



# Your Group Benefits Booklet

**UNIVERSITY HEALTH NETWORK, TORONTO REHABILITATION INSTITUTE**

**Active Employees - Members of CUPE**

Plan Number: 37072

Updated Effective Date: November 1, 2021



## **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, dental and travel plans. Your personal information is used:

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

\*not applicable in Ontario and Quebec

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

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

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

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

## **PRIVACY PROTECTION PRACTICES**

---

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

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

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

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

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

[www.medaviebc.ca](http://www.medaviebc.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

## **ABOUT THIS BOOKLET**

---

Medavie Blue Cross administers the following benefits on behalf of University Health Network, Toronto Rehabilitation Institute:

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

Medavie Blue Cross underwrites Worldwide Travel Benefit for services outside your province of residence.

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

- Group Life Insurance
- Optional Group Life Insurance
- Optional Dependent Child Life Insurance

This Benefit Booklet contains important information concerning your benefits and should therefore be kept in a safe place. This material has been prepared to assist you in understanding University Health Network's Benefits Program. This Benefit Booklet supersedes and replaces all previous communication material. While every effort has been made to give accurate information, this booklet does not fully describe the specific details of each plan provision. These are set out in the legal plan documents which govern each plan. In the event any questions should arise or should you need further information, please contact the Human Resources Administration Centre.

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.

**TABLE OF CONTENTS**

---

HOSPITAL BENEFIT ..... 1

EXTENDED HEALTH BENEFIT ..... 2

DRUG BENEFIT ..... 7

WORLDWIDE TRAVEL BENEFIT - TO AGE 65 ONLY ..... 8

DENTAL BENEFIT ..... 13

HEALTH AND DENTAL EXCLUSIONS AND LIMITATIONS..... 15

BASIC AND OPTIONAL GROUP LIFE INSURANCE ..... 16

OPTIONAL DEPENDENT CHILD LIFE INSURANCE BENEFIT ..... 19

ADDITIONAL BENEFIT INFORMATION ..... 20

PLAN MEMBER WEBSITE ..... 23

BLUE CROSS CONTACT INFORMATION..... 24

HOW TO OBTAIN MORE INFORMATION ..... 25

## **HOSPITAL BENEFIT**

---

If you (or your dependents, if applicable) incur charges in Canada for any of the following while insured, Medavie Blue Cross will pay 100% of the usual, customary and reasonable charges for these eligible expenses, based on any maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

### ***SEMI-PRIVATE HOSPITAL ROOM***

Charges of a public general hospital or licensed Convalescent Care Facility for the difference between standard ward accommodation and semi-private room accommodation.

### ***CHRONIC CARE HOSPITAL***

Charges for semi-private room and board made by a licensed chronic care hospital or a chronic care wing of a hospital when recommended and approved in writing by a legally licensed physician, up to a maximum of \$3 per day for 120 days for each occurrence every 12 consecutive months.

### ***TERMINATION***

Hospital benefit will cease at the earlier of retirement, termination of employment or the end of the month of your 65<sup>th</sup> birthday.

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

Hospital benefit is paid directly to the hospital. Your identification card should be shown at the hospital who will arrange to bill Medavie Blue Cross directly.

Claims must be submitted no later than 18 months of receiving services or supplies.

At the termination of the Hospital benefit, eligible claims must be submitted within 90 days.

## **EXTENDED HEALTH BENEFIT**

---

If you (or your dependents, if applicable) incur charges in Canada for any of the following while insured, Medavie Blue Cross will pay 100% of the usual, customary and reasonable charges for these eligible expenses, less the amount allowed under any government health program. Once the deductible has been satisfied, the benefit maximums are applied on a per person basis.

**A deductible of \$22.50 single/\$35 family in a calendar year. The deductible does not apply to Vision Care (Frames, Lenses & Contact Lenses) or Meditrust Drug benefits.**

### ***PRIVATE ROOM***

Charges of a public general hospital or a convalescent hospital for the difference between semi-private room accommodation and private room accommodation charges. Convalescent hospital charges will be payable for a maximum of 180 days during any one period of disability and will be considered only if confinement occurs immediately following discharge from a public general hospital confinement of at least 5 consecutive days.

