

Province of Nova Scotia

Administrative Services Only
Health and Dental Contract

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InNova Corporation
Municipal Finance Corporation
Nova Scotia Business Inc.
Nova Scotia Lands Incorporated
Nova Scotia Provincial Lotteries and Casino Corporation
Nova Scotia Public Service LTD Plan Office
Nova Scotia Utility & Review Board
Property Valuation Services Corporation (*Closed group as of April 1/08*)
Province House Credit Union
Tourism Nova Scotia Corporation
Trade Centre Limited
Develop Nova Scotia

“Appendix B”
Retired Employees

Atlantic Provinces Special Education Authority
Canada Nova Scotia Offshore Petroleum Board
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Chignecto-Central Regional Centre for Education
College L’Acadie (*closed groups Union as of Nov/06 & Non-Union as of July 1/07*)
Dalhousie University (*Dal Tech/School of Nursing closed group as of April 1/97*)
Dalhousie University (*NS Agricultural College closed group as of Sept 1/12*)
Film and Creative Industries Nova Scotia (*closed group*)
Harbourside Commercial Park Incorporated
InNova Corporation
Municipal Finance Corporation
Nova Scotia Business Incorporated
Nova Scotia Community College (*closed group Retired / vested prior to October 1, 2000*)
Nova Scotia Lands Incorporated
Nova Scotia Liquor Commission
Nova Scotia Power Corporation
Nova Scotia Provincial Lotteries and Casino Corporation
Nova Scotia Public Service LTD Plan Office
Nova Scotia Utility & Review Board
Property Valuation Services Corporation (*closed group as of April 1/08*)
Provincial Government Employees Credit Union
Sydney Environmental Resources Ltd.
Sydney Tar Ponds Agency
Tourism Nova Scotia Corporation
Trade Centre Limited
Develop Nova Scotia
Workers Compensation Board

District Health Authorities (Drug Dependency/Public Health & Continuing Care)

*Capital District Health Authority (*closed group VG Hospital – Retired/Vested prior to October 1, 1998*)
(*closed group NS Hospital – Retired/Vested prior to May 1, 2001*)

****Now known collectively as Nova Scotia Health Authority***

**SCHEDULE D
MASTER LISTING
PROVINCE OF NOVA SCOTIA
ADMINISTRATIVE SERVICES ONLY CONTRACT
ACTIVE EMPLOYEES**

<u>Plan Number</u>	<u>Plan Number</u>	<u>Department/Class Description</u>
10138-001	10140-001	Department of Justice
10138-003	10140-003	Department of Service Nova Scotia & Internal Services
10138-004	10140-004	Department of Natural Resources and Renewables
10138-006	10140-006	Department of Environment and Climate Change
10138-012	10140-012	Department of Agriculture
10138-015	10140-015	Department of Community Services
10138-016	10140-016	Department of Health and Wellness
10138-020	10140-020	Department of Seniors and Long Term Care
10138-021	10140-021	Department of Education & Early Childhood Development
10138-028	10140-028	Department of Advanced Education
10138-030	10140-030	Dept of Labour Skills and Immigration
10138-032	10140-032	Department of Public Works
10138-036	10140-036	Department of Municipal Affairs and Housing
10138-055	10140-055	Department of Communities Culture, Tourism and Heritage
10138-061	10140-061	Department of Finance and Treasury Board
10138-085	10140-085	Department of Fisheries & Aquaculture
10138-087	10140-087	Department of Economic Development
10138-611	10140-611	Member Employers on SAP
10138-672	10140-672	Nova Scotia Business Incorporated
	10140-682	Province of Nova Scotia – Misc. not on SAP
10138-703	10140-703	Office of Health Care Professionals Recruitment
10138-704	10140-704	NS Home for Coloured Children
10138-705	10140-705	Office of Information and Privacy
	10140-715	Public Service Commission
10138-717	10140-717	Office of Addictions & Mental Health
	10140-718	Auditor General
10138-724	10140-724	Department of Health Human Rights
	10140-733	Ombudsman Office
10138-740	10140-740	Office of Regulatory Affairs and Service Effectiveness
10138-741	10140-741	Department of Justice
10138-745	10140-745	Office of Service Nova Scotia
10138-751	10140-751	L'nu Affairs
10138-753	10140-753	Communications Nova Scotia

**SCHEDULE D
MASTER LISTING
PROVINCE OF NOVA SCOTIA
ADMINISTRATIVE SERVICES ONLY CONTRACT
ACTIVE EMPLOYEES**

<u>Plan Number</u>	<u>Plan Number</u>	<u>Department/Class Description</u>
10138-755	10140-755	Intergovernmental Affairs
10138-760	10140-760	Public Prosecution Services – Justice
10138-762	10140-762	Office of Equity and Anti-Racism Initiatives
	10140-776	Executive Council
10138-777	10140-777	Legislative Services
10138-786	10140-786	Advisory Council on the Status of Women
10138-798	10140-798	Securities Commission
	10140-901	Atlantic Provinces Special Education Authority
10138-903	10140-903	Property Valuation Services Corporation
	10140-905	Develop Nova Scotia
	10140-909	Provincial Government Employees Credit Union
	10140-925	Canada – NS Offshore Petroleum Board
	10140-935	Nova Scotia Utility & Review Board
	10140-939	NS Gaming Corporation
10138-984	10140-984	Nova Scotia Lands Incorporated
	10140-985	Halifax-Dartmouth Bridge Commission
10138-986	10140-986	Joint Regional Transportation Agency
10142-000		Chignecto-Central Regional Centre for Education
10205-001		CUPE

**SCHEDULE D
MASTER LISTING
PROVINCE OF NOVA SCOTIA
ADMINISTRATIVE SERVICES ONLY CONTRACT
RETIRED EMPLOYEES**

<u>Plan Number</u>	<u>Department/Class Description</u>
10142-002	<i>Chignecto-Central Regional Centre for Education - Under age 65</i>
10142-003	<i>Chignecto-Central Regional Centre for Education - Over age 65</i>
15138-001	<i>NS Retired Employees - Hospital & Drug - Closed</i>
15138-003	<i>NS Retired Employees - Hospital only - Closed</i>
16000-001	Retired under age 65
16500-001	Retired age 65 and over

BENEFIT SUMMARY
ACTIVE EMPLOYEES

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY ACTIVE EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: The effective date of the following summary of terms and benefits of this contract is 01 August 2001.

Eligibility: The plan shall apply to the following employees:

- Civil Service Employees (excluding Seasonal Employees who work less than six months Casual and Temporary Relief Employees and all other Temporary Employees)
- Order in Council and Ministerial Appointees
- Members of the Executive Council
- Members of the Legislative Assembly
- Members of entities listed in Appendix “A”
- Members of the Canadian Union of Public Employees, Local 1867 – Nova Scotia Highway Worker’s Union

In order to be eligible for all benefits under this Plan, an employee, as defined in Section 2.0 (19), must be required to work not less than 40% of the full time hours.

Termination: Health and Dental Benefits cease upon termination of employment, unless otherwise agreed upon by the Plan Sponsor. Worldwide Travel Benefits will be extended to subscribers beyond age 65, provided they remain actively employed. Prescription Drug Benefits cease when the participant reaches the age where the participant becomes eligible for the government drug benefit program.

Plan Waiting Period: Coverage is a condition of employment. Eligible Employees as defined in Section 2.0 (19) are automatically enrolled with Single Coverage in the Province of Nova Scotia Employees Group Health Plan effective their hire date. An Employee may waive their coverage by providing proof of comparable coverage.

