

Your Group Benefits Booklet

Faculty Association

Retired Employees

Plan Numbers: 237-011 Retiree's On Island
237-014 Retiree's Off Island

Updated Effective Date: May 1, 2022

UPEI University of Prince Edward Island

MEDAVIE BLUE CROSS™

PRIVACY PROTECTION PRACTICES

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to keep you informed about privacy protection practices at Medavie Blue Cross.

Protecting personal information is not new to Medavie Blue Cross. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff takes the privacy policies and procedures we have in place to ensure that confidentiality very seriously.

What is personal information?
Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

How is your personal information used?
Your personal information is necessary to allow Medavie Blue Cross to process your application for coverage under its health, life and travel plans. Your personal information is used:

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

*not applicable in Ontario and Quebec

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

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

PRIVACY PROTECTION PRACTICES

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

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

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

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

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

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

www.medavie.bluecross.ca

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 underwrites the following benefits:

- 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.

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 Medavie Blue Cross 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.

Where there is a difference between this booklet and the plan document, the plan document is to be used. The benefits listed are subject to change.

This booklet replaces any previously issued booklet.

TABLE OF CONTENTS

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 person 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 approved for payment by Medavie Blue Cross within 180 days of the accident. Benefits will be paid up to the usual and customary fee of the current Dental Association Fee Guide for general practitioners in the provider of service's province at the time of treatment.

BURN PRESSURE GARMENTS

Maximum: $500 every calendar year

Special made-to-measure garments when prescribed by a physician.

CHRONIC DISEASE MANAGEMENT

Maximum: $500 in a calendar year

Charges for services rendered by a Medavie Blue Cross approved provider specialized in chronic disease management. Services must be delivered by the Medavie Blue Cross approved provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes: initial assessment, counselling and follow up sessions; education relating to symptom management, medication usage; and development of action plans.

DIABETIC SUPPLIES

Charges for needles, syringes, swabs, test tapes, lancets and insulin pump supplies for the treatment and control of diabetes on the written authorization of the attending physician.

DIAGNOSTIC AND X-RAY SERVICES

Charges for laboratory service and X-ray examinations at an appointed Medavie Blue Cross laboratory.

EQUIPMENT RENTAL

Charges for rental (or purchase, if approved by Medavie Blue Cross) of a wheel chair, hospital bed, and equipment for the administration of oxygen.

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.

EXTENDED HEALTH BENEFIT

HEARING AIDS
Maximum: $300 in five (5) consecutive calendar years.

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

ORTHOPEDIC FOOTWEAR & SUPPLIES
Maximum: $75 in a calendar year

Charges for orthopedic footwear when the footwear is customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician. Also, charges for shoe modification, adjustments supplies, and/or molded arch supports when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality.

OSTOMY SUPPLIES
Charges for essential ostomy supplies on the written authorization of the attending physician.

OTHER PRACTITIONERS
Maximum: $10 per visit to a maximum of $250 per practitioner in a calendar year
$25 for X-rays in a calendar year per practitioner

Charges for treatment, except when performed in a hospital, by a licensed chiropractor, osteopath, chiropodist/podiatrist.

OXYGEN
Charges for oxygen on the written authorization of the attending physician.

PHYSICIAN SERVICES
Charges outside the covered person's province of residence in excess of the allowance under a government health plan.

PHYSIOTHERAPY
Charges for physiotherapy treatment to a maximum of 20 treatments per calendar year.

PRIVATE DUTY NURSING
Maximum: $10,000 in a calendar year

Charges for home nursing care performed by a private duty nurse as defined herein, at the participant's residence (other than a convalescent or nursing home) on the written authorization of the attending Physician.

Payment for eligible expenses will be based on the payment schedule for private duty nurses established by Medavie Blue Cross for the participant's province of residence.

EXTENDED HEALTH BENEFIT

PROFESSIONAL AMBULANCE
Maximum: $500 in a calendar year

Professional ambulance to and from the nearest facility able to provide essential care. Air transportation, on the written authorization of the attending physician, for a stretcher patient, up to three economy seats on a regularly scheduled flight.