### ***AMBULANCE***

Charges for licensed ground ambulance to the nearest medical facility able to provide care. Payment will be made only when part of the charge is payable by the Provincial Health Insurance Plan and will be limited to the difference between such allowance and the reasonable and customary charges for such service.

### ***PRIVATE DUTY NURSING***

Maximum:           \$10,000 in 12 consecutive months

Charges for medically necessary nursing care performed by a registered nurse (RN) or registered practical nurse (RPN) (not a relative) at your residence, on the written authorization of the attending physician. Services rendered at a convalescent or nursing home are not eligible. No benefits are payable for services to provide assistance with the duties of daily living, or observation which could be performed by a less qualified individual

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

### ***DIAGNOSTIC AND X-RAY SERVICES***

Charges for laboratory services and x-ray examinations.

### ***OXYGEN***

Charges for oxygen.

## **EXTENDED HEALTH BENEFIT**

---

If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay 100% of the usual, customary and reasonable charges for these eligible expenses, less the amount allowed under any government health program. Once the deductible has been satisfied benefit maximums are applied on a per person basis.

### ***ACCIDENTAL DENTAL***

Charges for dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Services must be rendered or approved for payment by Medavie Blue Cross within 90 days of the accident. Treatment must be completed within one year of the date of accident. If the patient is less than 18 years of age at the time of the accident, treatment must be completed before the age of 19. Benefits will be paid up to the usual and customary fee of the current Dental Association Fee Guide for general practitioners in your province of residence at the time of treatment.

### ***PARAMEDICAL PRACTITIONERS***

Maximum:

- Physiotherapy is unlimited
- \$350 in a calendar year for each of the following licensed practitioners:
  - licensed speech therapist\*
  - registered massage therapist\*
  - psychiatrist (where services of a psychiatrist are not covered by the Provincial Health Plan)
  - osteopath
  - chiropracist/podiatrist
  - naturopath
- \$375 in a calendar year for chiropractor
- \$600 in a calendar year for services of a psychologist, registered psychotherapist, social worker (Masters of Social Work), family therapist, clinical counsellor and/or psychoanalyst\*\*
- \$50 for X-rays for a chiropractor in a calendar year

\*when authorized in writing by a physician

\*\*Effective January 1, 2022: maximum of \$1,200 in a calendar year

Charges for the treatment of the above mentioned licensed practitioners are eligible for payment, except when performed in a hospital.



## **EXTENDED HEALTH BENEFIT**

---

### ***PROSTHETIC APPLIANCES***

Charges for remedial appliances or supplies including:

- artificial limbs and eyes (myoelectric and sport prostheses reimbursement will be limited to the cost of standard type artificial limbs)
- crutches, canes, standard type walkers
- braces (excluding dental braces)
- splints, trusses, casts, cervical collars
- catheters, urinary kits, ostomy supplies (excluding gloves) where a surgical stoma exists
- tracheotomy supplies (excluding gloves), decubitus (ulcer) care equipment, dry heat and ice application devices, intermittent pressure units and traction equipment
- artificial kidney machine and supplies (limited to one machine per lifetime)
- neuromuscular stimulants (lifetime maximum of \$3000)
- IUD's (maximum of 2 per calendar year)
- external breast prosthesis (following mastectomy) and surgical bras (combined maximum of \$200 per calendar year)
- stump socks
- surgical stockings (maximum of \$200 per calendar year)
- repairs to prosthetic appliances, when required as a result of normal wear and tear
- corrective prosthetic lenses to a maximum of \$250 per 24 consecutive months, following cataract surgery or when the person lacks an organic lens

Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum benefit of \$250 in 24 consecutive months.