(or)

A new employee will become eligible for coverage at the expiration of the 31 day plan waiting period. (*Applies to Chignecto-Central Regional Centre for Education*)

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY ACTIVE EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: 01 August 2001

HEALTH CARE BENEFITS

HOSPITAL BENEFITS

- semi-private room accommodation
- licensed professional ground ambulance
- 100% reimbursement of the eligible expense

WORLDWIDE TRAVEL BENEFITS

- benefits are provided for an accident or unexpected illness outside the province of residence
- program pays 100% of the eligible expense

EXTENDED HEALTH BENEFITS

- reimbursement to the employee
- program pays 100% of the eligible expense

VISION CARE

- vision care benefits (prescription lenses, prescription contact lenses, frames and laser eye surgery) every two consecutive calendar years; every calendar year for dependent children under 18 years of age
- one eye exam every two consecutive calendar years; every calendar year for dependent children under 18 years of age
- reimbursement to the employee
- program pays 100% of the eligible expense
- maximum eligible expense and maximum reimbursed is \$150

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY ACTIVE EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: 01 August 2001

HEALTH CARE BENEFITS

DRUG BENEFITS (for participants under age 65 only)

Includes prescription drug items approved by Medavie Blue Cross and oral contraceptives which are approved by Medavie Blue Cross.

- paid directly to the pharmacy
- the Participant pays the dispensing fee for each eligible drug on the prescription (***not applicable to Diabetic Supplies***) ***until the overall maximum is reached.***
- the overall maximum drug card co-payment is \$446 per Subscriber for the fiscal year 2007, it will increase to \$469 for the fiscal year 2008 and to \$492 for the fiscal year 2009.

Only certain over-the-counter items which are considered life-sustaining in nature and which are approved by Medavie Blue Cross will be eligible for coverage (i.e. insulin). All other over-the-counter drugs will not be considered eligible.

Diabetic supplies including needles, syringes, insulin pump supplies and testing materials, infusion sets, automatic pressurized insulin injectors and other related equipment. Program pays 100% of the Eligible expense.

Smoking cessation products are included as benefits for one course of treatment up to a lifetime maximum of \$350.

Weight Loss Treatment products approved by Medavie Blue Cross are included, up to \$1,600 per Calendar Year.

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

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY ACTIVE EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: 01 August 2001

DENTAL BENEFITS

Level 1 - BASIC SERVICES: Includes Diagnostic, Preventive, Oral Surgery, Minor Restorative and Adjunctive Services.

- reimbursement to the employee
- program pays 100% of the eligible expense
- maximum payment of \$1,000 per person per calendar year
- scaling limited to the first four units every Calendar Year

*Level 2 - ADDITIONAL BASIC SERVICES: Includes Prosthetic/Restorative Maintenance, Endodontics and Periodontics (including scaling, limited to an additional 8 units every Calendar Year)

- reimbursement to the employee
- program pays 80% of the eligible expense

*Level 3 - MAJOR RESTORATIVE SERVICES: Includes crowns, inlays, onlays and Prosthodontics (bridges, dentures)

- reimbursement to the employee
- program pays 80% of the eligible expense

***Combined Maximum of \$1,000 per person per calendar year for Level 2 and 3.**

Level 4 - ORTHODONTIC SERVICES:

- reimbursement to the employee
- program pays 50% of the eligible expense
- \$2,000 per person lifetime maximum

FEE GUIDE

- Current Dental Society Fee guide for General Practitioners in the employee's province of residence. Services performed by a dentist specialist are paid in accordance with the fee guide for the particular specialty.

BENEFIT SUMMARY
RETIRED EMPLOYEES

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY RETIRED EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: The effective date of the following summary of terms and benefits of this contract is 01 August 2001.

Eligibility: The plan shall apply to the following retired employees in receipt of Public Service Superannuation:

- Retired Civil Service Employees
- Retired Order in Council and Ministerial Appointees
- Retired Members of the Executive Council
- Retired Members of the Legislative Assembly
- Retired Members of entities listed in Appendix “B”
- Retired Members of the Canadian Union of Public Employees, Local 1867 – Nova Scotia Highway Worker’s Union

Prescription Drug Benefits cease when the participant reaches the age where the participant becomes eligible for the government drug benefit program.

SCHEDULE D - COVERED BENEFITS

SECTION 1 - BENEFIT SUMMARY RETIRED EMPLOYEES

Plan Sponsor: Province of Nova Scotia

Contract Number: Refer to Master Listing

Effective Date: 01 August 2001

HEALTH CARE BENEFITS

HOSPITAL BENEFITS – 16000 / 16500

- semi-private room accommodation
- licensed professional ground ambulance
- 100% reimbursement of the eligible expense

HOSPITAL BENEFITS – Closed Plan (15138 & Sections)

- semi-private room accommodation
- licensed professional ground ambulance*
- 100% reimbursement of the eligible expense

*Section 15138-003 does not include ambulance benefit

EXTENDED HEALTH BENEFITS – 16000 / 16500

- reimbursement to the employee
- program pays 100% of the eligible expense

VISION CARE – 16000 / 16500

- vision care benefits (eye exam, prescription lenses, prescription contact lenses, frames every two Calendar Years and every Calendar Year for participants under age 18*)
- reimbursement to the employee
- program pays 100% of the eligible expense
- maximum eligible expense and maximum reimbursed for lenses and/or frames is \$150

DRUG BENEFITS - 16000/Closed Plan (10142-002, 10142-003, 15138-001 & 15138-003)

Includes prescription drug items approved by Medavie Blue Cross and many commonly prescribed over-the-counter items approved by Medavie Blue Cross.

- paid directly to the pharmacy
- the employee pays \$5 for each eligible drug on the prescription
- program pays 100% of the remaining eligible expense

Charges for the following are also included:

- ***diabetic supplies, including continuous blood glucose monitoring transmitters and continuous glucose monitoring (CGM) sensors, limited to a combined maximum Eligible Expense of \$5,000 in a Calendar Year (not applicable to 15138-001 & 15138-003)***
- smoking cessation products are included as benefits for one course of treatment up to a lifetime maximum of \$350

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

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 – DEFINITIONS

2.1 DEFINITIONS

This section contains the definitions of words used in this contract. Words which have special meanings with respect to a particular benefit line are defined in Section 5 of this contract. All references to the masculine gender in this contract shall include the feminine gender unless the context clearly indicates otherwise.

- 1) Accident – An unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting directly and independently of all other causes, bodily injury.
- 2) Actively at Work: An Employee shall be considered to be actively at work on a specified day if he reports for work at his usual place of employment with the Plan Sponsor and is able to perform a substantial portion of the duties of his occupation on a regular permanent basis or a Term Relief and Permanent Relief basis. If an Employee is not required to report for work on the specified date, he shall be considered to be actively at work if he is not disabled to the degree that he could not have reported for work at his usual place of employment and performed a substantial portion of the usual and customary duties of his occupation. Seasonal Employees have continuous coverage while actively working and during the Seasonal Lay-off period for which premiums are paid in advance.
- 3) Medavie Blue Cross Approved Provider: A Medavie Blue Cross Approved Provider is a provider of health care services and supplies recognized and approved by Medavie Blue Cross for payment on a Direct Payment Plan and/or Reimbursement Plan basis. Medavie Blue Cross will make payment for eligible health care services and supplies provided to Medavie Blue Cross Participants by such Medavie Blue Cross Approved Providers.
- 4) Benefit Maximums: Unless otherwise stated, Benefit Maximums will be the maximum payment available to each Participant for the period specified, prior to the application of the Co-insurance.
- 5) Calendar Year: A Calendar Year is that period of time commencing with the first day of January in a given year and ending the 31st day of December in the same year.
- 6) Change in Medication – Any increase or decrease in dose, strength or frequency of medication, as well as the addition or discontinuation of any medication.
- 7) Co-insurance: The Co-insurance is the percentage of Eligible Expense, which Medavie Blue Cross agrees to reimburse the subscriber, for health and/or dental care services and supplies.

