

Nova Scotia College of Art & Design

All Employees

Plan Number: 3970-000

Date of Issue: July 2008

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 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 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:

- Hospital Benefit
- Worldwide Travel 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.

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HOSPITAL 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%

ANCILLARY SERVICES

Maximum: \$1,000 per hospital admission

Charges for ancillary services where such services are not fully covered under a Government Health Program.

HOSPITAL ROOM

The difference between standard ward accommodation and private room accommodation.

OUTPATIENT SERVICES

Charges for outpatient and diagnostic services of a hospital approved by Medavie Blue Cross.

TERMINATION

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

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 24 months of receiving services or supplies or the end of your Hospital benefit.

WORLDWIDE TRAVEL BENEFIT

The Group Travel plan covers a wide range of benefits that may be available following an accident or unexpected illness incurred outside the covered person's province of residence while this plan is in effect. Payment is subject to the maximum amounts and co-insurance amount indicated below, less the amount allowed under any government health program. Benefit maximums are noted in Canadian currency.

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses. These benefits are subject to any deductible, co-insurance or maximum amounts specified below.

Co-insurance: 100%

ACCIDENTAL DENTAL

Maximum: \$1,000

Charges as a result of an accidental injury (direct accidental blow to the mouth) where natural teeth have been damaged, or a fractured or dislocated jaw requires setting. Such dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and be supported by details of the accident.

AMBULANCE

Normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility.

COMING HOME

Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the covered person must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. If returning on a commercial aircraft, the benefit covers:

- two economy seats by most direct route to the patient's home city in Canada, one for the covered person and one round trip fare for a medical attendant;
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip fare for a medical attendant.

DIAGNOSTIC SERVICES

Charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.

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

WORLDWIDE TRAVEL BENEFIT

EMERGENCY AND PAYMENT ASSISTANCE

The services of a 24-hour emergency hotline are available to covered persons who need assistance while travelling. By telephoning the appropriate number on your Medavie Blue Cross identification card when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the covered person. In addition, the following services are offered.

Medical Assistance - the covered person may call for a list of hospitals or medical facilities and arrangements will be made for:

- advice from a qualified physician,
- medical follow-up of the covered person's condition and communication with the employee and family,
- return home or transfer of covered person if medically permissible,
- transport a family member to the covered person's bedside or to identify the deceased.

Non Medical Assistance - the covered person may call to obtain:

- an emergency response in any major language,
- emergency assistance in contacting the family or business,
- referral to legal counsel.

HOSPITAL ACCOMMODATION

The cost of a public general hospital, less the amount allowed under the provincial government health plan, for (a) room accommodation (not a suite) and (b) medically necessary inpatient and outpatient services.

MEALS AND ACCOMMODATION

Maximum: \$700 (\$100 per day for seven days) per trip

Charges for extra costs of commercial accommodation and meals incurred by a covered person, remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

NURSE

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

PARAMEDICAL SERVICES

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

PHYSICIANS AND SURGEONS

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

WORLDWIDE TRAVEL BENEFIT

RETURN OF DECEASED

Maximum: \$3,000

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

TRANSPORTATION TO VISIT THE COVERED PERSON

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

VEHICLE RETURN

Maximum: \$500

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

MEDICAL APPLIANCES

The cost of temporary rental of a wheelchair, crutches and/or canes, when required due to an accident or sudden illness which occurs outside the province of residence and when ordered by a physician.

WORLDWIDE TRAVEL BENEFIT

EXCLUSIONS

1. No benefits are available under the policy for the covered person 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 policy 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 policy will not be paid if the covered person receives the same from a third party.
4. No benefits will be paid for expenses incurred as the result of abuse of medications; suicide or attempted suicide; criminal acts, or injuries suffered as a result of operating a motor vehicle while alcohol levels are in excess of the legal limit in the jurisdiction where the accident occurred.
5. Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada. If any covered person, based on medical evidence is able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition that requires continuing medical services, treatment or surgery, and the patient elects to have such treatment or services rendered, or surgery performed, outside Canada, the expense of such continuing medical services, treatment or surgery will not be covered by this plan. Medavie Blue Cross accepts no responsibility in the event of deterioration of the covered person's medical condition during or after the transfer back to Canada.
6. Medavie Blue Cross will not cover expenses in excess of \$2 million Canadian per covered person, per incidence outside the province of residence.

TERMINATION

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

WHEN AND HOW TO MAKE A CLAIM

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 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.

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 your province of residence at the time of treatment.

BURN PRESSURE GARMENTS

Maximum: \$500 in a calendar year

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

CHRONIC OR CONVALESCENT CARE

Maximum: \$20 per day to a combined maximum of 120 days

Charges for chronic or convalescent care, excluding custodial care, on the recommendation of a physician immediately following a hospital stay.

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.

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.

HEARING AIDS

Maximum: \$300 every five consecutive calendar years

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

EXTENDED HEALTH BENEFIT

ORTHOPEDIC FOOTWEAR & SUPPLIES

Co-insurance: 50% of the eligible expense

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, 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, 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.

PARAMEDICAL PRACTITIONERS

Maximum: \$10 per visit to a maximum of \$225 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 naturopath, osteopath or massage therapist.

