

# Major Medical Insurance

This plan applies to active employees, eligible early retirees and long-term disability recipients.

Please note additional limitations and exclusions, e.g. prescription drugs, apply to Retirees.

## Introduction

This information booklet insert has been prepared to give you an informal summary of the main features of the major medical insurance program.

This insert is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the master policy and by applicable law.

## Government Coverage

All residents of Nova Scotia are entitled, upon satisfaction of certain residency requirements, to a comprehensive government-sponsored medical services plan (M.S.I.) which covers all necessary physicians' services. Persons taking up residence in Nova Scotia from another province in Canada must complete a 90-day waiting period to be eligible for M.S.I. coverage. Those persons taking up residence in Nova Scotia from outside of Canada may be covered immediately upon entrance into Nova Scotia provided they have landed immigrant status. Those persons entering Nova Scotia from outside of Canada who are holders of a valid work permit/visa are eligible for M.S.I. coverage upon arrival in Nova Scotia. New residents should contact M.S.I. (902) 468-9700 upon arrival to determine the eligibility requirements that are applicable for the government-sponsored medical plan.

## Plan Coverage

In addition to the government hospital and medical plans, all full-time and part-time employees and Postdoctoral Fellows are required to have the major medical insurance. Also covered under this program are dependents; i.e., the employee's spouse, and any unmarried children from birth to the 21<sup>st</sup> birthday; or up to the 25<sup>th</sup> birthday if a full-time student at an accredited school, college or university; or regardless of age if dependent by reason of mental or physical disability.

### A. Hospital Care

**Hospital Benefits in Canada** - Full difference between ward and semi-private rates, no limit on dollars, no limit on days. If private room is occupied, an allowance equal to that paid for semi-private will be made.

**Out-Patient Hospital Services in the Atlantic Provinces** - Hospital services essential to the treatment of an out-patient case.

**Out-Patient Hospital Service Outside the Atlantic Provinces** - Hospital services essential to the treatment of an out-patient case; however, payments will be limited to the level of payments that would have been made had such services been rendered in the Atlantic Provinces.

**Ancillary Services** - Maximum eligible expense up to \$150 per hospital admission.

**Diagnostic Services** - Covered in an approved facility (the benefit covers lab as well as x-rays).

**Local Professional Ambulance Service** - Maximum eligible expense up to \$25 per 12-month period.

### B. Extended Health Benefits

Payment will be made for 80% of all reasonable and customary charges or fees incurred by an employee or eligible dependents resulting from accident or illness in any medical expense period for the following services and supplies in the area in which they are rendered or provided; on condition they are ordered or prescribed by a licensed medical practitioner and are not declared a benefit under the patient's government hospital or medical plan.

**Hospital Private Room** - Charges of a licensed general hospital for private room (and not for a suite of more than one room) and routine nursing services less and limited to a maximum of \$35 per day less the corresponding allowance under the basic supplementary hospital benefit plan.

**Private Duty Nurse** – Usual and customary charges of a private duty nurse (currently registered with the appropriate Registered Nurses Association, V.O.N., or a certified nursing assistant) for that period of time recommended by the attending physician, provided that the nurse is not an employee of the hospital, is not a resident at the patient's home or related to a member of the participant's family by blood or marriage. When incurring private duty nursing services, you must obtain the prior approval of your doctor, and write Blue Cross for a special nursing care authorization form to be signed by you doctor certifying the services be provided..

Payment by Blue Cross will be made at 80% of the first \$10,000, 50% of the next \$10,000 and nil thereafter. The maximum reimbursement amount payable in any one calendar year shall not exceed \$13,000.

**Paramedical Benefit** – Payments of the usual and customary charges for treatment by a chiropractor, osteopath, psychologist, or chiropodist/podiatrist who is registered with blue Cross. Also, charges for treatment by a registered physiotherapist on the referral of a licensed medical practitioner only.

One x-ray per person will be allowed in any calendar year up to an eligible expense of \$25. For all of these paramedical benefits combined, the maximum eligible expense is \$625 for each subscriber in any calendar year; therefore, the maximum reimbursement will equal \$500 (80% of \$625).

**Diabetic Supplies** - Charges for the following diabetic supplies in a quantity prescribed by a physician and deemed reasonable by Blue Cross; needles, syringes, swabs, test tapes and lancets.

