

Capital District Health Authority

Active Employees

Plan Numbers:

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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 understands that the privacy policies and procedures we have in place to ensure confidentiality are to be taken 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 and dental plan. 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

To whom could this personal information be disclosed?

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

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

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 Capital Health 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 Capital Health 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 to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our Web site or write to us at the address provided.

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

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

www.medavie.bluecross.ca

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

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

or

privacyofficer@medavie.bluecross.ca

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

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

ABOUT THIS BOOKLET

Medavie Blue Cross administers the following benefits on behalf of Capital District Health Authority:

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

The information contained in this booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefit program are described in the group policy held by your employer.

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

This booklet replaces any previously issued booklet.



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

HOSPITAL BENEFIT

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

Co-insurance: 100%

HOSPITAL ROOM

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

AMBULANCE SERVICES

Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. In the event professional ambulance service is not available, Medavie Blue Cross may, at its option, allow payment for those forms of transportation normally used in the area where the sickness or accident occurred when authorized in writing by a Physician.

Limitation: Where a government program or plan for ambulance services exists, coverage will be limited to ambulance user fees applicable under such government program or plan. For ambulance services that are a result of a workplace incident, the maximum for each Participant is limited to \$653 per incident.

Exclusion: Charges for transportation to and from scheduled appointments.

TERMINATION

Hospital benefit ceases at the earlier of retirement, termination of employment or upon death of the subscriber.

WHEN AND HOW TO MAKE A CLAIM

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

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

EXTENDED HEALTH BENEFIT

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

Co-insurance: 100%

ACCIDENTAL DENTAL

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Services must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days following the date of the accident provided your coverage remains in force.

BURN PRESSURE GARMENTS

Charges for special made-to-measure dressings, when prescribed by a physician for burn patients.

DIABETIC SUPPLIES

Charges for needles, syringes, test tapes, and lancets prescribed by a physician.

FM SYSTEMS

Maximum: \$1,000 per lifetime

Charges for FM system when required by a child for language development or for classroom.

HEARING AIDS

Maximum: \$1,000 every three calendar years

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

INTRAUTERINE CONTRACEPTIVE DEVICES

Maximum: one in a calendar year

Purchase of an intrauterine contraceptive device (IUD).

EXTENDED HEALTH BENEFIT

MEDICAL SUPPLIES AND EQUIPMENT

Maximum: The combined maximum is \$10,000 in a lifetime

Charges for the rental of standard manual wheelchairs (non-powered), standard hospital beds, medication compressors, insulin pumps, canes, crutches, glucometer, blood pressure monitor, walker, equipment for the administration of oxygen, and transcutaneous electrical nerve stimulator (TENS machine), when prescribed by a licensed Physician. All charges must be pre-approved by Medavie Blue Cross with such approval being subject to periodic reassessment.

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

ORTHOPEDIC FOOTWEAR & SUPPLIES

Maximum: \$150 every two calendar years, every calendar year for participants under age 18.

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

MOLDED ARCH SUPPORTS

Maximum: \$150 every two calendar years, every calendar year for participants under age 18.

Charges for molded arch supports to accommodate, relieve, or remedy some mechanical foot defect or abnormality, excluding their replacement (except for pathological change), on the written authorization of an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending physician.

OSTOMY SUPPLIES

Charges for essential ostomy supplies.

PARAMEDICAL PRACTITIONERS

Maximum: Combined maximum of \$1,500 in a calendar year for all practitioners

Charges for treatment, except when performed in a hospital, by a licensed speech therapist, occupational therapist, massage therapist, clinical psychologist, chiropractor, osteopath, homeopath, physiotherapist, acupuncturist, chiropodist/podiatrist or naturopath.

All claims for Paramedical Practitioners services must be accompanied by a physician's written referral (valid for one year).

OXYGEN

Charges for oxygen.

EXTENDED HEALTH BENEFIT

PRIVATE DUTY NURSING

Maximum: \$10,000 every calendar year

Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or licensed practical nurse at your residence (other than a convalescent or nursing home) on the written authorization of the attending physician.

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

PROFESSIONAL AMBULANCE

Charges for licensed ambulance services required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to the maximum deemed appropriate by the airline on a regularly scheduled flight.

PROSTHETIC APPLIANCES

Remedial appliances or supplies including artificial limbs and eyes (limited to one occurrence every 60 consecutive months for all artificial limbs and eye prosthesis), breasts (limited to a left and right prosthesis one every two calendar years), surgical brassieres (limited to two every calendar year), splints, casts, trusses (limited to one truss every 60 consecutive months) and braces (limited to one cervical collar every 12 consecutive months). Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of \$300 in a calendar year.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$200 every calendar year. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (e.g., male pattern baldness).

