

IMPORTANT NOTICE

Medavie Blue Cross administers the following benefits on behalf of Trillium Lakelands District School Board:

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

Medavie Blue Cross underwrites Worldwide Travel Benefit.

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

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to the Company as evidence of your health. You may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Medavie Blue Cross.

Every action or proceeding against an insurer (i.e. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This booklet replaces any previously issued booklet.



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

Employee Benefits Booklet



(CUPE 06: Active Office, Clerical,
Technical and Educational Assistants)
and
(CUPE 08: Active Custodial and
Maintenance Employees)

POLICY NUMBER - 93354-006 and 93354-008

ELIGIBILITY PERIOD - Benefits commence immediately
upon employment

This group plan arranged by Mosey and Mosey

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 understand 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, 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

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.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

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)

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE

1. Log on to the Medavie Blue Cross Web site at www.medavie.bluecross.ca
2. Select "Plan Members"
3. Choose "Go to Secure Site" and select "First Time, Register Now"
4. Complete the online registration form
5. A temporary password will be e-mailed to the e-mail address entered during registration
6. Return to the Plan Member Website and enter the user ID and temporary password
7. You will be prompted to change the password. Click "Submit" to save the new password
8. Click "Done" once the changes are saved

****Please ensure you make note of your user ID and 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.

SCHEDULE OF BENEFITS

HOSPITAL BENEFIT - IN CANADA ONLY

HOSPITAL ROOM

- semi-private room accommodation
- program pays 100% of the eligible expense

ADDICTION FACILITY

- program pays 100% of the eligible expense

PSYCHIATRY FACILITY

- program pays 100% of the eligible expense

CONVALESCENT CARE FACILITY

- semi-private room accommodation
- program pays \$10 per day following a hospital stay of at least five consecutive days to a maximum of 120 days per disability

WORLDWIDE TRAVEL BENEFIT

- benefits are provided for an accident or unexpected illness outside the province of residence
- \$2 million per incidence maximum
- payment assistance through World Assistance
- limited to 90 days of travel per trip

EXTENDED HEALTH BENEFIT

- reimbursement to the subscriber
- program pays 100% of the eligible expense
- deductible of \$10 single/\$20 family in 12 consecutive months combined with Drug Benefit

EXTENDED HEALTH BENEFIT - IN CANADA

PHYSICIAN SERVICES

- program pays up to the usual, customary and reasonable charges of a physician

PRIVATE DUTY NURSING

- program pays up to a maximum of \$10,000 in a calendar year

OXYGEN

- program pays the usual, customary and reasonable charges of the eligible expense

SCHEDULE OF BENEFITS

EXTENDED HEALTH BENEFIT - WORLDWIDE

ACCIDENTAL DENTAL

- program pays up to the usual & customary fee of the current Dental Association Fee Guide

DIABETIC EQUIPMENT

- program pays the usual, customary and reasonable charges of the eligible expense

PARAMEDICAL PRACTITIONERS

- program pays a maximum of \$500 per practitioner in a calendar year for a speech therapist or speech pathologist, naturopath, osteopath
- program pays \$25 per visit to a maximum of \$500 per practitioner in a calendar year for a chiropractor, chiropodist combined with a podiatrist
 - * acupuncture is covered only if administered by a chiropractor
- program pays \$30 per visit to a maximum of \$500 in a calendar year for a registered massage therapist
- program pays a maximum of \$500 in a calendar year for a physiotherapist combined with a sports therapist
- program pays \$35 for initial visit and \$20 for each subsequent visit to a maximum of \$500 in a calendar year for a clinical psychologist
- if a participant is entitled to receive benefits for paramedical services under their government health plan, the government plan must be exhausted prior to benefits becoming payable under this plan

PROSTHETIC APPLIANCES

- program pays for those appliances pre-approved by Medavie Blue Cross
- when hair loss is due to an underlying pathology or treatment, program pays up to a maximum of \$500 in a lifetime for hair prosthesis (wig)
- program pays for repairs or adjustments according to the usual, customary and reasonable charges as established by Medavie Blue Cross

MEDICAL SUPPLIES AND EQUIPMENT

- program pays for medical supplies and equipment according to the usual, customary and reasonable charges as established by Medavie Blue Cross

ORTHOPEDIC SHOE(S) & SUPPLIES

- program pays up to a maximum of \$400 for each participant in a calendar year

MOLDED ARCH SUPPORTS

- program pays for two pairs up to a maximum of \$225 per pair for each participant in a calendar year