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 - DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 8) Consecutive Calendar Years: Consecutive Calendar Years means the period of time established by the Calendar Year of the incurred date of the claim and applying claims experience for that Calendar Year and the immediately preceding Calendar Year(s).
- 9) Consultation: A Consultation refers to the situation where the Health Care Professional requests the opinion of another Health Care Professional, with a level of competence to give appropriate advice in this situation, because of the complexity, obscurity or seriousness of the case.
- 10) Co-payment: If applicable to this contract, the Co-payment is the percentage or dollar amount of Eligible Expense which must be paid by the participant prior to benefits becoming payable by Medavie Blue Cross.
- 11) Deductible Amount: If applicable to this contract, the Deductible Amount shall mean the aggregate dollar amount of Eligible Expense, incurred by the participants during a Calendar Year, which must be paid by the participant before benefits will be reimbursed by Medavie Blue Cross. In the event coverage is in effect less than a Calendar Year, the deductible will be calculated on a pro-rata basis.
- 12) Dentist: A Dentist is a doctor of dental surgery or a doctor of dental medicine licensed to practice and prescribe in the area where services are rendered.
- 13) Dependent: Dependent means the Subscriber's spouse and unmarried Dependent children as defined below. Dependents defined below shall exclude any person for whom evidence of health, if required, was not approved by Medavie Blue Cross.

1. Spouse shall mean a person of the opposite or same sex who is legally married to the Subscriber, or has continuously resided with the Subscriber for not less than one full year having been represented as members of a conjugal relationship (common-law), or who is the subscriber's Domestic Partner, as defined by the Province of Nova Scotia's Vital Statistics Act. In the event of divorce, legal separation, or discontinuance of cohabitation ("common-law" spouse), or termination of the Domestic Partnership (domestic partner), the subscriber 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 policy.

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 – DEFINITIONS

2.1 DEFINITIONS (Cont'd)

2. Children shall mean the Subscriber's natural, adopted, stepchildren, or grandchildren who are dependent upon the Subscriber for financial care and support. Such children must be:

- (a) Unmarried;
- (b) unemployed; and
- (c) less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

The children of the Subscriber's common-law spouse shall be covered provided the children are living with the Subscriber.

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

- 14) Diagnostic Services: Diagnostic Services refer to medically accepted examinations and tests required to identify the nature or extent of illness or injury and rendered to a Participant in the office of a physician or dentist, in a hospital, or in a private facility approved by Medavie Blue Cross, when such services have been ordered by a physician or dentist.
- 15) Direct Payment Plan: A Direct Payment Plan is a plan under which Medavie Blue Cross is billed by the Medavie Blue Cross Approved Provider of services and supplies for its share of the Eligible Expense, and for which Medavie Blue Cross agrees to pay its share directly to the provider of the services and supplies.
- 16) Direct Payment Provider: A Direct Payment Provider is a Medavie Blue Cross Approved Provider of health care services and supplies which Medavie Blue Cross recognizes for payment on a direct payment basis. The Direct Payment Provider has entered into an agreement with Medavie Blue Cross to provide eligible health care services and supplies to Medavie Blue Cross Participants and to bill Medavie Blue Cross directly for these eligible benefits, less any Co-payment and/or Deductible Amount to be paid by the Participant.

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 – DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 17) Drug Benefits: Drug Benefits means drugs that have been:
- (a) approved as benefits by Medavie Blue Cross;
 - (b) approved by Health Canada for resale by licensed retail pharmacies;
 - (c) assigned a drug identification number (DIN) in Canada;
 - (d) prescribed by a Health Care Professional who is licensed to prescribe under the appropriate provincial legislation and is approved by Medavie Blue Cross; and
 - (e) dispensed by a Medavie Blue Cross Approved Provider.
- 18) Eligible Expense: Charges incurred by the Participant for health care services and supplies, outlined as benefits in this contract, are considered Eligible Expenses to the extent that they meet all the following criteria:
- (a) Usual, Customary and Reasonable, as defined under Section 2.1 Definitions (#45);
 - (b) recommended, approved or prescribed by a Health Care Professional as defined in this contract;
 - (c) in excess of the charges reimbursed, or entitled to be reimbursed, from all other providers of health and/or dental coverage;
 - (d) rendered by a person who does not normally reside in the Participant's home and is not a member of the Participant's immediate family either by blood or marriage;
 - (e) rendered by a Medavie Blue Cross Approved Provider; and
 - (f) rendered after the effective date of this contract and while this contract is in effect, unless otherwise specified.

Eligible Expense is considered to be incurred on the date the service or supply was received. The Benefit Maximums specified identify the maximum Eligible Expense prior to the application of the Co-insurance and after the application of any applicable Usual, Customary and Reasonable limits.

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.

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 – DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 19) Employee: An Employee is a person who is:
- (a) appointed as a civil servant pursuant to the Civil Service Act; except Seasonal Employees who work less than six months, Casual and Temporary Relief Employees and all other Temporary Employees;
 - (b) appointed by the Governor in Council pursuant to an enactment;
 - (c) appointed by a Minister pursuant to an enactment;
 - (d) a member of the Legislative Assembly;
 - (e) employed by an entity listed in Appendix "A";
 - (f) members of the Canadian Union of Public Employees, Local 1867 – Nova Scotia Highway Worker's Union;
- 20) Evidence of Health: Evidence of Health shall mean all statements of health or medical evidence of a person's health, as well as other information required by Medavie Blue Cross to assess his acceptability for coverage. All Evidence of Health must be submitted on forms approved by Medavie Blue Cross for that purpose.
- 21) Experimental or Investigative: A service or supply which is Experimental or Investigative in nature means any treatment, procedure, facility, equipment, drug, drug usage, or vitamin therapy, which, in the sole opinion of Medavie Blue Cross after consultation with its Health Care Consultants, is not Medically Necessary or Proven Effective for the purpose for which it is being provided or prescribed.
- 22) Health Care Planning Assessment: Health Care Planning Assessment means a combination of the complete detailed history and the physical examination of a Participant, collected in order to determine how a disease or injury has altered a Participant's physical and/or mental status, which may or may not result in a plan for treatment.
- 23) Health Care Professional: Means a person who is legally licensed to practice his or her profession where services are rendered, and includes Physicians, Pharmacists, Dentists, and other professionals as approved by Medavie Blue Cross.

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 - DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 24) Hospital: Hospital means an institution licensed and operating under any federal or provincial health or insurance act, with facilities to provide active in-patient treatment and care. The term Hospital, as used in this contract, shall not include a rehabilitation hospital, mental institution, rest home, nursing home, convalescent home, health spa or hotel, a place for custodial care, a home for the aged or an institution used primarily for treatment of a specific illness or disease.