### ***MEDICAL SUPPLIES AND EQUIPMENT***

Charges for rental (or purchase, if approved by Medavie Blue Cross) on the written authorization of a physician:

- standard type manual wheelchair
- standard type manual hospital bed, including mattress
- hospital bed, wheelchair and scooter repairs when required as a result of normal wear and tear. The cost of replacement batteries is excluded.
- equipment for the administration of oxygen
- surgical bandages and dressings
- burn pressure garments to a maximum of \$500 per calendar year
- devices for the treatment of diabetes (limited to a lifetime maximum of \$400)

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

## **EXTENDED HEALTH BENEFIT**

---

### ***ORTHOPEDIC FOOTWEAR\****

Maximum: \$100 in a calendar year

Charges for orthopedic footwear or modification to existing footwear or adjustment to stock item footwear when customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, physiatrist, rheumatologist, podiatrist, chiropodist, or the attending physician. Orthopedic footwear must be dispensed by an approved provider of orthopedic footwear.

\*For more information on which expenses qualify under your orthopedic footwear and molded arch supports coverage, visit our website. [www.medaviebc.ca/benefitupdates](http://www.medaviebc.ca/benefitupdates).

### ***MOLDED ARCH SUPPORTS\****

Maximum: \$500 in a calendar year

Charges for molded arch supports to accommodate, relieve, or remedy some mechanical foot defect or abnormality, excluding their replacement (except for pathological change), when prescribed by an orthopedic surgeon, physiatrist, rheumatologist, podiatrist, chiropodist, or the attending physician. Molded arch supports must be dispensed by an approved provider of molded arch supports.

\*For more information on which expenses qualify under your orthopedic footwear and molded arch supports coverage, visit our website. [www.medaviebc.ca/benefitupdates](http://www.medaviebc.ca/benefitupdates).

### ***HEARING AIDS***

Maximum: one every 36 consecutive months

Eligible charges include the cost of repairs and initial battery when prescribed by an otolaryngologist, otologist and/or registered audiologist. Benefits are not payable for ear examinations, tests or replacement batteries.

## **EXTENDED HEALTH BENEFIT**

---

### ***VISION CARE (FRAMES, LENSES, CONTACT LENSES AND LASER CORRECTIVE EYE SURGERY)***

Maximum: \$300 every 24 consecutive months

Charges for corrective eyeglasses, including lenses, frames, contact lenses and laser corrective eye surgery, but excluding safety glasses or glasses/contacts for cosmetic purposes.

### ***EYE EXAMS***

Charges for one eye exam by a registered, licensed optometrist or ophthalmologist every 24 consecutive months.

### ***TERMINATION***

Extended Health benefit will cease at the earlier of retirement, termination of employment or the end of the month of your 65<sup>th</sup> birthday.

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

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

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

Claims must be submitted within 18 months of receiving services or supplies.

At the termination of the Extended Health benefit, eligible claims must be submitted within 90 days.

## **DRUG BENEFIT**

---

If you (or your dependents, if applicable) incur charges for drugs legally requiring a prescription to be dispensed, Medavie Blue Cross will pay 100% of the eligible drug expense. The eligible drug may be subject to quantity maximums, co-payments and dollar maximums. All eligible expenses are reduced by the amount allowed under any government health program or as approved by Medavie Blue Cross. Benefit Maximums are applied on a per person basis.

Includes all drugs legally requiring a prescription and certain over-the-counter items that are considered life sustaining in nature that are prescribed by a physician, and that are approved by Health Canada and not considered to be “experimental” in nature.

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

Charges for the following will also be included:

- diabetic supplies including needles, syringes and chemical testing agents
- fertility drugs are covered up to a lifetime maximum of \$10,000
- anti-obesity drugs
- allergy serums

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

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.

### ***TERMINATION***

Drug benefit will cease at the earlier of retirement, termination of employment or the end of the month of your 65<sup>th</sup> birthday.

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

Pay Direct Drug Card - the Medavie Blue Cross identification card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

Claims must be submitted within 18 months of receiving services or supplies.

At the termination of the Drug benefit, eligible claims must be submitted within 90 days.

## **WORLDWIDE TRAVEL BENEFIT - TO AGE 65 ONLY**

---

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 indicated below, less the amount allowed under any government health program. Benefit maximums are noted in Canadian currency. Coverage is limited to 90 days of travel per trip.

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses. These benefits are payable at 100% subject to the benefit maximums specified below. Payment assistance outside of Canada is provided through CanAssistance.