PROSTHETIC APPLIANCES
Charges for the following remedial appliances or supplies, when authorized by the attending physician:
- artificial limbs
- breasts
- eyes
- crutches
- canes
- splints
- casts
- trusses
- braces

Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of $50 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 $300 in a lifetime.

Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

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.

SPECIAL AMBULANCE ATTENDANT
Maximum: $300 in a calendar year

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

WARD ACCOMMODATION
Ward room charges outside Canada in excess of the allowance under a Government Health Plan.

EXTENDED HEALTH BENEFIT

MASSAGE THERAPITST
Maximum: $500 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed massage therapist*.

* requires a physician's written referral (valid for one year).

NATUROPATH
Maximum: $500 in a calendar year

Charges for treatment, except when performed in a hospital, by a licensed naturopath.

WHEN AND HOW TO MAKE A CLAIM
Extended Health Benefit is reimbursed to the retired employee. The retired 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 four (4) months and no later than 24 months of receiving services or supplies or the end of your Extended Health Benefit.

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 person basis.

Co-insurance: 100%

CONTACT LENSES - ELECTIVE

Maximum: Applicable dispensing fee, up to the maximum amount established by Medavie Blue Cross.

Contact lenses are eligible in lieu of spectacles (lenses and frames). The contact lens benefit is designed to provide reimbursement for contact lenses.

The contact lens benefit is available when there has been a certain change in the refractive error, which is defined as a change in one or more of the following lens prescription components, equal to or greater than:

- 1/2 Diopter in the sphere or cylinder;
- at least 10 degrees in axis when the cylinder is 2 Diopters or less;
- at least 5 degrees in the axis when the cylinder is greater than 2 Diopters.

Note: The refractive error for contact lenses is not determined by the same components as for spectacle lenses. Therefore, the level of change cannot be calculated by comparing prescription details for contact lenses to prescription details for spectacle lenses.

If there has not been a significant change in vision (described above), then the contact lens benefit is available:

- every one consecutive calendar year for a person under 19 years of age; and
- every two consecutive calendar years for a person 19 years of age or over.

CONTACT LENSES - REQUIRED DUE TO MEDICAL CONDITIONS

Maximum: to a maximum amount established by Medavie Blue Cross.

Contact lenses and the initial contact lens fitting procedures required as a result of medical condition (s), approved by Medavie Blue Cross, are eligible if approved through the Special Authorization process.

When contact lenses are approved under the Special Authorization process for the medical conditions specified, the elective contact lens benefit is not available.

Replacement contact lenses which are required due to a medical condition will follow the same benefit and frequency criteria as elective contact lenses.

VISION BENEFIT

EYE PATCHES
Maximum: $40 in a lifetime or as established by Medavie Blue Cross

Eye patches, as required for the treatment of ocular muscle imbalances, and/or other medical conditions (s) as approved by Medavie Blue Cross, are eligible benefits if approved through the Special Authorization process.

EYE EXAMINATIONS
Maximum: $60

- once every one consecutive calendar year for a person under 19 years of age; and
- once every two consecutive calendar years for a person 19 years of age and over.

FRAMES
Maximum: $150

the frames benefit is available:

- once every one consecutive calendar year for a person under 19 years of age; and
- once every two consecutive calendar years for a person 19 years of age and over.

SPECIAL EYE EXAMINATIONS
Maximum: $40 or a maximum amount established by Medavie Blue Cross.

Special Eye Examinations, required as a follow-up for a specific medical condition, are assessed through Special Authorization. The frequency limitations for Special Eye Examinations will be approved through the Special Authorization process and will be determined by Medavie Blue Cross.

VISION BENEFIT

SPECIAL LENSES AND LENS COATINGS

Maximum: to a maximum amount established by Medavie Blue Cross.

Special lenses and lens coatings are eligible benefits when required as a result of a specified medical condition, if approved through the Special Authorization process.

