse, and he or she has coverage elsewhere, submit the claim to that insurance company first. If your plan also covers your spouse, you can claim the remaining balance from Medavie Blue Cross.

### **Claims for Dependent Children**

Claims for dependent children who are covered under both policies should be submitted **first** to the insurance company of the parent whose birth date is earlier in the calendar year.

Medavie Blue Cross requires a copy of the payment statement or summary from the other insurance company and a copy of your receipt in order to pay any eligible balance.



## **HOW TO CLAIM**

**Claims for benefits must be received by Medavie Blue Cross within 12 months from the date of service.**

### **HOSPITAL BENEFITS**

In most instances there is no requirement to complete a claim form to obtain hospital services. Present your subscriber identification card to the hospital and the hospital will bill Medavie Blue Cross directly.

### **WORLDWIDE TRAVEL BENEFITS**

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, assist you in making payment to the providers of service, and coordinate with your provincial government plan.

### **EXTENDED HEALTH BENEFITS**

To obtain reimbursement for services and supplies under this benefit, you should complete a claim form that can be obtained from Medavie Blue Cross. Indicate your Group Policy and Subscriber Identification numbers and patient information on the top of the claim form. This portion of the form is critical in order for Medavie Blue Cross to properly adjudicate your claim. Attach the **original** receipts, and any supporting documentation to the form.

### **DENTAL BENEFITS**

To obtain reimbursement for services and supplies under this benefit, you should complete a claim form that can be obtained from Medavie Blue Cross. Indicate your Group Policy and Subscriber Identification numbers and patient information on the top of the claim form. This portion of the form is critical in order for Medavie Blue Cross to properly adjudicate your claim. Attach the **original** receipts, and any supporting documentation to the form.

### **VISION CARE SERVICES**

Your subscriber identification card should be presented to any participating optometrist/optician at the time your prescription is filled.

In most instances your optometrist/optician will submit the required claim form to Medavie Blue Cross for payment. If the charges for your vision care services exceed the benefit level under your program, you will be required to make payment for this portion only.

If you choose an optometrist or optician who does not bill Medavie Blue Cross directly, you should forward a completed Vision Claim Form to Medavie Blue Cross along with your itemized receipt. Payment will be made directly to you.

### **PRESCRIPTION DRUGS**

If you have a pay-direct drug card program, you may present your card at the pharmacy at the time your prescription is dispensed and pay the applicable co-pay amount.

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

**NOVA SCOTIA**

*Dartmouth (Quick Pay Office) 230 Brownlow Avenue  
P. O. Box 2200  
Dartmouth, Nova Scotia  
B3J 3C6*

*Halifax (Quick Pay Office) Halifax Barrington Tower, Scotia Square  
1894 Barrington Street  
Halifax, Nova Scotia  
B3J 2A8*

**NEW BRUNSWICK**

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

*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*

**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***

**YOUR MEDAVIE BLUE CROSS PLAN DOES NOT COVER** any claims or part of any claims for benefits where the claim or part of the claim for services, supplies or equipment is:

- medical examinations or routine general check-ups required for use by a third party;
- charges for rest cures, convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a Hospital, or charges incurred by the Participant when, in the opinion of Medavie Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill;
- charges relating to elective services obtained by a Participant outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the Participant's province of residence;
- any services and supplies to which the Participant is entitled under any Workers' Compensation statute or any other legislation;
- charges which normally would not be made if the Participant were not covered by this contract;
- services for cosmetic purposes or conditions not detrimental to one's health, or elective services, or travel for health or change of domicile, or services or supplies or equipment required for use during sporting or sporting-related activities;
- any services and supplies normally available without cost, or at nominal cost, under any government statute on the effective date of this contract, whether or not such services or supplies continue to be eligible under a government program;
- mileage and/or delivery charges to or from a Hospital or Health Care professional;
- services in connection with an injury or disease resulting from riot, insurrection or war, whether war be declared or not. This includes any condition caused directly or indirectly by any armed forces;
- any item or service not listed as a benefit in this contract;
- medications restricted under federal or provincial legislation/regulations which are prescribed and/or dispensed contrary to such regulations/legislations;
- registration charges or non-resident surcharges in any hospital;
- services required as a result of attempting to commit a criminal act;
- any services performed that are not provided by a Medavie Blue Cross Approved Health Care Provider;
- charges for missed appointments or the completion of forms;

## **YOUR MEDAVIE BLUE CROSS PLAN DOES NOT COVER - CONT.**

- services which are normally paid directly or indirectly by the employer;
- any health care services and supplies which are not provided by Medavie Blue Cross Approved Provider;
- charges for Experimental or Investigative health care services or supplies;
- any health care service or supplies which are not Medically Necessary and/or Proven Effective;
- charges for Health Care Planning Assessments including, but not limited to physiotherapy assessments, unless otherwise specified in this contract;
- any health care services and supplies administered in a Hospital or by any agency or provider controlled by a Hospital or by any agency or provider funded, in whole or in part, by government of any level, unless otherwise specified in this contract.

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

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to inform you 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 Medavie Blue Cross business and staff takes very seriously the privacy policies and procedures in place to assure that confidentiality.

### ***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 to recommend suitable products and services; and\*
- to manage its business.

\*not applicable in Ontario and Quebec

### ***To whom could this personal information be disclosed?***

Depending on the type of coverage you carry, release of selected personal information to the following may be necessary in order to provide the services outlined in your contract:

- other Canadian Blue Cross organizations in order to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario;
- specialized health care professionals when necessary to assess benefit or product eligibility;
- government and regulatory authorities in an emergency situation or where required by law;
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's contract; and

- the cardholder of any contract under which you are a participant.

## MEDAVIE BLUE CROSS PRIVACY PROTECTION PRACTICES

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

Medavie Blue Cross does 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 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 the information about you, please contact the customer service personnel to 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 be used and disclosed in the manner outlined above. If you prefer that your personal information is not used or disclosed in those situations where it is not necessary to administer your benefit plan, please visit the Medavie Blue Cross Website or write to the address provided.

Please note that not allowing Medavie Blue Cross to use information about you may mean not being 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:

[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, New Brunswick 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

## **CARDHOLDER SITE**

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

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

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

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

- Log on to the Medavie Blue Cross Web site at [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)
- Select "English"
- Select "For Cardholders / Member Services" from the e-Service Centre menu on the right
- Select "Go to Secure Site"
- Select "First Time, Register Now"
- Complete the online registration form
- A temporary password will be e-mailed to the e-mail address entered during registration
- Return to the Cardholder Site and enter the user ID and temporary password
- The member will be prompted to change the password. Click "Submit" to save the new password
- Click "Done" once the changes are saved, you will be directed to the "Welcome Page"

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

### ***PLEASE NOTE***

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

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