Benefits are limited to a maximum of \$2 million per person per incident. Any one occurrence means each and every loss, or series of losses, arising out of one accident or cause, regardless of the number of policies or covered persons involved.

### ***ACCIDENTAL DENTAL***

Maximum:           \$1,000

Charges as a result of accidental injury (direct accidental blow to the mouth), 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.

## **WORLDWIDE TRAVEL BENEFIT - TO AGE 65 ONLY**

---

### ***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 is supplied in the form of an account from a Medavie Blue Cross approved provider located outside the participant's province of residence and showing the name of the preparation, date of purchase, quantity, strength and total cost.

### ***EMERGENCY AND PAYMENT ASSISTANCE***

The services of a 24-hour emergency hotline are available to covered persons who need assistance while travelling. By telephoning the appropriate number on your "World Assistance Card" when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or 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:           \$700 (\$100 per day for seven (7) 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.

## **WORLDWIDE TRAVEL BENEFIT - TO AGE 65 ONLY**

---

### ***NURSE***

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

### ***PARAMEDICAL SERVICES***

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

### ***PHYSICIANS AND SURGEONS***

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

### ***RETURN OF DECEASED***

Maximum:           \$3,000

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

### ***TRANSPORTATION TO VISIT THE COVERED PERSON***

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

### ***VEHICLE RETURN***

Maximum:           \$500

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

### ***WHEELCHAIRS, CRUTCHES, CANES***

The cost of temporary rental incurred outside the province of residence 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.

***LIMITATIONS AND EXCLUSIONS***

1. No benefits are available under the plan for residents travelling outside their province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.
2. No benefits are available under the plan for elective (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 plan will not be paid if the covered person receives the same from a third party.
4. No benefits will be paid for expenses incurred as the result of abuse of medications, drugs or alcohol; suicide or attempted suicide; criminal acts, war or other hostilities.
5. Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada. If any covered person is (on medical evidence) able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition that requires continuing medical services, treatment or surgery, and the patient elects to have such treatment or services rendered, or surgery performed, outside Canada, the expense of such continuing medical services, treatment or surgery will not be covered by this plan.

Medavie Blue Cross accepts no responsibility in the event of deterioration of the covered person's medical condition during or after the transfer back to Canada.

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

A pre-existing condition is considered stable if you, in the 90 days before the departure date, have not:

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

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



## **WORLDWIDE TRAVEL BENEFIT - TO AGE 65 ONLY**

---

### ***LIMITATIONS AND EXCLUSIONS (Cont'd)***

7. This policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
  - a) 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.
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. 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 4 months of the date of service.

### ***TERMINATION***

Travel benefit will cease at the earlier of retirement, termination of employment or the end of the month of your 65<sup>th</sup> birthday.

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

When not using the Emergency and Payment Assistance services, obtain detailed receipts in duplicate for any expenses incurred outside your province of residence. Upon your return, send one of the receipts to your provincial government health plan for their consideration and payment. When a reply has been received from them, send proof of their payment together with appropriate receipts to Medavie Blue Cross - Claims Department for payment of the remaining eligible benefits. Always provide your Medavie Blue Cross Identification Number when submitting a claim to Medavie Blue Cross.

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

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

## **DENTAL BENEFIT**

---

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

### ***BASIC BENEFIT***

**Co-insurance: 100%**

**Maximum: unlimited**

**Diagnostic Services:** clinical oral examinations (one in three (3) consecutive calendar years); recall oral examinations (one in nine (9) consecutive months); tests, laboratory examinations and treatment planning; full mouth or panoramic films (one film in three (3) consecutive calendar years); single films; intraoral; occlusal and extraoral films (one in a calendar year), bitewing. (one in nine (9) consecutive months)

**Preventive Services** - polishing (one unit in nine (9) consecutive months); fluoride treatments (one in nine (9) consecutive months); scaling (16 units in a calendar year in combination with root planing under Periodontic Services); oral hygiene instruction (one in nine (9) consecutive months); pit and fissure sealants\*; space maintainers\* and their maintenance and repairs\*

\*under 16 years of age only

**Restorative Services** - caries, trauma and pain control; amalgam and plastic fillings; plastic veneer applications and tooth color restorations.

