

St. Thomas University

Classes

B - Admin Staff
E - Retired Admin
F - Survivor Admin

Updated Effective Date: April 1, 2019

TABLE OF CONTENTS

PRIVACY PROTECTION PRACTICES.....	1
ABOUT THIS BOOKLET	3
HOSPITAL BENEFIT.....	4
EXTENDED HEALTH BENEFIT - IN CANADA.....	5
EXTENDED HEALTH BENEFIT - WORLDWIDE	6
VISION BENEFIT.....	9
DRUG BENEFIT	10
DENTAL BENEFIT.....	11
GENERAL EXCLUSIONS AND LIMITATIONS.....	13
HEALTH AND DENTAL INFORMATION.....	14
ADDITIONAL BENEFIT INFORMATION	15
PLAN MEMBER WEBSITE	17
MEDAVIE BLUE CROSS CONTACT INFORMATION	18

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

ABOUT THIS BOOKLET

Medavie Blue Cross underwrites the following benefits:

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

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

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.

HOSPITAL BENEFIT

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

Co-insurance: 100%

HOSPITAL ROOM

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

TERMINATION

Hospital benefit ceases on the first of the month following the month in which the employee attains age 70.

For retired employees the hospital benefit ceases on the first of the month following the month in which the employee attains age 70.

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 within four months of the contract termination date.

EXTENDED HEALTH BENEFIT - IN CANADA

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

Co-insurance: 100%

PRIVATE DUTY NURSING

Maximum: \$25,000 in a calendar year less the amount paid during the previous two calendar years then \$50 per day thereafter

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 are eligible. Written authorization of the attending physician is required.

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 three economy seats on a regularly scheduled flight.

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 12 months of the accident. Benefits will be paid up to the usual and customary fee of the current Dental Association Fee Guide for general practitioners where services are rendered.

BLOOD OR BLOOD PRODUCTS

Coverage for blood or blood products when not provided by Canadian Blood Services or other agencies to the usual, customary & reasonable charges established by Medavie Blue Cross.

DIAGNOSTIC AND X-RAY SERVICES

Charges for laboratory service and X-ray examinations, X-ray therapy, radium and isotope treatment by a certified radiologist.

EXTENDED HEALTH BENEFIT - WORLDWIDE

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%

CONTRACEPTIVE DEVICES

Purchase of an intrauterine contraceptive device (IUD) , or diaphragm, on the written authorization of the attending physician.

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.

DIABETIC EQUIPMENT

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

HEARING AIDS

Maximum: \$500 every 5 consecutive calendar years

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

MEDICAL SUPPLIES AND EQUIPMENT

Charges for the following medical supplies and equipment, when prescribed by an authorized physician:

- rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair or hospital-type bed;
- equipment for the administration of oxygen;
- insulin pump;
- compression pump;
- lymphoedema sleeves (limited to 2 in a calendar year);
- transcutaneous electrical nerve stimulator (TENS machine) is limited to a maximum eligible expense of \$300 every 5 consecutive calendar years.

Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every 5 consecutive calendar years.

EXTENDED HEALTH BENEFIT - WORLDWIDE

ORTHOPEDIC FOOTWEAR & SUPPLIES

Maximum: \$150 in a calendar year

Charges for orthopedic footwear when the footwear has been customized with special features to accommodate relieve or remedy some mechanical foot defect or abnormality. A prescription from an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending Physician is required along with a copy of the biomechanical or gait analysis from the health care professional. Also, charges for footwear modifications, adjustments, supplies and/or molded arch supports, scaphoid pads, torque heel insoles and metatarsal pads 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.

OXYGEN

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

PARAMEDICAL PRACTITIONERS

Physiotherapy Charges of a licensed physiotherapist.

Speech therapist Charges of a speech language pathologist, limited to \$250 in a calendar year.

Massage therapist Charges of a licensed massage therapist, limited to a maximum of \$500 per calendar year.

Psychologist Charges of a clinical psychologist or licensed social worker, limited to \$250 in a calendar year.

Acupuncturist Charges for a licensed acupuncturist, limited to \$20 per visit to a maximum of \$100 in a calendar year.

Charges for treatment by a licensed: chiropractor, osteopath, naturopath or chiropodist/podiatrist.

Maximum: \$250 in a calendar year
One X-ray in a calendar year per practitioner

EXTENDED HEALTH BENEFIT - WORLDWIDE

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);
- canes or crutches (limited to two in a lifetime);
- splints;
- casts;
- trusses (limited to one truss every five consecutive calendar years); and
- braces (limited to one cervical collar in a calendar year and all other braces are limited to one in a lifetime).
- hair, when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$300 per lifetime. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

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

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.

TERMINATION

Extended Health benefit cease on the first of the month following the month in which the employee attains age 70.

For retired employees the extended health benefit ceases on the first of the month following the month in which the employee attains age 70.

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 within four months of the contract termination date.