Hospital includes:

- (a) a regional hospital corporation as defined in the Hospitals Act, R.S.N.B., 1980, c. H-6.1 and any amendments thereto;
 - (b) a hospital authority as defined in the Hospitals Act, R.S. Nfld., 1990, c. H-9 and any amendments thereto;
 - (c) a board as defined in the Hospitals Act, R.S.N.S., 1989, c. 208 and any amendments thereto;
 - (d) a commission as defined in the Hospitals Act, R.S.P.E.I., 1988, c. H-10 and any amendments thereto; and
 - (e) any other regional hospital corporation, hospital authority, board, commission or other authority as defined in any other Provincial Hospital Acts or similar legislation not specifically referred to herein.
- 25) Identification Card: The latest Identification Card issued by Medavie Blue Cross to the Participant indicates that the Participant is eligible for specific benefits as long as the contract remains in good standing.
- 26) Interchangeable Drug(s): Interchangeable Drugs are drugs containing the same active ingredient(s), in the same amount(s) and in the same dosage form as that directed by a prescription and approved by provincial legislation.
- 27) Late applicant: A Late applicant is a Subscriber or Dependent who applies for coverage under this contract more than 31 days after becoming eligible for benefits. However, for a Subscriber who was covered for similar benefits under a spouse's plan, an applicant is considered late when the Subscriber applies for coverage more than 31 days after the termination date of the spouse's plan (*Applies only to Chignecto-Central Regional Centre for Education*).

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 - DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 28) Medically Necessary: means a health care service or supply provided or prescribed by a Health Care Professional to prevent or treat an injury, disease or disability, where in the sole opinion of Medavie Blue Cross after consultation with its Health Care Consultants, it is:
 - (a) consistent with the treatment of symptom(s) or diagnosed injury, disease, or disability;
 - (b) not primarily provided or prescribed for convenience;
 - (c) the most appropriate, safe and cost effective service or supply; and
 - (d) generally recognized as accepted medical practice.
- 29) Orthodontics: Orthodontics is the branch of dentistry that endeavours to correct the abnormal arrangement of teeth and/or jaws and keep them in the correct position.
- 30) Participant: A Participant includes the Subscriber, and dependents as defined in this contract.
- 31) Person: Person means an individual, corporation, limited partnership, general partnership, syndicate, joint venture, association, trust, an unincorporated organization, trustee or other legal representative.
- 32) Pharmacist: Pharmacist means a person who is legally licensed to practice the profession of pharmacy.
- 33) Pharmacy: Pharmacy means an establishment, which is licensed as a pharmacy and approved by the appropriate provincial pharmaceutical licensing body.
- 34) Physician: A Physician is a doctor of medicine, who is legally licensed to prescribe prescription drugs, administer medical treatment, and to perform surgery within the scope of the license.
- 35) Plan: means the self-insured Employee/Retired Employee Benefit Plan for Supplementary Health and/or Dental Benefits established by the Plan Sponsor.
- 36) Plan Sponsor: The Province of Nova Scotia

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 - DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 37) Proven Effective: A service or supply will be considered Proven Effective if, in the sole opinion of Medavie Blue Cross after consultation with its Health Care Consultants, there is sufficient published data as to the medical effectiveness and safety of the supply or service for the purpose for which it is being provided or prescribed.
- 38) Provider: A Provider means a person providing a service or supply and includes a Health Care Professional.
- 39) Registered Nurse – A registered nurse means a graduate nurse who has been legally registered to practice after examination by a provincial board of nurse examiners or similar regulatory authority and who is legally entitled to use the designation "Registered Nurse" or "R.N."
- 40) Related Medical Condition/Illness/Injury – Any medical condition/illness/injury precipitated or caused by, resulting or arising from, directly or indirectly attributed to another medical condition/illness/injury.
- 41) Relief Employee – Means a relief employee as defined in a memorandum of Agreement dated December 23, 2009 who pursuant to said Agreement has achieved term relief status or permanent relief status.
- 42) Retiree: A retired employee who is in receipt of Public Service Superannuation and who is:
- (a) appointed as a civil servant pursuant to the Civil Service Act;
 - (b) appointed by the Governor in Council pursuant to an enactment;
 - (c) appointed by a Minister pursuant to an enactment;
 - (d) a member of the Legislative Assembly;
 - (e) employed by an entity listed in Appendix "B";
 - (f) members of the Canadian Union of Public Employees, Local 1867 – Nova Scotia Highway Worker's Union
- 43) Reimbursement Plan: A Reimbursement Plan is a benefit plan whereby the Participants must pay for all expenses and submit paid-in-full receipts from a Medavie Blue Cross Approved Provider to Medavie Blue Cross, in a format acceptable to Medavie Blue Cross, including the Medavie Blue Cross assigned provider identification number, for reimbursement in accordance with the terms of this contract.
- 44) Room Accommodation: For the purposes of this contract, the various levels of Room Accommodation charged by a Hospital for a room normally used by the Hospital as a patient's room shall be as follows:
- (a) Private room accommodation means a room with one bed;
 - (b) Semi-private room accommodation means a room with two beds; and
 - (c) Ward room accommodation means a room with three or more beds

SCHEDULE D – COVERED BENEFITS

SECTION 2.0 - DEFINITIONS

2.1 DEFINITIONS (Cont'd)

- 45) Seasonal Employee: Means a Civil Service bargaining unit Employee who works on a seasonal basis for more than ten (10) weeks but less than fifty-two (52) weeks in a year and returns in a subsequent season to the same department and the same geographic location.
- 46) Stable: A pre-existing condition is considered Stable if the Participant, in the 90 days before the departure date has not:
- (a) been treated or evaluated for new symptoms or related conditions;
 - (b) had symptoms that increased in frequency or severity, or examination findings indicating the condition had worsened;
 - (c) been prescribed a new treatment or change in treatment for the condition (generally does not include reductions in medication due to improvement in the condition; or regular changes in medication as part of an established treatment plan);
 - (d) been admitted to hospital for the condition; or
 - (e) been waiting new treatments or tests regarding the medical condition (does not include routine tests).

The above criteria will be considered collectively in relation to the overall medical condition.

- 47) Subscriber: A Subscriber is an employee who has made application and has been accepted by Medavie Blue Cross for coverage.
- 48) Temporary Employee: Means a Civil Service bargaining unit employee who is employed for more than ten (10) continuous weeks but less than thirty-nine (39) continuous weeks (nine (9) months) or employed in the same department for more than ten (10) weeks but less than thirty-nine (39) weeks in a fifty-two (52) week period.
- 49) Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area indicated by the province code on file from the address of the employee or in accordance with a payment schedule established by Medavie Blue Cross.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.1 ELIGIBILITY FOR COVERAGE

In order to be eligible for all benefits under the Plan an Employee must be:

- (a) an employee, as defined in Section 2.0 (19) must be required to work not less than 40% of the full time hours;
- (b) a resident of Canada; and
- (c) eligible for benefits under the provincial government health care programs.

3.2 ELIGIBILITY OF DEPENDENTS

Dependents of Employees who meet the eligibility requirements in Clause 3.1 are eligible for all benefits under this Plan.

3.3 APPLICATION FOR COVERAGE

Employees must apply for coverage in a manner, which has been approved by Medavie Blue Cross. The application shall be applicable to all benefits of this Plan for which the applicant is eligible.