**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 scaling and root planing (16 units in a calendar year in combination with scaling under Preventive Services).

**Prosthodontic Services** - denture adjustments (after three months of the initial insertion), repairs and additions as well as one upper and one lower complete or partial denture reline or rebase (one in two consecutive calendar years); tissue conditioning.

**Surgical Services** - extraction of teeth; surgical movement of teeth; incision and excision of benign tumors and cysts; control of hemorrhage.

**General Services** - emergency treatment of pain; local anaesthesia (not in conjunction with operative or surgical procedures) as well as conscious sedation.

## **DENTAL BENEFIT**

---

### ***MAJOR RESTORATIVE BENEFIT***

**Co-insurance:** 50%

**Maximum:** \$1,000 per participant in a calendar year for Dentures.

\$1,000 per participant in a calendar year for Extensive Restorative Services.

**Extensive Restorative Services:** major repairs and restorations, including inlays, onlays and crowns, pontics, abutments, fixed bridges and repairs.

**Dentures:** complete dentures (one complete upper and one complete lower denture in five (5) consecutive calendar years), transitional dentures (one upper and one lower in five (5) consecutive calendar years), partial dentures (one upper and one lower in five (5) consecutive calendar years), one upper and one lower complete or partial denture remake (one in five consecutive calendar years)

This program excludes replacement of the denture unless it is at least five (5) years old and cannot be made serviceable, and the replacement of dentures that may have been lost, mislaid or stolen.

### ***BENEFIT FOR LATE APPLICANTS***

If application for dental benefits is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$150 per covered person during the first 12 months of coverage. The late application maximum does not apply to accidental dental benefit covered under the Extended Health benefits.

### ***PREDETERMINATION OF BENEFITS***

When the total cost of any proposed dental treatment is expected to exceed \$500, ask your dentist to complete and submit the predetermination section of the claim form to Medavie Blue Cross before the start of the treatment. You will know, beforehand, the exact amount of reimbursement. If you change dentists in the course of treatment, you will be required to submit a new treatment plan.

### ***TERMINATION***

Dental benefit will cease at the earlier of retirement, termination of employment or the end of the month of your 65<sup>th</sup> birthday.

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

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

Claims must be submitted within 18 months of receiving services or supplies.

At the termination of the Dental benefit, eligible claims must be submitted within 90 days.

## **HEALTH AND DENTAL EXCLUSIONS AND LIMITATIONS**

---

Medavie Blue Cross does not cover the following expenses:

1. Medical examinations or routine general checkups required for use by a third party.
2. Elective services obtained outside the covered person's province of residence.
3. Charges which normally would not be made if the covered person was not covered under the plan.
4. Any item or service not listed as a benefit in this plan.
5. Medications restricted under federal or provincial legislation.
6. Registration charges or non-resident surcharges in any hospital.
7. Services performed by an unqualified practitioner.
8. Charges for missed appointments or the completion of forms.
9. Charges for health care planning assessments.
10. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
11. Custodial care services or Nursing home facilities and/or alcohol, drug or psychiatry care facilities.
12. Conditions not detrimental to health.
13. Services that are not medically required, that are given for cosmetic purposes or that exceed the ordinary services given in accordance with current therapeutic practice.
14. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
15. Mileage or delivery charges.
16. Services as a result of self-inflicted injuries or any suicide attempt or, whether the covered person is sane or not.
17. Any injury or illness resulting from the covered person's active participation to civil unrest, riot, insurrection or war.
18. Participation in the commission of a criminal offense.
19. A service or supply that is experimental or investigative in nature.
20. A service or supply that is not medically necessary or proven effective.
21. Services for which the government prohibits the payment of benefit.
22. Services provided without charge or paid for by the employer.
23. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
24. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
25. Veneers for cosmetic purposes.
26. Services rendered by a dental hygienist but not administered under the supervision of a dentist.
27. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension and temporomandibular joint dysfunction (TMJ).
28. Expenses incurred from implants or implant related codes.