HEARING AIDS

- program pays a maximum of \$300 every 60 consecutive months

MEDICAL ELASTIC STOCKINGS

- program pays for stump socks (unlimited maximum)
- program pays for surgical stockings (limited to six pairs in a calendar year)

SCHEDULE OF BENEFITS

VISION CARE BENEFIT

- vision care benefits (eye examination/lenses/frames/contact lenses/laser corrective eye surgery) every 24 consecutive months
- program pays 100% of the eligible expense
- eye examination is limited to \$50 per exam
- program pays up to an overall maximum of \$275

CONTACT LENSES DUE TO DISEASE AND CATARACT SURGERY

- program pays for one pair of contact lenses in a lifetime

DRUG BENEFIT

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

- includes diabetic supplies; insulin needles, syringes, lancets and test strips
- fertility drugs are eligible to a maximum of \$2,400 every 24 consecutive months

Certain prescription-requiring drugs on the eligible drug benefit list may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross.

- paid directly to subscriber or provider
- subscriber pays any amount in excess of a \$8 dispensing fee
- deductible of \$10 single/\$20 family in 12 consecutive months combined with Extended Health Benefit
- program pays 100% of the remaining eligible expense

SCHEDULE OF BENEFITS

DENTAL BENEFIT

EXCLUSIONS

- temporomandibular joint dysfunction appliances
- implants and implant related codes

BASIC SERVICES

- reimbursement to the subscriber or provider
- program pays 100% of the eligible expense
- maximum payment of \$1,500 in a calendar year

MAJOR RESTORATIVE & PROSTHODONTIC SERVICES

- reimbursement to the subscriber or provider
- program pays 50% of the eligible expense
- maximum payment of \$1,500 in a calendar year

ORTHODONTIC SERVICES

- reimbursement to the subscriber or provider
- program pays 50% of the eligible expense
- maximum payment of \$2,000 in a lifetime

FEE SCHEDULE

- current less one year Dental Association Fee Guide for General Practitioners in the province of Ontario

TERMINATION: All Health and Dental benefits cease at the earlier of retirement, termination of employment or end of the month the employee turn 65 years of age.

Please refer to the appropriate page in this booklet for a more detailed benefit description.

GENERAL INFORMATION

ELIGIBLE EMPLOYEES

You are able to enrol for benefits if you are an eligible employee working at least 17.5 hours per week for CUPE 06: Active Office, Clerical, Technical employees and at least 15.625 hours per week for CUPE 06: Educational Assistants and at least 20 hours per week for CUPE 08: Active Custodial and Maintenance employees.

Employees must enrol for coverage within the 31 days of becoming eligible, by completing an application. Coverage is effective on the date of eligibility, except when the employee is not actively at work on the day that coverage would otherwise become effective.

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a full-time basis.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, foster, adopted or step-children. Children of a common-law spouse will be covered.

The term spouse is defined as: a person of the opposite or same sex who is legally married to the subscriber, or has continuously resided with the subscriber for not less than one full year having been represented as members of a conjugal relationship (common law). In the event of divorce, legal separation, or discontinuance of cohabitation ("common law" spouse), the subscriber may elect to continue membership of the former spouse or to provide notice to Trillium Lakelands District School Board to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same policy.

Dependent children are eligible for benefits if they are less than 21 years of age or; if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis. Coverage will terminate at the end of the month on which the dependent turns 25.

Unmarried, unemployed children 21 years of age or older qualify if they are dependent upon the covered employee by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 25 and have been continuously so disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

GENERAL INFORMATION

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for the employee and his dependents, if any, before benefits commence. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependent apply for coverage after 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 retirement, death, age limitation, change in classification, etc.;
- the termination date of the group contract.

COORDINATION OF BENEFITS

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

Benefit payments will be co-ordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

GENERAL INFORMATION

GENERAL EXCLUSIONS

The following are benefit exclusions under this policy:

- medical examinations or routine general checkups required for use by a third party
- elective services obtained outside the participant's province of residence
- charges which normally would not be made if the participant were not covered under the policy
- any item or service not listed as a benefit in this policy
- medications restricted under federal or provincial legislation
- registration charges or non-resident surcharges in any hospital
- services performed by an unqualified practitioner
- charges for missed appointments or the completion of forms
- services which are normally paid for directly or indirectly by the employer
- charges for Health Care Planning Assessments
- any health care services and supplies which are not provided by a Medavie Blue Cross approved provider
- convalescent, custodial or rehabilitation services
- conditions not detrimental to health
- services or supplies normally provided without cost or at nominal cost by the participant's government health plan
- benefits the participant receives or is entitled to receive from Workers' Compensation
- mileage or delivery charges
- services as a result of self-inflicted injuries, insurrection, war or engaging in a riot
- participation in the commission of a criminal offense
- a service or supply which is experimental or investigative in nature
- a service or supply which is not medically necessary or proven effective
- services for which the government prohibits the payment of benefit
- services provided without charge or paid for by the employer
- services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement

CONVERSION PRIVILEGE

If you should terminate employment, you may convert to an individual health plan currently issued by Medavie Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to your surviving spouse and/or dependents in the event of your death.