When a Subscriber with single coverage acquires a Dependent(s), he may apply for family coverage. If Medavie Blue Cross receives application within 31 days of the date the Subscriber acquires the Dependent(s), benefits will begin on the date of acquisition. When application is received after 31 days of the date the Subscriber acquires the Dependent(s) at the Subscriber's own expense, Medavie Blue Cross may, at its sole discretion, either refuse coverage to the Dependent(s) or permit membership with an effective date established by Medavie Blue Cross. (*Applies to Chignecto-Regional Centre for Education*)

3.4 COMMENCEMENT OF COVERAGE

If the employee or Dependent is a late applicant, then all coverage shall be subject to the submission and approval of evidence of health. The effective date of approved coverage shall be the date established by Medavie Blue Cross and agreed upon by the Policyholder. The evidence of health required for late applicants is to be provided at the subscriber's own expense. (*Applies to Chignecto-Central Regional Centre for Education*)

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.5 BENEFIT CONDITIONS

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

The benefits of this contract will be provided for only those services recommended by a Health Care Professional as approved by Medavie Blue Cross and will be continued only while the Participant is under active treatment and receiving the care of the Health Care Professional.

Benefits provided by this contract shall be based upon the Usual, Customary and Reasonable charges as defined in Section 2.1, Definitions.

3.6 CONTRACT ADMINISTRATION

The Policyholder shall furnish Medavie Blue Cross with all information that Medavie Blue Cross will require in order to determine the applicant's eligibility, the effective date of the coverage, the amount of coverage and the dues to be charged. Any changes to this information shall be promptly reported to Medavie Blue Cross, including the names of any employees who no longer meet eligibility requirements. Eligibility information must be provided to Medavie Blue Cross in the agreed upon format.

The Policyholder must ensure that the information and any modification to the information provided to Medavie Blue Cross are accurate, complete and timely. Medavie Blue Cross shall not be liable for any payments made as a result of inaccurate, incomplete or untimely information provided by the Policyholder. Medavie Blue Cross reserves the right to recover any payments made based on inaccurate, incomplete or untimely information provided by the Policyholder.

All pertinent records of the Policyholder shall be open to inspection by Medavie Blue Cross at all reasonable times.

Clerical or mechanical errors shall not prejudice the rights of Medavie Blue Cross or of any Person having a beneficial interest in the coverage under this Policy. If a clerical or mechanical error is discovered, the coverage will be that which would have been in force had there been no such error. An equitable adjustment of Subscriber dues between Medavie Blue Cross and the Policyholder shall be made.

The Policyholder shall not be considered to be the agent of Medavie Blue Cross for any purpose under this Policy.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.7 TERMINATION OF COVERAGE

- (a) Except as provided in Section 3.8, Extension of Coverage, a subscriber will cease to be covered under this contract on the earliest of the following dates:
 - 1. the date of termination of this Plan;
 - 2. the date that he/she ceases to be an Employee as defined in Section 2.0 Definitions;
 - 3. the end of the grace period for which any dues have not been paid in full; or
 - 4. the date that he/she reaches the termination age specified in the Benefit Summary D 1.
 - 5. the start date of an unpaid leave when the Employee has failed to provide the Employer with the required payment for his/her benefit premiums.
- (b) Except as provided in Section 3.8 Extension of Coverage, the coverage on any Dependent will cease on the earliest of the following dates:
 - 1. the date of termination of this contract;
 - 2. the date the Subscriber ceases to be eligible under Section 3.1 of this contract; or
 - 3. the date that the Dependent ceases to be an eligible Dependent.
 - 4. the start date of an unpaid leave when the Employee has failed to provide the Employer with the required payment for his/her benefit premiums.

3.8 EXTENSION OF COVERAGE

- (a) If an Employee ceases to be actively at work due to sickness or injury, the Employee shall be considered to be still employed and eligible for continued coverage until:
 - 1. he/she recovers from the sickness or injury; or
 - 2. such time as his/her employment with the Plan Sponsor is terminated; whichever occurs first.
- (b) If an Employee ceases to be actively at work due to a leave of absence, strike, lock-out, seasonal lay-off, temporary lay-off, Term Relief and Permanent Relief (in between work assignments), the Plan Sponsor may elect, on a basis that precludes individual selection, to continue coverage.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

- (c) If an Employee ceases to be actively at work due to an approved leave provided for under the Province of Nova Scotia's Civil Service Act and Regulations, the Employee shall be considered to be still employed and eligible for continued coverage to the end of the leave.

An Employee who is granted a special leave without pay shall provide the Employer with payment for his/her portion of health and dental premiums, for the entire duration of his/her leave, in advance of the commencement of the employee's leave.

- (d) In the event of divorce or legal separation, or discontinuance of cohabitation ("common-law" spouse) or termination of the Domestic Partnership (domestic partner), the Employee may elect to either continue the membership of the spouse or provide notice in writing to the Plan Sponsor to terminate coverage for the spouse.
- (e) If employment is terminated, the Plan Sponsor may elect to continue coverage during the period for which the employee is in receipt of salary in lieu of notice.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.9 CONVERSION OPTION

If an Employee's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Plan, then the Employee may apply within 31 days of the termination date of this contract to convert to one of the programs available to individuals through Medavie Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Employee's death, a spouse or a Dependent may apply within 31 days of the change to convert to one of the programs available to individuals through Medavie Blue Cross at that time.

3.10 COORDINATION OF BENEFITS AND REIMBURSEMENT

Should similar benefits be provided by more than one section of this contract, any claim for these benefits will be assessed by Medavie Blue Cross in a manner which provides the greatest benefit to the Participant.

Other than Worldwide Travel Benefit provided in Section 5B, where compensation for benefits covered under this contract is available to a Participant under any other prepaid health service contract or insurance contract, the amount payable under this contract shall be co-ordinated with such other coverages to the extent that the total compensation available from all coverages shall not exceed 100% of the actual cost.

If a Participant is entitled to receive benefits under this contract and is entitled simultaneously to receive benefits under any other plan which provides similar benefits, payment of benefits shall be determined in the following manner:

1. If any other plan does not contain a coordination of benefits provision, then that plan shall be considered first payer.
2. If any other plan does contain a coordination of benefits provision, the benefits of such plan shall be coordinated with the benefits of this contract.

Coordination of Benefits shall be executed in accordance with the guidelines established by the Canadian Life and Health Insurance Association (CLHIA).

Payment for Worldwide Travel Benefit provided under this Plan is limited to amounts that are in excess of coverage provided by any other plan, as specified in Section 5B.2 - Worldwide Travel Benefit - Limitations and Exclusions.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.11 GENERAL EXCLUSIONS

The following are benefit exclusions under this contract:

- (a) medical examinations or routine general checkups required for use by a third party;
- (b) charges for rest cures, convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a Hospital, or charges incurred by the Participant when, in the opinion of Medavie Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill;
- (c) charges relating to elective services obtained by a Participant outside his province of residence when his provincial government health care programs have not accepted liability for those items normally covered in the Participant's province of residence;
- (d) any services and supplies to which the Participant is entitled under any Workers' Compensation statute or any other legislation;
- (e) charges which normally would not be made if the Participant were not covered by this contract;
- (f) services for cosmetic purposes or conditions not detrimental to one's health, or elective services, or travel for health or change of domicile, or services or supplies or equipment required for use during sporting or sporting-related activities;
- (g) any services and supplies normally available without cost, or at nominal cost, under any government statute on the effective date of this contract, whether or not such services or supplies continue to be eligible under a government program;
- (h) mileage and/or delivery charges to or from a hospital or Health Care Professional;
- (i) services incurred as a result of active participation in an insurrection, a war (declared or not), a confrontation with armed forces of any country or participation in any riot or civil commotion. This exclusion is waived for employees covered under this contract who are travelling on business on behalf of the Province of Nova Scotia.