**Diabetic Equipment** - Charges for the following equipment used for the treatment and control of diabetes; preci-jet, glucometer, or equipment approved by Blue Cross that performs similar functions. The overall maximum eligible expense for this equipment is \$700 in five calendar years.

**Diagnostic Lab and X-Ray** - Charges for treatment of an illness when such services are not eligible under government programs.

**Blood and Blood Plasma** - Charges when not provided by Red Cross.

**Physician Service (Out of Province)** - Customary charges of physicians and surgeon's services rendered, less the amount equal to the charges allowed under the Provincial Government Medical Plan.

**Oxygen** - Charges for oxygen and rental of equipment for the administration thereof.

**Remedial Prosthetic Appliances** - Charges for remedial prosthetic appliances (but not replacement) crutches, splints, casts, trusses, braces (not elastic supports), rental of wheel chair, iron lung, hospital type bed.

**Dental Services** - Charges for dental treatment when as the result of accidental injury (direct accidental blow to the mouth), natural teeth have been damaged, or a fractured or dislocated jaw requires setting, but only if such dental treatment is rendered within 90 days of the accident.

**Professional Ambulance** - Charges for professional ambulance service to and from the nearest hospital able to provide the type of care essential for the patient and which in the opinion of Blue Cross is justified. Travel expenses of an accompanying Registered Private Duty Nurse, up to an eligible expense of \$150 in any 12 consecutive months.

**Ostomy Supplies** - Charges for essential ostomy supplies.

**Vision Care** - Eye refractions by a registered licensed optometrist or ophthalmologist - limited to one such test in any 24 month period (12 month period for persons 18 and under).

**Eye Glasses** - Charges for eye glasses, lenses (including contact lenses) per 24 months (12 month period per persons 18 and under). Maximum eligible expense for eye refractions, glasses and frames is \$125 per person reimbursed at 80%.

**Hearing Aids** - Charges for hearing aids (exclusive of batteries) up to a total eligible expense of \$200 (80% of \$250) for any participant in any seven year period when prescribed by an otologist (ear specialist) and/or a clinical audiologist, accompanied by an audiogram.

**Orthotics** - Maximum eligible expense of \$160 (80% of \$200) per calendar year for orthopedic shoes, orthopedic shoe modification supplies including scaphoid pads, torque heels, insoles, metatarsal pads and molded arch supports, when prescribed by an orthopedic surgeon, physiotherapist, rheumatologist or an attending physician.

**Allergy Serums** - The benefit covers antigens, antihistamines and serums used solely for the purpose of desensitization and/or treatment of allergic conditions and/or environmental illness and is payable on a reimbursement basis at 80% of the eligible expense to a maximum of \$1,500 per person in a calendar year, up to a lifetime maximum of \$2,400.

### **Claiming Procedures**

There is no deductible under the extended health care, however, it should be noted that this portion of the benefit is paid at 80% of eligible expense with the remaining 20% to be borne by the employee. The subscriber must pay the provider, obtain an official receipt and submit this to Blue Cross for payment. Where private duty nursing or vision care claims are involved, the subscriber should also arrange for the completion of the appropriate claim forms, which are provided with subscriber number and group policy number.

### **C. Prescription Drug Benefit**

(Not available after normal retirement date, or in the case of early retirees, the 1<sup>st</sup> of the month in which they turn age 65.)

Eligible drug expenses include medically necessary items which, by law, can only be obtained with a prescription of a physician or dentist, which are authorized as benefits by Blue Cross, and which are dispensed by a licensed pharmacist. Insulin and oral contraceptives are included as benefits.

The plan pays the full cost of a member pharmacy's usual, customary and reasonable charges as agreed with Medavie Blue Cross minus a co-pay paid by the member. For "Tier 1" the participant pays the dispensing fee charged by the pharmacy. For "Tier 2", the participant pays 40% for each eligible prescription. No prescription may be refilled after one year from the original date of issue, at which time the subscriber should obtain a new prescription from the attending doctor. Nicotine patch prescriptions are provided on the basis of a 50% co-pay to a lifetime maximum reimbursement of \$200 and are only available on a reimbursement basis.

Drugs generally bought without a prescription are not benefits. Blue Cross provides each pharmacy, via computer, a listing of drugs eligible for coverage under the University of King's College Plan. If you have any questions regarding eligibility for coverage for individual items - contact Blue Cross at 1-800-667-4511.