## **BASIC AND OPTIONAL GROUP LIFE INSURANCE**

---

### ***AMOUNT OF BASIC INSURANCE***

Benefit Formula:	2 x annual earnings
Benefit Maximum:	\$2,000,000
Non-evidence Limit:	\$500,000

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

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

### ***AMOUNT OF OPTIONAL INSURANCE***

Coverage may be purchased, subject to evidence of insurability, by you and/or your covered spouse in units of \$10,000 per insured. The maximum for your covered spouse is \$200,000. The combined Basic Group Life Insurance plus Optional Life cannot exceed \$2,000,000.

Evidence of Insurability is required for all amounts of Optional Life insurance.

Benefit ceases at the earlier of retirement, termination of employment or age 65 for you and when your spouse attains age 65.

### ***DEATH BENEFIT***

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

### ***OPTIONAL LIFE INSURANCE***

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

### ***LIVING BENEFIT***

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, subject to the following conditions:

- if you are totally disabled, you may be required to be examined by a physician designated by Blue Cross Life,
- prior approval must be obtained from your employer,
- any individual having an interest in the benefit payment must sign a consent to such payment on a form provided by Blue Cross Life.

The payment must be requested in writing and will be the lesser of \$100,000 or 50% of your Basic Group Life Insurance, but not less than \$5,000. This payment, plus any associated reasonable costs of verifying the medical condition, as well as interest thereon from the date of payment until the date of death, will be deducted from the Basic Group Life Insurance benefit otherwise payable upon your death. The interest rate is set according to the annual average rate of return on one-year guaranteed investment certificates (GICs) issued by Canadian Trust Companies.

In the event the application for the benefit is determined to be null and void after Blue Cross Life has issued payment, you will be required to reimburse Blue Cross Life the full amount received with interest, plus any associated medical examination costs.

## **BASIC AND OPTIONAL GROUP LIFE INSURANCE**

---

### ***WAIVER OF PREMIUM***

Subject to terms and conditions under Additional Benefit Information.

### ***EXTENSION OF INSURANCE***

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

### ***CONVERSION PRIVILEGE***

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

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

This option also applies 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 life insurance on a spouse under this benefit terminates on or before attaining 65 years of age because of:

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

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

## **BASIC AND OPTIONAL GROUP LIFE INSURANCE**

---

### ***LIMITATION OF COVERAGE***

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

### ***TERMINATION OF INSURANCE***

All Group Life insurance will terminate on the earliest of:

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

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

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

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

## **OPTIONAL DEPENDENT CHILD LIFE INSURANCE BENEFIT**

---

Benefit Maximum:           \$10,000

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

### ***DEATH BENEFIT***

Blue Cross Life Insurance Company of Canada will pay the amount of Optional Dependent Child insurance in force on your dependent child as of the date of death upon receiving proof satisfactory to Blue Cross Life Insurance Company of Canada that the covered person died while insured for this benefit.

### ***LIMITATION OF COVERAGE***

In the event of the death of an insured dependent child 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.

### ***WAIVER OF PREMIUM***

Subject to terms and conditions under Additional Benefit Information.

### ***TERMINATION OF COVERAGE***

All Optional Dependent Child Insurance will terminate on the earliest of:

1. the date you cease to be eligible for Group Life Insurance,
2. the date of termination of this provision,
3. the earlier of retirement or the day on which you attain the termination age specified, or
4. the date that you cease to pay the premium for this coverage.

The Optional Dependent Child Insurance on your dependent will cease on the date that such person ceases to be a dependent child as defined in this policy.

### ***PAYMENT OF INSURANCE***

Any benefit payable under this coverage will be paid to you, if living, or to your beneficiary as designated under this policy.

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

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



## **ADDITIONAL BENEFIT INFORMATION**

---

### ***ELIGIBLE EMPLOYEES***

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 22.5 hours per week on a regular basis and have completed the plan waiting period. The waiting period for Health, Dental and Life Benefits under your group plan eligibility is the day immediately following three months of continuous active employment.

Employees must apply for coverage, within 31 days of becoming eligible following the waiting period, by completing an application. Coverage is effective on the date of eligibility, except when: (a) the employee is not actively at work on the day that coverage would otherwise become effective, or (b) the application is made after the 31 day period.