SCHEDULE D – COVERED BENEFITS

SECTION 3.0 - GENERAL BENEFIT PROVISIONS

3.11 GENERAL EXCLUSIONS (Cont'd)

- (j) any item or service not listed as a benefit in this contract;
- (k) medications restricted under federal or provincial legislation/regulations which are prescribed and/or dispensed contrary to such regulations/legislations;
- (l) registration charges or non-resident surcharges in any hospital;
- (m) services required as a result of attempting to commit a criminal act;
- (n) any services performed that are not provided by a Medavie Blue Cross Approved Health Care Provider
- (o) charges for missed appointments or the completion of forms;
- (p) services which are normally paid for directly or indirectly by the employer;
- (q) any health care services and supplies which are not provided by a Medavie Blue Cross Approved Provider;
- (r) charges for Experimental or Investigative health care services or supplies;
- (s) any health care service or supplies which are not Medically Necessary and/or Proven Effective;
- (t) charges for Health Care Planning Assessments including, but not limited to physiotherapy assessments, unless otherwise specified in this contract;
- (u) any health care services and supplies administered in a Hospital or by any agency or provider controlled by a Hospital or by any agency or provider funded, in whole or in part, by government of any level, unless otherwise specified in this contract.

SCHEDULE D – COVERED BENEFITS

SECTION 4.0 - CLAIM PROVISIONS

4.1 NOTICE OF CLAIM

Notice and proof of claim shall be given to Medavie Blue Cross, as administrator of the Plan, within 12 months of the date of the service.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it is not reasonably possible, at the discretion of Medavie Blue Cross, to furnish the proof within such time, provided such proof is given within 24 months of the date of service.

If the contract terminates and proof of a claim incurred prior to contract termination is not given to Medavie Blue Cross within 90 days of the date of the contract termination then the claim shall be invalid.

4.2 PROOF OF CLAIM

Medavie Blue Cross has agreements with a number of providers of health care services and supplies. These providers are termed as "Direct Payment Providers". The Participant's identification card should always be presented to the Direct Payment Provider rendering service to the Participant. The Direct Payment Provider will bill Medavie Blue Cross for the eligible benefits.

When services are rendered by a Medavie Blue Cross Approved Provider which has not entered into a direct payment agreement with Medavie Blue Cross, or to claim benefits under a Reimbursement Plan, the Subscriber or Participant must pay for the services rendered and obtain an official paid-in-full receipt and/or statement which provides complete details of the services and/or supplies received. The Participant must submit this paid-in-full receipt from a Medavie Blue Cross Approved Provider, in a format acceptable to Medavie Blue Cross, including his/her contract and identification numbers, the Medavie Blue Cross assigned provider identification number, and details of the service to Medavie Blue Cross to be reimbursed for eligible benefits.

All medical claims incurred outside the Participant's province of residence, which involve a Health Care Professional or Hospital, must be submitted to the Participant's provincial government health care programs in the province of residence prior to submission of the claim(s) to Medavie Blue Cross.

It shall be the responsibility of the Participant to provide evidence of provincial government health care program allowances at the time of submitting such claims to Medavie Blue Cross.

SCHEDULE D - COVERED BENEFITS

SECTION 4.0 - CLAIM PROVISIONS

4.3 RIGHTS OF MEDAVIE BLUE CROSS AND THE CLAIMANT

As a condition of this contract, Medavie Blue Cross, as administrator of this Plan, has the right to request and obtain information and records or copies of records from Hospitals, physicians, pharmacists, dentists, nurses or any other party having made a diagnosis, treated, attended or rendered service to any Participant. This right also extends to any party in possession of any information or records relating to the claim of the participant.

The right of Medavie Blue Cross to medical records of the Participant applies only to those cases where the information may be necessary to properly administer claims arising under this Plan.

The Plan Sponsor agrees to the provision of the benefits of this Plan on the condition that Medavie Blue Cross shall not be liable for any act or omission of any provider of services and supplies.

No legal action may be brought against the Plan Sponsor or Medavie Blue Cross, as administrator of the Plan, to claim benefits under this Plan until 60 days have elapsed from the date written proof of loss has been furnished 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.

4.4 RIGHT OF RECOVERY

If benefit payments made under this Plan are later determined to be in excess of the amount of payment necessary to satisfy the intent of this Plan, Medavie Blue Cross reserves the right to recover any such excess on behalf of the Plan Sponsor. If the excess amount cannot be recovered, the Plan Sponsor reserves the right to reduce future benefit payments to that claimant until such excess amount is fully recovered.

SCHEDULE D - COVERED BENEFITS

SECTION 4.0 - CLAIM PROVISIONS

4.5 SUBROGATION

- (a) When the Participant receives services as the result of injuries, suffered in whole or in part, due to the fault or neglect of another party, Medavie Blue Cross, on behalf of the Plan Sponsor, agrees to make payment for the eligible benefits of this contract.
- (b) The Plan Sponsor shall, upon making any payment or assuming liability for benefits under this contract, be subrogated to all rights of recovery of the Participant in respect of such benefits and may commence or assume legal proceedings in the name of the Participant to enforce its rights of subrogation.
- (c) The Participant shall sign any further documentation, as reasonably requested by the Plan Sponsor from time to time, to give effect to the provisions of this section of the contract and to secure its rights of subrogation.
- (d) The Participant will make no representations nor take any actions, which might jeopardize the Plan Sponsor's rights of subrogation or possible recovery.
- (e) Where the Participant receives reimbursement, in whole or in part, in respect of benefits or payments made or provided or liability assumed by the Plan Sponsor from a third party or other coverage(s), the Plan Sponsor has the right to recover payment for such reimbursement from the Participant. Where the net amount recovered, whether by legal proceeding, settlement, subrogated action, or reimbursement from a third party or other coverage(s) is not sufficient to provide complete indemnity for the loss or damage suffered by the Participant, the amount so recovered shall, after deduction for the cost of recovery, be divided between the Plan and the Participant in the proportion in which the loss or damage has been borne by them.
- (f) The Participant must reimburse the Plan for the amount received from the Plan which is later deemed to be an ineligible expense following a claim audit or review.

**BENEFIT PROVISIONS
ACTIVE EMPLOYEES**

SCHEDULE D – COVERED BENEFITS

SECTION 5A - HOSPITAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5A.1 - HOSPITAL BENEFITS

Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for the following Eligible Expenses incurred in Medavie Blue Cross approved Hospitals. These benefits are subject to any Deductible, Co-insurance or maximum amount shown in the Benefit Summary.

1. **SEMI-PRIVATE ACCOMMODATION** - The difference between the normal charges for public ward accommodation in a Hospital within Canada and the normal charges for semi-private accommodation actually occupied in that Hospital where a Participant becomes confined in that Hospital on the advice of a Physician and such confinement is Medically Necessary. If a private room is occupied, Medavie Blue Cross will pay the same amount that would have applied if a semi-private room had been occupied in the same Hospital.