The following are not eligible benefits under your drug program:

- proprietary and patent medicines;
- all contraceptive preparations except oral contraceptives;
- devices and appliances, bandages, dressings, first aid supplies, supports, etc.;
- the administration or injection of any drugs;
- drugs furnished while an in-patient or an out-patient by any hospital;
- refills in excess of the number specified by the physician;
- diagnostic agents and preparations;
- experimental and research drugs;
- a service or supply which is experimental or investigative in nature;
- a service or supply which is not medically necessary.

### **Coordination of Benefits**

If a plan member's spouse has similar benefits through this or any other policy, the amount payable through this plan shall be coordinated so that the total payment from all coverage's shall not exceed the lesser of the actual expense or twice the plan's maximum payment for the benefit claimed.

### **Exceptions and Limitations**

Health care benefits will not be payable for charges in connection with the following:

- (a) medical examinations or routine general check-ups required for the use of a third party;

- (b) convalescent, custodial, or rehabilitation services;
- (c) conditions not detrimental to health;
- (d) services or supplies normally provided without cost or at nominal cost by the participant's government health plan;
- (e) benefits the participant receives or is entitled to receive from Workers' Compensation;
- (f) mileage or delivery charges;
- (g) insurrection or war;
- (h) participation in the commission of a criminal offense.

### **Special Authorization**

Some drugs will require special authorization by Blue Cross before the drug cost is reimbursed to the plan member. A special authorization form must be completed by your physician and sent to Blue Cross in Moncton, New Brunswick. After reviewing the form, the insurer will notify the plan member within seven working days as to whether that claim will be honored. Forms are available through either the insurer or the Payroll Officer at King's.

### **Coordination of Benefit**

Benefit payments will be coordinated 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.

### **Exclusions**

1. No benefits are available under the Plan for residents traveling 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. 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.

### **Surviving Spouse**

In the event that an employee dies in service, health coverage may continue if the employee is within 10 years of normal retirement, has 10 years of service and has been in the plan for 5 years.

In the event the employee who dies does not meet the above criteria (e.g. Under 55 years of age) coverage may be continued for the surviving spouse and eligible dependent children provided:

- the surviving spouse makes arrangements to pay the full cost of coverage as amended from time to time and as prescribed by the University;
- any eligibility conditions continue to be met by the surviving spouse and any dependent children

However coverage shall cease upon the earliest of the date:

- any similar coverage is obtained with another insurer;
- the surviving spouse remarries; five (5) years from the original subscriber's date of death.

Normal or Early retirees, whether they have taken a pension or withdrawn their funds can continue health coverage provided they have a subscribed to the MMI plan for 5 years.

In all cases above the subscriber is responsible for payment of the full premium.

### **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 the surviving spouse and/or dependents after the termination of the Survivor Benefit.

### **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, a full or regular part-time employee (50% FTE or greater) for 8 months or more.

Employees may elect coverage, within 60 days of becoming eligible and have completed 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 60 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.

### **Cardholder Site – Instructions for Members**

Medavie Blue Cross is continually developing its Web technology to respond to the needs of customers. The latest 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. You can access general information about your plan, view your claims and payment history, or print generic claim forms, with a click of 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.

#### **First-time access to the Cardholder Site:**

1. Log on to the Medavie Blue Cross Web site at [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)
2. Select "English" or "French"
3. Select "For Cardholders" from the left menu bar
4. Select "First Time, Register Now"
5. Complete the online registration form
6. Medavie Blue Cross immediately e-mails you a temporary password
7. Access your e-mail account to receive your temporary password
8. Repeat steps 1 and 2
9. Enter your selected user ID and your temporary password
10. You are prompted to change your password
11. You are in the Cardholder Site

\*\* 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. Dependents and other family members will not have access to the site.

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 1-800-667-4511 (Atlantic Region) or e-mail [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca).

### **Medavie Blue Cross Privacy Protection Practices**

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

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

What is personal information?

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

How is your personal information used?

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

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

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.

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 the Payroll Officer at the University of King's College (422-1271, ext. 220) 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 they not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit the Medavie Blue Cross web site or write to Medavie Blue Cross at the address provided below.

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](http://www.medavie.bluecross.ca)

1-800-667-4511

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

or

[privacyofficer@medavie.bluecross.ca](mailto: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

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