GENERAL INFORMATION

CLAIMING BENEFITS

If your Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

1. All health and dental benefits are on a reimbursement basis unless otherwise specified in the schedule of benefits. Claims must be submitted no later than 24 months of receiving services or supplies. To claim benefits on a reimbursement basis, please follow the procedures described in paragraph (b) below.

For Health Care, Drugs, or Dental claims, the subscriber or dependent should ensure they are dealing with a health care professional approved by Medavie Blue Cross. After this, one of the procedures below should be followed:

- (a) Direct payment plan: the subscriber's Medavie Blue Cross identification card should be shown and the provider will arrange to bill Medavie Blue Cross directly, or
- (b) Reimbursement plan: the subscriber must pay the provider, obtain an official receipt and submit this to Medavie Blue Cross for payment. The subscriber should also arrange for the completion of the appropriate claim forms, which are available from your employer or the provider of services. For drug claims on a reimbursement basis, receipts must indicate the following information for each prescription item:
 - patient's name
 - prescription number and date dispensed
 - D.I.N. (Drug Identification Number) or drug name, strength and quantity

The benefits under this plan supplement, and are not intended to replace government health care plans. As a condition to providing the benefits under this plan, only participants eligible for benefits under government hospital and provincial health care plans are entitled to the benefits of this plan. Medavie Blue Cross will make payment for eligible benefits obtained from a Medavie Blue Cross approved provider only in excess of the government health care allowances and only where permitted by the provincial legislation. Medavie Blue Cross will not make payment for any health care services or supplies administered by government funded hospitals, agencies or providers, unless otherwise specified in this plan.

The benefits of this policy will be provided for only those services recommended by a health care professional as approved by Medavie Blue Cross and will be continued only while the participant is under active treatment and receiving the care of the health care professional.

2. If your plan includes group travel benefits, please refer to the appropriate page in this booklet for claims filing procedures.

HOSPITAL BENEFIT

Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown in the schedule of benefits.

HOSPITAL BENEFIT - IN CANADA

HOSPITAL ROOM - the difference between standard ward accommodation and the room accommodation indicated in the schedule of benefits.

ADDICTION FACILITY - program pays as outlined in the schedule of benefits.

PSYCHIATRY FACILITY - program pays as outlined in the schedule of benefits

CONVALESCENT CARE FACILITY - program pays as outlined in the schedule of benefits following a hospital stay of at least five consecutive days.

EXTENDED HEALTH BENEFIT

Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown in the schedule of benefits.

EXTENDED HEALTH BENEFIT - IN CANADA

PHYSICIAN SERVICES - charges outside the participant's province of residence in excess of the allowance under a government health plan.

PROFESSIONAL AMBULANCE - charges for professional ambulance or air transportation, if necessary for a stretcher patient, up to three economy seats on a regularly scheduled flight.

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

In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. You may be eligible for services in your home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital.

Services that are not eligible under this benefit include custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

The maximum for each participant will be limited as specified in the schedule of benefits. All nursing services must be pre-approved by Medavie Blue Cross in order to be considered for reimbursement. 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.

OXYGEN - charges for oxygen.

EXTENDED HEALTH BENEFIT - WORLDWIDE

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 reported and approved for payment by Medavie Blue Cross within 180 days of the accident.

DIABETIC EQUIPMENT - charges for the following equipment used for treatment and control of diabetes: preci-jet, glucometer or equipment approved by Medavie Blue Cross that performs similar functions.

OSTOMY SUPPLIES - charges for essential ostomy supplies.

EXTENDED HEALTH BENEFIT

EXTENDED HEALTH BENEFIT - WORLDWIDE

PARAMEDICAL PRACTITIONERS - charges for treatment, except when performed in a hospital, by a licensed: speech therapist or speech pathologist, clinical psychologist, chiropractor**, registered massage therapist*, naturopath, osteopath, chiropodist/podiatrist, physiotherapist/sport therapist. The maximum for each type of practitioner is outlined in the schedule of benefits.