Exclusions: Medavie Blue Cross shall not pay the following:

- Charges for Hospital accommodation incurred during any time the Participant is not under the active treatment and care of a Physician.
 - Charges for chronic, convalescent, respite or custodial care, regardless of whether such care is provided in a chronic care bed or active treatment bed of a Hospital.
 - Charges for any period beyond the date which the Participant can be medically discharged from the Hospital as determined by the attending Physician.
 - Charges for services provided in a nursing or convalescent home or special institution for the treatment of drug and alcohol addictions.
2. **SPECIALIZED CARE FACILITY** - shall mean recuperative care for patients who do not require active medical care but require rehabilitative care and who need continued medical supervision directed towards the restoration of health and physical ability.

Such care must be rendered in an institution which is qualified to participate and is eligible to receive payments under and in accordance with the provisions of the Provincial Hospital Act, and is a facility which:

- a) Is operated in accordance with the applicable laws of the jurisdiction in which it is located;
- b) Provides 24 hour nursing care services;
- c) Requires that every patient be under the direct care of a Physician;
- d) Is not primarily operated as a maternity home, nursing home, home for the aged, blind, deaf, mentally ill or for the care and treatment of drug and alcohol addictions.

SCHEDULE D – COVERED BENEFITS

SECTION 5A - HOSPITAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5A.1 - HOSPITAL BENEFITS (Cont'd)

3. **AMBULANCE SERVICES** – The actual charges for licensed professional ground ambulance transportation to or from the nearest Hospital able to provide the care required when, due to the medical condition of the Participant, no other form of transportation can be utilized.

Limitation: Where a government program or plan for ambulance services exists, coverage will be limited to ambulance user fees applicable under such government program or plan.

Exclusion: Charges for transportation to and from scheduled appointments.

SCHEDULE D – COVERED BENEFITS

SECTION 5B - WORLDWIDE TRAVEL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5B.1 - WORLDWIDE TRAVEL – BENEFITS

The following benefits are provided as a result of an accident or unexpected illness incurred outside the Participant's province of residence in Canada or outside Canada while this plan is in effect.

Coverage shall become effective on the latter of:

- the time of crossing the Participant's provincial border, or
- the effective date of the Subscriber's Worldwide Travel Benefits.

The coverage shall terminate:

- at the Participant's provincial border on the return trip home, or
- at 12:00 midnight on the Subscriber's termination date.

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 amount shown in the Policy Summary, and the Benefit Maximums specified below.

1. HOSPITAL ACCOMMODATION - Charges of a public general hospital, less the amount allowed under the provincial government health plan, for (a) room accommodation (not a suite of rooms), and (b) Medically Necessary inpatient and outpatient services.
2. PHYSICIANS AND SURGEONS - Customary charges of Physicians and surgeons for services rendered, less the amount allowed under the provincial government health plan.
3. WHEELCHAIRS, CRUTCHES, CANES - Rental of wheelchairs, crutches, canes when required as a result of sickness or accident. This benefit will be payable only when the sickness or accident occurs outside the Participant's province of residence and for rental expenses incurred outside the Participant's province of residence when ordered by a Physician.
4. NURSE - Private duty nursing, when ordered by a Physician at the Usual, Customary and Reasonable fee. Registered nurses providing the service must not be a relative of the patient or an employee of the hospital.

SCHEDULE D – COVERED BENEFITS

SECTION 5B - WORLDWIDE TRAVEL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5B.1 - WORLDWIDE TRAVEL - BENEFITS (Cont'd)

5. AMBULANCE - Normal charges for licensed ambulance service including air ambulance and evacuation to and from the nearest qualified medical facility.
6. COMING HOME - Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the patient must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending Physician. If returning on a commercial aircraft, this coverage is included:
 - two economy seats by most direct route to the patient's home city in Canada, one for the covered patient and one round trip fare for a medical attendant;
 - the number of economy seats required to accommodate the covered person if on a stretcher and one round trip for a medical attendant.
7. DIAGNOSTIC SERVICES - The cost of diagnostic laboratory and x-ray services, less the amount allowed under the Provincial Government health plan, when ordered by the attending Physician.
8. PARAMEDICAL SERVICES - The cost of services made by chiropractors, osteopaths, chiropodist/podiatrists and physiotherapists (not a relative), in excess of payment by a provincial government health plan, excluding charges for x-rays.
9. DRUG BENEFITS - Charges for Drug Benefits as defined in Section 3.1, in a quantity sufficient for the period of travel. Payment of eligible drugs will be made only when proof of purchase is supplied in the form of an account from a Medavie Blue Cross Approved Provider located outside the Participant's province of residence and showing the name of the preparation, date of purchase, quantity, strength and total cost.

SCHEDULE D – COVERED BENEFITS

SECTION 5B - WORLDWIDE TRAVEL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5B.1 - WORLDWIDE TRAVEL - BENEFITS (Cont'd)

10. **DENTAL SERVICES** - Charges for dental treatment to a maximum of \$1,000 Canadian 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. 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 proper certification.

When such dental treatment must be deferred because of the age of the patient, or other factors, which are justified, in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet our payment criteria, the Participant must have been covered by Medavie Blue Cross for Accidental Dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered. The only exception to this criteria is when the Participant is uninsured for Dental benefits at the time the service is rendered, in which case the claim may be approved. The Subscriber must submit to Medavie Blue Cross within 180 days of the accident complete details of the required services from the Dentist and reason for deferment.

11. **VEHICLE RETURN** - An allowance of up to \$500 Canadian for the cost of driving the patient's vehicle, either private or rental, by commercial agency to the patient's residence or nearest appropriate vehicle rental agency when the patient is unable to return it due to sickness or accident.
12. **RETURN OF DECEASED** - Up to \$3,000 Canadian towards the cost of preparation and homeward transportation of the deceased (excluding the cost of a coffin) to the point of departure in Canada by the most direct route in the event of death of the covered person.
13. **MEALS AND ACCOMMODATIONS** - Up to \$700 Canadian (\$100 per day for 7 days) per trip for extra costs of commercial accommodation and meals incurred by the subscriber, or by a covered dependent remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

SCHEDULE D – COVERED BENEFITS

SECTION 5B - WORLDWIDE TRAVEL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5B.1 - WORLDWIDE TRAVEL - BENEFITS (Cont'd)

14. **TRANSPORTATION TO VISIT THE COVERED PERSON** - Return economy fare by most direct route for transportation costs (air, bus, train), when the covered person has been confined to hospital for 7 days or more or has died and the attending physician advised the necessary attendance of a family member or close friend of the covered person.
15. **EMERGENCY AND PAYMENT ASSISTANCE** - The services of a 24-hour emergency hotline are available to Participants who need assistance while travelling. By telephoning the appropriate number on your "World Assistance Card" when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or co-ordinated on behalf of the participant. In addition, the following services are offered.

Medical Assistance - The patient may call for a list of hospitals or medical facilities and arrangements will be made for:

- advice from a qualified Physician
- medical follow-up of the patient's condition and communication with the subscriber and family
- return home or transfer of patient if medically permissible
- transport of a family member to the patient's bedside or to identify the deceased.

Non-Medical Assistance - The patient may call to obtain:

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

SCHEDULE D – COVERED BENEFITS

SECTION 5B - WORLDWIDE TRAVEL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5B.2 - WORLDWIDE TRAVEL - LIMITATIONS AND EXCLUSIONS

1. No benefits are available under this 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 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.
2. Benefits under this Plan shall not be paid if the covered Person receives the same from a third party.
3. No benefits will be paid for expenses incurred as the result of abuse of medications, drugs or alcohol; or criminal acts.
4. Medavie Blue Cross, in consultation with the attending Physician, reserves the right to return the patient to Canada. If any Participant 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 Participant elects to have such treatment or services rendered or surgery performed outside of 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 the deterioration of the Participant's medical condition during or after the transfer back to Canada.