SPECIAL AMBULANCE ATTENDANT

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

SPEECH AIDS

Maximum: \$500 in a lifetime

Speech aid equipment, (approved by a qualified speech therapist and the attending physician), for persons who do not have normal oral communication ability.

EXTENDED HEALTH BENEFIT

TERMINATION

Extended Health Benefit ceases at the earlier of retirement, termination of employment or upon death of the subscriber.

WHEN AND HOW TO MAKE A CLAIM

Extended Health benefit is reimbursed to the employee or direct payment to the provider, if available. 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 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

VISION BENEFIT

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

Co-insurance: 100%

EYE EXAMINATIONS

Maximum: one eye exam every 24 consecutive months, from date of service

Charges of a licensed optometrist or ophthalmologist for eye examinations, every 24 consecutive months, every 12 consecutive months for participants under age 18

LENSES, FRAMES AND CONTACT LENSES

Maximum: \$150 every 24 consecutive months, every 12 consecutive months for participants under age 18, from date of service

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

VISUAL TRAINING

Maximum: \$20 per session

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

TERMINATION

Vision Benefit ceases at the earlier of retirement, termination of employment or upon death of the subscriber.

WHEN AND HOW TO MAKE A CLAIM

Vision benefit is reimbursed to the employee or direct payment to the provider, if available. 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.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

DRUG BENEFIT

If you (or your dependents, if applicable) incur charges for certain prescription-requiring drugs, the eligible drug may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross. Benefit maximums are applied on a per covered person basis.

Co-payment: \$3 for each eligible drug on the prescription

Co-insurance: 100% of the remaining eligible expense

Method of payment: paid directly to the pharmacy

Includes prescription drug items approved by Medavie Blue Cross and certain over-the-counter items that are considered life-sustaining in nature and that are approved by Medavie Blue Cross.

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

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

ALLERGY SERUMS, ANTIGENS, ANTIHISTAMINES AND FOOD SUPPLEMENTS

Deductible and maximum: A \$50 deductible per person per calendar year will be applied to each benefit with a maximum family deductible of \$150 per calendar year. Allergy serum is limited to a \$1,000 maximum per person per calendar year.

Charges for allergy serums, food supplements required to sustain life, antigens and antihistamines obtained on the written prescription of a Physician.

TERMINATION

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

WHEN AND HOW TO MAKE A CLAIM

The Medavie Blue Cross Identification Card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

DENTAL BENEFIT

Your dental program covers you and your dependents for a wide range of dental services including the following benefits. Dental benefits are based on the usual and customary charges up to the current Dental Fee Guide for general practitioners in effect where services are rendered.

BASIC BENEFITS

Co-insurance: 100%

Maximum: \$1,500 in combination with Additional Basic Services and Major Restorative Benefits

Diagnostics - clinical oral examinations (one procedure every 24 consecutive months); two recall exams every 12 consecutive months for children under age 18; one recall exam every 12 consecutive months for adults, tests and laboratory examinations, X-ray examinations include: full mouth (including bitewings which are limited to two procedures every 12 consecutive months for children under age 18; one procedure every 12 consecutive months for adults) or panoramic films (one of each type every 24 consecutive months), single films and cephalometric films (up to five every 24 consecutive months). Occlusal, extraoral and temporomandibular joint films are limited to four of each type every 12 consecutive months for children under age 18; limited to two of each type every 12 consecutive months for adults.

Minor Restorative Services - Sedative dressings, temporary restorations, Amalgam, acrylic, composite resin and silicate restorations trauma, retentive pins

Preventive Services - cleaning, polishing and fluoride treatments (one of each every 12 consecutive months, twice for participants under 18 years of age), pit and fissure sealants, space maintainers, maintenance and repairs.

Surgical Services - extraction of teeth, pre and post surgical care.

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

ADDITIONAL BASIC SERVICES

Co-insurance: 80%

Maximum: \$1,500 in combination with Basic Benefits and Major Restorative Benefits

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 rebase or reline (using existing framework) every 36 consecutive months, removal, repair and recementing fixed bridge.

Endodontic Services - diagnosis and treatment of the pulp (nerve) and tissue which supports the end of the root, root canal therapy and emergency procedures.

Periodontic Services - diagnosis and treatment of disease which affects the supporting tissue of the teeth, such as the gums and bones surrounding the teeth, periodontal appliances. Periodontal scaling and root planing is limited to a combined total of eight time units in any period of 12 consecutive months.