Special lenses and lens coatings are available whenever there has been a certain change in the refractive error, which is defined as a change in one or more of the following spectacle lens prescription components, equal to or greater than:

- 1/2 Diopter in the sphere or cylinder;
- at least 10 degrees in axis when the cylinder is 2 Diopters or less;
- at least 5 degrees in the axis when the cylinder is greater than 2 Diopters;
- 1 Diopter of horizontal prism (base in/out);
- 1/2 Diopter of vertical prism (base up/down).

If there has not been a significant change in vision (described above), then the spectacle lens and lens coatings benefit is available:

- every two consecutive calendar years for a person under 19 years of age; and
- every four consecutive calendar years for a person 19 years of age or older.

SPECTACLE LENS BENEFIT

Maximum: Applicable dispensing fees, up to a maximum amount established by Medavie Blue Cross. (maximum 2 lenses)

The lens benefit is available whenever there has been a certain change in the refractive error, which is defined as a change in one or more of the following spectacle lens prescription components, equal to or greater than:

- 1/2 Diopter in the sphere or cylinder;
- at least 10 degrees in axis when the cylinder is 2 Diopters or less;
- at least 5 degrees in the axis when the cylinder is greater than 2 Diopters;
- 1 Diopter of horizontal prism (base in/out);
- 1/2 Diopter of vertical prism (base up/down).

Note: The refractive error for spectacle lenses is not determined by the same components as for contact lenses. Therefore, the level of change cannot be calculated by comparing prescription details for spectacle lenses to prescription details for contact lenses.

If there has not been a significant change in vision (described above), then the spectacle lens benefit is available:

- every two consecutive calendar years for a person under 19 years of age; and
- every four consecutive calendar years for a person 19 years of age or older.

VISION BENEFIT

VISUAL TRAINING

Maximum: $20 per session, or as established by Medavie Blue Cross, to a lifetime maximum of five sessions per participant.

Visual training services, as required for the treatment of ocular muscle imbalance, or other medical condition(s) as approved by Medavie Blue Cross, are eligible benefits if approved through the Special Authorization process.

WHEN AND HOW TO MAKE A CLAIM

Certain benefits will require Special Authorization by Medavie Blue Cross. For further information on the Special Authorization claims process, contact your employer or your local Medavie Blue Cross office.

Vision benefit is reimbursed to the retired employee. The retired 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 four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.

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: **$5 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 prescribed over-the-counter items approved by Medavie Blue Cross. Does not include nicotine replacement products. Charges for certain drugs used for the treatment of erectile dysfunction are included.

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.

If an interchangeable drug has been prescribed, Medavie Blue Cross will reimburse to the lowest ingredient cost interchangeable drug when prescribed by a physician and dispensed by an approved provider. Regardless of whether your physician indicates the prescribed interchangeable drug cannot be substituted, Medavie Blue Cross will only reimburse to the lowest ingredient cost interchangeable drug.

You may request a higher cost interchangeable drug; however, you will be responsible for paying the difference in cost between the interchangeable drugs. For participants with an adverse reaction to the interchangeable drug dispensed, Medavie Blue Cross will consider reimbursement to another interchangeable drug on a case by case basis only, through the defined exception process.

For persons age 65 and over, plan reimburses the employee for the government Pharmacare co-payment. Prescription drugs that are not eligible benefits under the government Pharmacare program but which are included under Benefit List H are eligible for reimbursement by Medavie Blue Cross.

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 in the provider of service's province.

BASIC BENEFITS
Co-insurance: 100%

Diagnostics
- complete examinations once every 36 consecutive months
- recall examinations once every five (5) consecutive months
- bitewing four films every five (5) consecutive months
- full series or panoramic x-rays once every 12 consecutive months
- tests/analysis/laboratory procedures

Preventive Services
- polishing once, up to one (1) unit of time* every five (5) consecutive months
- fluoride treatment one (1) every five (5) consecutive months
- scaling
- pit and fissure sealants and space maintainers
- protective appliance (mouth guard) one (1) appliance every 12 consecutive months
- periodontal, TMJ or Myofascial appliances once every 24 consecutive months
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair, limited to one upper and one lower once every 24 consecutive months.
- occlusal equilibration