* a physician or nurse practitioner prescription is required

** acupuncture is covered only if administered by a chiropractor

PROSTHETIC APPLIANCES - charges for remedial appliances or supplies including artificial limbs, external breasts prosthesis or eyes, hair (wig) following chemotherapy or radiation treatments, crutches, canes, splints, casts, trusses and braces. Replacement must be due to pathological or physiological change. Repairs or adjustments are also covered.

MEDICAL SUPPLIES AND EQUIPMENT - usual, customary and reasonable charges as established by Medavie Blue Cross for various medical supplies and equipment.

ORTHOPEDIC SHOE(S) AND SUPPLIES - charges for orthopedic shoe(s) and boot(s) when the shoe(s) is (are) customized with special features or stock item when modified to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, rheumatologist or the attending physician to a maximum as outlined in the schedule of benefits.

MOLDED ARCH SUPPORTS - 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, rheumatologist or the attending physician to a maximum as outlined in the schedule of benefits.

HEARING AIDS - charges for hearing aids, initial battery and repairs (excludes replacement batteries and exams) when prescribed by an otolaryngologist, otologist and/or registered audiologist subject to a maximum as outlined in the schedule of benefits.

MEDICAL ELASTIC STOCKINGS - charges for the purchase of stump socks and surgical stockings when prescribed by a physician up to a maximum as outlined in the schedule of benefits.

EXTENDED HEALTH BENEFIT

VISION CARE BENEFIT

Medavie Blue Cross will pay the usual, customary and reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown in the schedule of benefits.

EYE EXAMINATION/LENSES/FRAMES/CONTACT LENSES/LASER CORRECTIVE EYE SURGERY - charges of a registered, licensed optometrist or ophthalmologist for eye examinations, corrective eyeglasses (includes repairs to eyeglasses), lenses and frames but excluding safety glasses or glasses for cosmetic purposes. Includes laser corrective eye surgery when performed by an ophthalmologist. The maximum as outlined in the schedule of benefits.

CONTACT LENSES DUE TO DISEASE AND CATARACT SURGERY - when medically necessary for ulcerated keratitis, severe corneal scarring, keratoconus or aphakia provided sight can be improved to at least the 20/40 level. The maximum as outlined in the schedule of benefits.

DRUG BENEFIT

Please refer to the schedule of benefits page to determine if the drug benefit is on a direct-payment or reimbursement basis and the payment features applicable to this plan.

Prescription drugs include medically necessary items which, by law, can only be obtained with a prescription of a physician or dentist and certain over-the-counter items, which are authorized as benefits by Medavie Blue Cross, and which are dispensed by a licensed pharmacist.

WORLDWIDE TRAVEL BENEFITS

The Group Travel Plan covers a wide range of benefits which may be as a result of an accident or unexpected illness incurred outside the participant's province of residence in Canada or outside Canada while this plan is in effect.

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses. These benefits are subject to any trip limitation, deductible, co-insurance or maximum amount shown in the schedule of benefits, and the benefit maximums specified below.

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 patient must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. If returning on a commercial aircraft, this coverage is included:

- two economy seats by most direct route to the patient's home city in Canada, one for the covered patient and one round trip fare for 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.

DENTAL SERVICES - up to \$1,000 Canadian when, 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.

DIAGNOSTIC SERVICES - charges for laboratory services for diagnostics and x-rays when ordered by the attending physician.

DRUG BENEFITS - 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.

WORLDWIDE TRAVEL BENEFITS

EMERGENCY AND PAYMENT ASSISTANCE - the services of a 24-hour emergency hotline are available to participants 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 participant. In addition, the following services are offered.

Medical Assistance - the patient 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 patient's condition and communication with the subscriber and family;
- return home or transfer of patient if medically permissible; and
- transport of a family member to the patient's bedside or to identify the deceased.

Non Medical Assistance - the patient may call to obtain:

- an emergency response in any major language;
- emergency assistance in contacting the family or business; and
- 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 of rooms) and (b) medically necessary inpatient and outpatient services.

MEALS AND ACCOMMODATIONS - up to \$700 Canadian (\$100 per day for seven days) per trip for extra costs of commercial accommodation and meals incurred by the subscriber, or by a covered dependent remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

NURSE - charges for private duty nursing, when ordered by a physician at the usual, customary and reasonable fee. Registered nurses providing the service must not be a relative of the patient or an employee of the hospital.

PARAMEDICAL SERVICES - costs of services made by chiropractors, osteopaths, chiropodist/podiatrists and physiotherapists (not a relative), in excess of payment by a 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 - up to \$3,000 Canadian towards the cost of preparation and homeward transportation of the deceased (excluding the cost of a coffin) to the point of departure in Canada by the most direct route in the event of death of the covered person.