DENTAL BENEFIT

MAJOR RESTORATIVE BENEFITS

Co-insurance: 80%

Maximum: \$1,500 in combination with Basic Benefits and Additional Basic Services

Major Restorative Services - Crowns and veneers, inlays and onlay restorations (replacement will be covered only after a period of 5 years has elapsed following initial placement and the existing restoration is unserviceable and cannot be made serviceable).

Prosthodontic Services - Fixed bridgework, partial and complete dentures (replacement of a denture or a bridge will be covered only after a period of 5 years has elapsed following initial placement and the existing restoration is unserviceable and cannot be made serviceable).

ORTHODONTIC BENEFITS

Co-insurance: 50%

Maximum: \$1,500 in a lifetime

Orthodontic Services - Orthodontic appliances, Orthodontic observations and adjustments. Charges for orthodontic services will not be covered until the services relating to such charges are actually rendered. An orthodontic treatment plan must be submitted and confirmation of the payment schedule will be provided at that time. Orthodontic benefit is limited to children under the age of 18 only.

DENTAL BENEFIT

DENTAL EXCLUSIONS AND LIMITATIONS

The dental plan does not cover the following expenses:

1. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
2. Veneers for cosmetic purposes.
3. Accidental dental services do not form part of the Dental Benefits being offered.
4. Services rendered by a dental hygienist but not administered under the supervision of a dentist, except in those provinces where it is no longer a legal requirement.
5. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.
6. Charges for services provided for cosmetic reasons only, except for orthodontic services when such services are included under Orthodontic Benefits.
7. Charges for missed or cancelled appointments, completion of forms, communications, or any other non-treatment services.
8. Charges for services or supplies that are not necessary dental services or do not meet accepted standards of dental practice.
9. Charges which are covered under any other Benefit in this Booklet.
10. Professional fees for an anesthetist.
11. Replacement of any lost, stolen or broken prostheses or appliances.
12. Protective appliances for athletic purposes.

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 ceases at the earlier of retirement, termination of employment or upon death of the subscriber.

WHEN AND HOW TO MAKE A CLAIM

Dental benefits are reimbursed to the employee or direct payment to provider, if available. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt.

To make a claim, complete the claim form that is available. Reimbursement can be made electronically through the CDA Net; the employee must present his identification card to the dentist at every visit.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

GENERAL 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. Convalescent, custodial or rehabilitation services, unless otherwise specified.
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. Any injury or illness resulting from the covered person's active participation in or related to civil unrest, riot, insurrection or war.
17. Participation in the commission of a criminal offense.
18. A service or supply that is experimental or investigative in nature.
19. A service or supply that is not medically necessary or proven effective.
20. Services for which the government prohibits the payment of benefit.
21. Services provided without charge or normally paid for directly or indirectly by the employer.
22. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
23. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
24. Exercise, weight loss, physical fitness or sports, or
25. Environmental or atmospheric control in the home or workplace.
26. The quantity of each separate prescription order or refill shall not exceed a maximum of one hundred (100) days' supply, unless prior written authorization is obtained from Medavie Blue Cross.

GENERAL EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS AND LIMITATIONS (Cont'd)

27. A Participant is not entitled to an additional supply of a prescription drug either as an original prescription or refill during any period covered by a previously dispensed prescription for the same drug unless necessitated by a change in dosage.
28. Authorized prescription refills are covered provided they are dispensed within one year from the date of the original prescription. Thereafter, a new prescription from a Physician, Dentist or Dentist Specialist is required.
29. When, in the opinion of Medavie Blue Cross, quantities of prescription drugs excessive to normal requirements are requested or obtained, or refills are requested or obtained at intervals more frequent than deemed acceptable, Medavie Blue Cross may limit coverage to the approved quantities or frequencies of prescription refills or limit access to a provider selected by Medavie Blue Cross.
30. Medavie Blue Cross will not pay charges for Prescription Drugs exceeding the charges which would be paid directly to a Direct Payment Provider for the same Prescription Drugs.
31. At Medavie Blue Cross's sole discretion, coverage may be limited to Prescription Drugs dispensed by a Medavie Blue Cross Approved Provider.
32. Prescription Drug Benefits cease when the Participant reaches the age where the Participant becomes eligible for the government provided drug benefit program
33. Proprietary and patent medicines as registered under the Health Canada, Drug Directorate, which bear a general public (GP) number.
34. Any drug that is not dispensed in compliance with federal or provincial legislation governing the prescribing and dispensing of drugs.
35. Drugs dispensed by a Physician, Dentist, Dentist specialist, Registered Nurse or clinic
36. Vaccines, biological or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN).
37. Fertility drugs, anti-impotence drugs, anti-obesity drugs and smoking cessation products.
38. Homeopathic and naturopathic medications, nutritional supplements or herbal remedies.
39. Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products.
40. Contraceptive drugs unless specifically stipulated as a benefit.
41. Experimental drugs, research drugs, or drugs available through the Emergency Drug Release program.