If the employee does not enroll when eligible as they are covered under a spouse's plan, they must apply within 31 days of losing that coverage or underwriting approval is required.

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.

If the application for benefits is made after the 31 days, evidence of health will be required.

### ***ELIGIBLE DEPENDENTS***

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, legally adopted or stepchildren.

The term "spouse" is defined as a person of the opposite or same sex who is legally married to the employee, or has continuously resided with the employee for not less than one full year at the time of application, having been represented as members of a conjugal relationship (common law).

Dependent children are eligible for benefits if they are less than 21 years of age (end of the month) or; if 21 years of age but less than 26 years of age (end of the month), they must be attending an accredited educational institution, college or university on a full-time basis.

If an eligible child becomes mentally or physically handicapped while insured, the child shall remain insured beyond such limiting age, provided the child is unmarried, unemployed and dependent upon the employee by reason of a mental or physical disability and has been continuously so disabled since prior to attaining the age of 21 (end of the month). Unmarried, unemployed children who became totally disabled while insured and while attending an accredited educational institution, college or university on a full-time basis, prior to the age of 26 (end of the month) and have been continuously disabled since that time also qualify as a dependent. In such cases, you must notify your employer within 31 days of the date the child attains the limiting age.

## **ADDITIONAL BENEFIT INFORMATION**

---

### ***ELIGIBLE DEPENDENTS***

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.

### ***EVIDENCE OF HEALTH***

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for the employee and his dependents, if any, before benefits commence.

Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependent does not 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 cease to be eligible due to termination of employment, death, age limitation, change in classification,
- age 65 (end of the month),
- the termination date of the Group Contract.

### ***CO-ORDINATION OF BENEFITS***

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

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

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

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

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

### ***CONVERSION PRIVILEGE***

If you terminate employment, you may convert to an individual health and dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination.

## **ADDITIONAL BENEFIT INFORMATION**

---

### ***WAIVER OF PREMIUM***

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six (6) consecutive months, your optional group life and optional dependent's life insurance is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Total Disability means a state of incapacity due to accidental bodily injury or illness which prevents you from engaging in any occupation for which you are reasonably qualified by education, training or experience and you are unable to perform work for remuneration or profit.

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

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

## **PLAN MEMBER WEBSITE**

---

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

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

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

### ***ON THE PLAN MEMBER WEBSITE***

There are a variety of options available to you on the Plan Member Website.

**Coverage Inquiry:** Detailed information about the Medavie Blue Cross benefit plan

**Forms:** Printable versions of generic Medavie Blue Cross claim forms

### **Member Information**

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

### **Member Statements**

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

**Submit Claims** electronically

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

To register for the Plan Member Website, visit [www.medaviebc.ca](http://www.medaviebc.ca) and log in.

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

### ***PLEASE NOTE***

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

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

## **BLUE CROSS CONTACT INFORMATION**

---

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

**Atlantic Provinces:** 1-800-667-4511

**Ontario:** 1-800-355-9133

**Quebec:** 1-888-588-1212

**From Anywhere in Canada:** 1-888-873-9200

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

Alternatively, you can email your questions to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca) or visit our website at [www.medaviebc.ca](http://www.medaviebc.ca).

### ***CONNECT WITH BLUE CROSS***

Like us on Facebook at [facebook.com/MedavieBlueCross](https://facebook.com/MedavieBlueCross)

Follow us on Twitter at [@MedavieBC](https://twitter.com/MedavieBC)

### **My Good Health®**

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

Blue Cross is proud to help point your way to healthier living. Go to [medaviebc.mygoodhealth.ca](http://medaviebc.mygoodhealth.ca) and simply follow the instructions to register for your free account!



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

## **HOW TO OBTAIN MORE INFORMATION**

---

### ***HOW TO OBTAIN A CLAIM FORM***

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

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

All claim forms for Life benefits can be obtained through your group benefits administrator.

### ***HOW TO SUBMIT A CLAIM***

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

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

You can submit your claims for Life benefits by:

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