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%

EYEGASSES/CONTACT LENSES DUE TO DISEASE

Maximum: \$200 per lifetime

Charges for eyeglasses or contact lenses when prescribed by a licensed ophthalmologist as necessary due to a surgical procedure or medical treatment of keratoconus, limited to a lifetime maximum of \$200 per participant for the non-surgical treatment of keratoconus and a lifetime maximum of \$200 for each surgical procedure.

LENSES, FRAMES AND CONTACT LENSES

Maximum: \$150 every 24 consecutive months for adults and every 12 consecutive months for dependent children less than 19 years of age

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

EYE EXAMINATIONS

Charges of a licensed optometrist or ophthalmologist for eye examinations.

EYEGASSES FOLLOWING SURGERY

Maximum payable: \$100 per lifetime

Charges for eyeglasses prescribed by an ophthalmologist as a result of a surgical procedure.

TERMINATION

Vision benefit ceases on the first of the month following the month in which the employee attains age 70.

For retired employees the vision benefit ceases on the first of the month following the month in which the employee attains age 70.

WHEN AND HOW TO MAKE A CLAIM

Vision 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.

Claims must be submitted within 24 months of receiving services or supplies or within four months of the contract termination date.

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-insurance: 100% of the eligible expense

Method of payment: paid directly to the pharmacy

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

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

TERMINATION

Drug benefit ceases on the first of the month following the month in which the employee attains age 70.

For retired employees the drug benefit ceases on the first of the month following the month in which the employee attains age 70.

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 the subscriber's province of residence.

BASIC BENEFITS

Co-insurance: 80%

Deductible: \$50 single / \$100 family in a calendar year

Diagnostics

- complete examinations once every three (3) consecutive calendar years
- recall examinations one (1) in a calendar year
- bitewing four films in a calendar year
- full series once in a calendar year
- panoramic x-rays once in a calendar year
- tests/analysis/laboratory procedures

Preventive Services

- polishing once, up to one (1) unit of time* in a calendar year
- fluoride treatment one (1) in a calendar year
- scaling
- pit and fissure sealants and space maintainers
- protective appliance (mouth guard) one (1) appliance in a calendar year
- appliances (periodontal, TMJ or Myofascial) once every (2) two calendar years
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair
- occlusal equilibration

Restorative Services

- amalgam (metal) and tooth coloured (plastic) restorations
- full coverage prefabricated restorations
- retentive pins

Endodontic Services

- root canal therapy

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 two (2) consecutive calendar years
- tissue conditioning

*one unit of time is equal to 15 minutes

DENTAL BENEFIT

BASIC BENEFITS

Surgical Services

- extraction of teeth and roots
- surgical movement of teeth
- removal of benign tumors, cysts

General Services

- general anaesthesia and intravenous sedation in conjunction with oral surgery

DENTAL EXCLUSIONS AND LIMITATIONS

The dental plan does not cover the following expenses:

1. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
2. Veneers for cosmetic purposes.
3. Accidental dental services do not form part of the Dental Benefits being offered.
4. Services rendered by a dental hygienist but not administered under the supervision of a dentist, except in those provinces where it is no longer a legal requirement.
5. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

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 cease on the first of the month following the month in which the employee attains age 70.

For retired employees the dental benefit ceases on the first of the month following the month in which the employee attains age 70.

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 within four months of the contract termination date.

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, death, leave of absence, age limitation, change in classification, etc.

ALTERNATIVE BENEFIT

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

CO-ORDINATION OF BENEFITS

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

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

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

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

CONVERSION PRIVILEGE

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. 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, eligible dependents will continue to be covered for Health and Dental Benefits on a non-premium basis, however, coverage will end on the earliest of the following dates:

- the contract termination date;
- twelve (12) months after the employee's death;
- the effective date of any similar coverage with another insurer;
- whenever they cease to be eligible dependents.

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 25 hours per week on a regular basis. You are considered actively at work if you are:

- a full-time employee; or
- a part-time faculty member who teaches, conducts research, provides services; or
- a combination of these on a percentage basis of full-time workload (normally 50%)

Coverage commences upon 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 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 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.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE DEPENDENTS (cont'd)

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

EVIDENCE OF HEALTH

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

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

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

To register for the Plan Member Website, visit **www.medavie.bluecross.ca** and log in.

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.

MEDAVIE BLUE CROSS CONTACT INFORMATION

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

NEW BRUNSWICK

Fredericton Unit 2 - 1055 Prospect Street
Fredericton, NB E3B 3B9

Moncton Blue Cross Centre
644 Main Street
P. O. Box 220
Moncton, NB E1C 8L3

Saint John 47A Consumers Drive
Saint John, NB E2J 4Z7

NOVA SCOTIA

Dartmouth Street Address:
230 Brownlow Avenue
Dartmouth, NS B3B 0G5
Mailing Address:
P. O. Box 2200
Halifax, NS B3J 3C6

Halifax Barrington Tower, Scotia Square
1894 Barrington Street
Halifax, NS B3J 2A8

NEWFOUNDLAND

St. John's Viking Building
136 Crosbie Road, Suite 204
St. John's, NL A1B 3K3

ONTARIO

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

QUEBEC

Montreal 550 Sherbrooke Street West, Suite 12
Montreal, QC H3A 6T6

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