HEALTH AND DENTAL INFORMATION

TERMINATION OF INSURANCE

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

- the contract termination date,
- the date you terminate employment,
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc.

ALTERNATIVE BENEFIT

Where more than one form or alternative form of treatment exists, Medavie Blue Cross, in consultation with its Health Care Consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure or supply with a lower cost, when deemed appropriate and consistent with good health management.

CO-ORDINATION OF BENEFITS

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

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

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

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

CONVERSION PRIVILEGE

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

SURVIVOR BENEFIT

In the event of the subscriber's death, dependents shall continue their current coverage for a period of 30 days after the subscriber's death.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE EMPLOYEES

To be eligible for group benefits, you must be a permanent employee or long assignment casual employee who is a resident of Canada, covered under your provincial government plan, actively at work and working 40% or more of regular work week, minimum of 14 hours per week on a regular basis and have completed the plan waiting period. The waiting period for your group plan is following 30 days from the date of hire.

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

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, legally adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee. All dependents must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

The term “spouse” is defined as a 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 having been represented as members of a conjugal relationship (common law). In the event of divorce, legal separation, or discontinuance of cohabitation (“common law” spouse), you may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

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

Unmarried, unemployed children 21 years of age or older qualify if they are dependent upon the employee by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, late limitations will apply.

ADDITIONAL BENEFIT INFORMATION

LATE APPLICANT

When an employee and or a dependent become eligible for benefits, the group enrolment form must be received by the plan sponsor within 31 days of their eligibility date. If this form is received after 31 days, the employee and or the dependent will be considered a late applicant and coverage will be limited to the following benefits, for the first six months following the effective date of coverage:

- Eye Refraction only
- Prescription Drug Benefit
- Recall examinations, bite-wing x-rays, fluoride application, one time unit each of scaling and polishing

CARDHOLDER SITE

INSTRUCTION FOR MEMBERS

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. One such 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. Now, when you want to access general information about your plan, view your claims and payment history, or print generic claim forms, you just have to click your mouse. The Cardholder Site is available 24 hours a day, seven days a week from home or work, all you need is an Internet connection. The Cardholder Site makes life easier for you.

ON THE CARDHOLDER SITE

There are a variety of options available to you on the Cardholder Site.

Coverage Inquiry: Detailed information about the member's Blue Cross benefit plan

Forms: Printable versions of generic Medavie Blue Cross claim forms

Member Information

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

Member Statements

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

FIRST-TIME ACCESS TO THE CARDHOLDER SITE

1. Log on to the Medavie Blue Cross Web site at www.medavie.bluecross.ca
2. Select "English"
3. Select "For Cardholders / Member Services" from the e-Service Centre menu on the right
4. Select "Go to Secure Site"
5. Select "First Time, Register Now"
6. Complete the online registration form
7. A temporary password will be e-mailed to the e-mail address entered during registration
8. Return to the Cardholder Site and enter the user ID and temporary password
9. The member will be prompted to change the password. Click "Submit" to save the new password
10. 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.

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

MEDAVIE BLUE CROSS CONTACT INFORMATION

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

NEW BRUNSWICK

Bathurst	St. Anne Street Plaza Unit 4 - 930 St. Anne Street Bathurst, NB E2A 6X2
Fredericton	Unit 2 - 1055 Prospect Street Fredericton, NB E3B 5B9
Moncton	644 Main Street P. O. Box 220 Moncton, NB E1C 8L3
Saint John	47A Consumers Drive Saint John, NB E2J 4Z7

NOVA SCOTIA

Dartmouth	230 Brownlow Avenue P. O. Box 2200 Dartmouth, NS B3J 3C6
Halifax	Halifax Barrington Tower, Scotia Square 1894 Barrington Street Halifax, NS B3J 2A8

PRINCE EDWARD ISLAND

Charlottetown	Suite 120 - 90 University Avenue Charlottetown, PE C1A 4K9
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NEWFOUNDLAND

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

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

Montreal	550 Sherbrooke St. West Montreal, QC H3A 1B9
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Toll-free Customer Information Line: 1-800-667-4511