PODIATRIST AND CHIROPODIST

Maximum: \$15 per visit to a maximum of \$225 per practitioner in a calendar year
\$25 for X-rays in a calendar year

Charges for treatments by a licensed podiatrist and chiropodist.

CHIROPRACTOR

Maximum: \$20 per visit to a maximum of \$225 in a calendar year
\$25 for X-rays in a calendar year

Charges for treatments by a licensed chiropractor.

PHYSIOTHERAPIST

Maximum: \$20 per visit to a maximum of \$225 in a calendar year

Charges for treatments by a licensed physiotherapist.

PSYCHOLOGIST

Maximum: \$20 for the initial ½ hour visit and \$20 per visit thereafter to a maximum of \$225 in a calendar year

Charges for treatments by a licensed psychologist.

SPEECH THERAPIST

Maximum: \$25 for the initial visit and \$15 per visit thereafter to a maximum of \$225 in a calendar year.

EXTENDED HEALTH BENEFIT

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.

PRIVATE DUTY NURSING

Maximum: \$10,000 in a calendar year

Provided you do not reside in a convalescent nursing home and the nurse is not a relative, charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant are eligible. Written authorization of the attending physician is required.

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. The covered person may be eligible for services in his/her home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital.

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 up to a maximum of six 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 (limited to one prosthetic appliance to each limb in a lifetime)
- breasts (limited to a left and a right prosthesis every two consecutive calendar years)
- eyes (limited to one left and one right prosthesis in a lifetime)
- crutches
- canes (limited to one in a lifetime)
- splints
- casts
- trusses (limited to one truss every five consecutive calendar years)
- braces (limited to one cervical collar in a calendar year and all other braces are limited to one in a lifetime)

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).

EXTENDED HEALTH BENEFIT

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.

SUPPORT HOSE

Maximum: Four pairs in 12 consecutive months

Charges for the following types of support stockings: Jobst Stockings, Sigvaris Stockings and Venosan Stockings on the written prescription of a licensed physician. The stockings must be custom made or graduated compression stockings.

TERMINATION

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

WHEN AND HOW TO MAKE A CLAIM

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

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

Claims must be submitted within 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 DUE TO DISEASE

Maximum: \$200 every two consecutive calendar years

Charges for contact lenses when medically necessary on the written authorization of the attending physician for; ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

EYE EXAMINATIONS, LENSES, FRAMES AND CONTACT LENSES

Maximum: \$125 every two calendar years

Charges of a licensed optometrist or ophthalmologist for eye examinations. Charges for corrective eyeglasses, including lenses, frames and contact lenses, but excluding safety glasses or glasses/contacts for cosmetic purposes.

VISUAL TRAINING

Maximum: \$150 in a lifetime

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

TERMINATION

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

WHEN AND HOW TO MAKE A CLAIM

Vision benefit is reimbursed to the employee. The covered person 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 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: \$1 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 many commonly prescribed over-the-counter items approved by Medavie Blue Cross. Does not include nicotine replacement products.

Charges for the following are also included:

- erectile dysfunction benefit

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.

TERMINATION

Drug benefit ceases for the subscriber and/or the subscriber's spouse upon attainment of 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 and specialists in effect in the covered person's province of residence.

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
- appliances (periodontal, TMJ or Myofacial) once every 24 consecutive months
- periodontal, TMJ or Myofacial appliance adjustments, maintenance and repair
- 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

DENTAL BENEFIT

BASIC BENEFITS (cont'd)

Periodontic Services

- periodontal scaling and root planning
- periodontal surgery (grafts)

Prosthodontic Services

- denture adjustments and repairs (after 3 months of initial insertion)
- denture reline or rebase once every 24 consecutive months
- 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: 70%

Maximum: \$3,000 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 BENEFITS

Co-insurance: 50%

Maximum: \$2,000 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 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.

TERMINATION

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

WHEN AND HOW TO MAKE A CLAIM

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

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

Claims must be submitted within 24 months of receiving services or supplies or the end of your Dental benefit.

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.

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.

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. 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 the employee's death, coverage for surviving eligible dependents under age 65 may be continued in force, provided the subscriber dues continue to be remitted on their behalf, but not beyond:

- the date that the surviving dependent ceases to qualify as a dependent under this contract;
- the date the surviving spouse remarries;
- the date any similar coverage is obtained with respect to a covered dependent;
- twelve months after the employee's death.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE EMPLOYEES

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 35 hours per week if a full-time employee or 25 hours per week if a part-time employee (provided the part-time employee has worked a minimum of nine consecutive months per year) and have completed the plan waiting period. The waiting period for your group plan is one month of continuous employment.

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 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, 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, 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.

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 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

*7 Spectacle Lake Drive
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*

NEWFOUNDLAND

St. John's

*66 Kenmount Road
Suite 102 - Board of Trade Building
St. John's, NL A1B 3V7*

ONTARIO

Toronto

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

QUEBEC

Montreal

*550 Sherbrooke St. West
Montreal, QC H3A 1B9*

Toll-free Customer Information Line: 1-800-667-4511