WORLDWIDE TRAVEL BENEFITS

TRANSPORTATION TO VISIT THE COVERED PERSON - return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person has been confined to hospital for seven days or more or has died, and the attending physician advised the necessary attendance of a family member or close friend of the covered person.

VEHICLE RETURN - up to \$500 Canadian for the cost of driving the patient's vehicle, either private or rental, by commercial agency to the patient's residence or nearest appropriate vehicle rental agency when the patient is unable to return it due to sickness or accident.

WHEELCHAIRS, CRUTCHES, CANES - rental of wheelchairs, crutches, canes when required as a result of sickness or accident. This benefit will be payable only when the sickness or accident occurs outside the participant's province of residence and for rental expenses incurred outside the participant's province of residence when ordered by a physician.

WORLDWIDE TRAVEL BENEFITS

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 shall 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 patient is (on medical evidence) able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition which 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 participant'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 BENEFITS

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. Medavie Blue Cross will not cover expenses in excess of \$2 million Canadian per covered person, per incidence outside the province of residence.

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

Any one occurrence as used herein 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.

WORLDWIDE TRAVEL BENEFITS

CLAIMING BENEFITS

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.

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 Association Fee Guide for General Practitioners in effect in the province of Ontario. The overall limits and co-insurance amounts are shown in the schedule of benefits.

BASIC SERVICES

DIAGNOSTICS:

Clinical oral examinations (limited to one in three consecutive calendar years).

Recall oral examinations (limited to one in nine consecutive months for adults, one in six consecutive months for dependent children).

X-ray examinations:

- full mouth or panoramic films (limited to one film in three consecutive calendar years)
- single films,
- occlusal, bitewing, extraoral films.

Tests, laboratory examinations and treatment planning.

PREVENTIVE SERVICES: polishing (limited to one unit in nine consecutive months for adults, one unit in six consecutive months for dependent children); fluoride treatments (limited to one in nine consecutive months for adults, one in six consecutive months for dependent children); scaling (limited to 16 units in combination with root planing under Periodontic Services in a calendar year); oral hygiene instruction (once every nine consecutive months for adults, six consecutive months for dependent children); *pit and fissure sealants; space maintainers, maintenance and repairs; mouth guard; periodontal appliances (limited to any one upper and any one lower appliance in two consecutive calendar years); occlusal equilibration (limited to eight units in 12 consecutive months).

*under 16 years of age only

RESTORATIVE SERVICES: caries, trauma and pain control; silver and plastic fillings; gold foil restorations; plastic veneer applications.

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 (limited to 16 units in combination with scaling under Preventive Services in a calendar year).

PROSTHODONTIC SERVICES: denture adjustments, repairs and additions as well as one upper and one lower complete or partial denture relines, rebase, remake (limited to one lower and one upper every five consecutive calendar years); tissue conditioning.

DENTAL BENEFIT

BASIC SERVICES (Cont'd)

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 as well as conscious sedation.

MAJOR RESTORATIVE SERVICES

EXTENSIVE RESTORATIVES: major repairs and restorations, including inlays, onlays and crowns.

PROSTHODONTIC SERVICES: complete dentures (limited to one complete upper and one complete lower denture in five consecutive calendar years); transitional dentures, (limited to one upper and one lower in five consecutive calendar years); partial dentures (limited to one upper and one lower in five consecutive calendar years); pontics; abutments; fixed bridges.

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

ORTHODONTIC SERVICES

ORTHODONTIC SERVICES: Proper fitting of natural teeth and the correction of irregularities. Diagnostics including; exam, photographs: cephalometric (limited to five in two consecutive calendar years); hand and wrist radiographs.

BLUE CROSS CONTACT INFORMATION

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

| | |
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| ATLANTIC CANADA | P.O. Box 220, 644 Main St. Moncton, NB E1C 8L3 |
| QUEBEC | 550 Sherbrooke Street West Suite B9 Montreal, PQ H3A 3S3 |
| ONTARIO | P.O. Box 2000 185 The West Mall, Suite 1200 Etobicoke, ON M9C 5P1 |
| MANITOBA | 599 Empress Street P.O. Box 1046 Station Main Winnipeg, MB R3C 2X7 |
| SASKATCHEWAN | P.O. Box 4030 516 Second Avenue N Saskatoon, SK S7K 3T2 |
| ALBERTA | 10009 - 108 th Street NW Edmonton, AB T5J 3C5 |
| BRITISH COLUMBIA | Pacific Blue Cross 4250 Canada Way P.O. Box 7000 Burnaby, BC V6B 4E1 |
| Customer Inquiry | Toll Free 1-888-873-9200 |