Restorative Services
- amalgam (silver) and tooth coloured (white) fillings
- full coverage pre-fabricated restorations
- retentive pins

Endodontic Services
- root canal therapy

* one unit of time is equal to 15 minutes

BASIC BENEFITS (Cont'd)

Periodontic Services
- periodontal scaling and root planing
- periodontal surgery (grafts)

Prosthodontic Services
- denture adjustments and repairs (after 3 months of initial insertion)
- denture reline or rebase once every 24 consecutive months (using existing framework for complete or partial dentures)
- tissue conditioning

Surgical Services (Basic)
- extraction of teeth and roots

General Services
- general anaesthesia and intravenous sedation in conjunction with oral surgery

MAJOR RESTORATIVE BENEFITS
Co-insurance: 80%
Maximum: $1,000 per person in a calendar year

Surgical Services (Major)
- surgical exposure and movement of teeth
- removal of benign tumours and cysts

Extensive Restoratives
- inlays/onlays/crowns

Prosthodontic Services
- complete and partial dentures, limited to one upper and one lower, once every 60 consecutive months
- bridgework

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

DENTAL BENEFIT

ORTHODONTIC SERVICES

Co-insurance: 50%
Maximum: $2,000 per person in a lifetime

Orthodontic Services

- removable and fixed appliances (braces)
- observations and adjustments.

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.
5. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits is made more than 31 days after the date on which the retired employee and/or dependent first becomes eligible, the maximum benefit will be limited to $100 per covered person during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

WHEN AND HOW TO MAKE A CLAIM

Dental benefits are reimbursed to the retired employee. The retired 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.

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Dental benefit.

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 were 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. Services provided without charge or normally paid for directly or indirectly by the employer.
10. Charges for health care planning assessments.
11. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
12. Convalescent, custodial or rehabilitation services.
13. Conditions not detrimental to health.
14. 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.
15. Services or supplies normally provided by the covered person's government health plan.
16. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
17. Mileage or delivery charges.
18. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
19. Any injury or illness resulting from the covered person's active participation in or related civil unrest, riot, insurrection, or war.
20. Participation in the commission of a criminal offense.
21. A service or supply that is experimental or investigative in nature.
22. A service or supply that is not medically necessary or proven effective.
23. Services for which the government prohibits the payment of benefit.

HEALTH AND DENTAL INFORMATION

TERMINATION OF BENEFITS

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

- the contract termination date,
- the date you cease to be eligible due death, age limitation, change in classification, etc.

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 retired 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 coverage, 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. This conversion privilege is also available to the surviving spouse and/or dependents after the termination of the Survivor Benefit.

SURVIVOR BENEFIT

In the event of a retired employee's death, eligible dependents will continue to be covered for Health and Dental Benefits, provided the required contributions continue to be made on their behalf, however, coverage will end on the earliest of the following dates:

- the contract termination date;
- the effective date of any similar coverage with another insurer;
- whenever they cease to be eligible dependents as defined in the contract;
- the death of the dependents

If a surviving spouse remarries, the newly acquired spouse/dependents are not eligible for benefits.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE RETIRED EMPLOYEES

To be eligible for group benefits, you must be a retired employee who is a resident of Canada, covered under your provincial government plan. Coverage is effective on the date of retirement.

Retired 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 the application is made after the 31 day period.

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 retired employee, or has continuously resided with the retired 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 19 years of age or, if 19 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

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.

ADDITIONAL BENEFIT INFORMATION

EVIDENCE OF HEALTH

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

Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependents do not apply for coverage within 31 days of becoming eligible.

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.

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, 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** 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@medaviebc.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@medaviebc.ca** or visit our website at **www.medaviebc.ca**.

CONNECT WITH BLUE CROSS
Like us on Facebook at **facebook.com/MedavieBlueCross**

Follow us on Twitter at @**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** and simply follow the instructions to register for your free account!

BLUE ADVANTAGE®

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.**

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.

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 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.