5. Coverage is limited to expenses incurred as a result of a sudden illness or Accident which occurs outside the Participant's province of residence. Pre-existing conditions will be covered as a benefit, provided the condition is Stable prior to travel, and medical attention is not anticipated during the travel period.
6. Expenses are excluded if incurred as a result of active participation in an insurrection, a war (declared or not), a confrontation with armed forces of any country or participation in any riot or civil commotion. This exclusion is waived for employees covered under this contract who are travelling on business on behalf of the Province of Nova Scotia.
7. Medavie Blue Cross will not cover expenses in excess of \$5 million Canadian per covered Participant, per incidence outside the province of residence.
8. Coverage for Worldwide Travel Benefit under this Policy is in excess of all others. Notwithstanding that it is the unambiguous intention of the parties that the Worldwide Travel Benefits provided under this Policy are purely excess and not primary, where it is determined by a court that the Policy and any other plan(s) provide primary coverage in respect of Worldwide Travel Benefit, the Worldwide Travel Benefits payable under the Policy will be coordinated with the other plan in the manner described in Section 3.10 - Coordination of Benefits and Reimbursement

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C .1 - EXTENDED HEALTH BENEFITS

Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for the following Eligible Expenses in the locality or geographical area indicated by the province code on file from the address of the employee for the services, supplies and equipment set out below when the services, supplies and equipment are:

- A. ordered by a Physician or other Medavie Blue Cross Approved Provider for the purposes of the Extended Health Benefits; and
- B. Medically Necessary and Proven Effective; and
- C. not covered or eligible for coverage by any government program or plan.

These benefits are subject to any Deductible, Co-insurance or maximum amount shown in the Benefit Summary, and the Benefit Maximums specified below.

1. **Private Duty Nursing** – In combination with Foot Care Clinic. Charges for home nursing care performed by a Private Duty Nurse as defined herein, at the Participant's residence (other than a convalescent or nursing home) on the written authorization of the attending physician.

In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. You may be eligible for services in your home if you are under the active care of a nurse or have been discharged from the hospital and require temporary home care during your recuperation period. Services that are not eligible under this benefit include custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

Only those services pre-approved by Medavie Blue Cross and provided by Medavie Blue Cross Approved Provider will be considered for reimbursements.

The maximum Eligible Expense for each Participant will be limited to a combined maximum of \$5,000 in any 12 consecutive month period. Payment for Eligible Expenses will be based on the payment schedule for Private Duty Nursing established by Medavie Blue Cross for the Participant's province of residence.

Foot Care Clinic – In combination with Private Duty Nursing. A facility providing the services of specialized nurse practitioners, who are able to treat disorders of the feet.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C .1- EXTENDED HEALTH BENEFITS (Cont'd)

2. **Medical Equipment** – Charges for the rental of wheelchairs, scooters, standard hospital beds, medication compressors, insulin pumps (including infusion pumps), compression pumps C-PAP Machines, suction pump, ventilators and such other durable medical equipment as Medavie Blue Cross may from time to time determine in its sole discretion. Such equipment must be required for therapeutic use.

All charges must be pre-approved by Medavie Blue Cross with such approval being subject to periodic reassessment. Equipment may be purchased at the option of Medavie Blue Cross. Prior to considering the purchase of any medical equipment Medavie Blue Cross must receive evidence of a Physician's referral and two independent price quotations for the medical equipment.

Exclusion: The Medical Equipment Benefit does not include charges for installation costs or the maintenance of any medical equipment rented or purchased by a Participant or by Medavie Blue Cross for the benefit of a Participant.

3. **Diagnostic and X-ray Services** - Charges for diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory which, in the opinion of Medavie Blue Cross, is qualified to render such services. These services will include laboratory and X-ray examinations.
4. **Medical Supplies and Services** - Charges for blood, blood plasma when not supplied as a free service by the Canadian Blood Collection Service and charges for Radium isotope therapy when rendered in an approved Medavie Blue Cross provider facility.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C.1 - EXTENDED HEALTH BENEFITS

5. **Medical Prosthesis** - Charges for the following medical prostheses:

- standard artificial limbs or myoelectric limbs to a maximum of 1 limb per lifetime. A \$10,000 maximum applies to myoelectric limbs;
- the purchase, repair, adjustment or maintenance of Prosthetic limbs;
- the purchase, repair, adjustment or maintenance of Prosthetic eyes;
- the purchase, repair, adjustment or maintenance of a Prosthetic nose.

Limitation: The purchase of replacements is covered only in the event of pathological change.

- the purchase of breast prostheses or surgical brassieres;

Maximum Benefit: Cost of one breast prosthesis, except in the event of a bilateral mastectomy when the maximum benefit will be the cost of two breast prostheses, in any period of 24 consecutive months. Cost of two surgical brassieres in any period of 12 consecutive months.

- Hair, when hair loss is due to an underlying pathology or its treatment, to a maximum Eligible Expense of \$200 in any period of 12 consecutive months. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e. male pattern baldness).
- Artificial Larynx, to a frequency of one occurrence in a lifetime. The maximum Eligible Expense is subject to the usual, customary and reasonable fee established by Medavie Blue Cross. Larynx repair and adjustment is limited to a maximum Eligible Expense of \$300 in a Calendar Year.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C.1 - EXTENDED HEALTH BENEFITS (Cont'd)

6. **Medical Supplies** - Charges for:

- Ostomy appliances, irrigating sets, pouches and deodorants, but not including pads, adhesives, skin creams or other supplies;
- Urinary collection and retention systems including catheter tubes and pouches;
- Diabetic equipment. This includes:
 - Glucometer,
 - Pressurized insulin injector,
 - Continuous blood glucose monitoring transmitters, limited to one per Calendar Year and a maximum of 48 sensors per Calendar Year, limited to a maximum Eligible Expense of \$3000 in a Calendar Year,
 - Insulin dosing systems or other equipment approved by Medavie Blue Cross that performs similar functions.

The equipment must be used for the treatment and control of diabetes.

- Special garments for treatment of burns;
- Detection devices for enuresis are eligible for one in any 60 consecutive months;
- Intra-uterine contraceptive devices are eligible for one in any 12 consecutive months;
- Spacing Device;
- Charges for other medical supplies when approved by Medavie Blue Cross;
 - Elastic support stockings are eligible for up to two pairs of elastic support stockings per Participant, in any period of 12 consecutive months.

7. **Oxygen and Oxygen Supplies** - Charges for the purchase of oxygen and rental of equipment required for its administration. Equipment may be purchased at the option of Medavie Blue Cross.

8. **Supports** - Charges for:

- Custom fitted braces of rigid construction. Such purchase must be pre-approved by Medavie Blue Cross.
- Cervical collars, splints, trusses, and traction devices not covered by any other provision of the Extended Health Benefits.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C .1- EXTENDED HEALTH BENEFITS (Cont'd)

9. **Orthotics** - Charges for custom molded foot supports as prescribed by a physician, podiatrist or chiropodist.

Maximum Benefit: \$200 for each participant in a calendar year. Dependent children less than 21 years of age, the maximum eligible expense are \$300 per calendar year.

Limitation: The Orthotics must be fitted by and purchased from an orthopaedic foot care provider approved by Medavie Blue Cross.

Exclusion: The Orthotics Benefit does not include charges for off-the-shelf retail items.

10. **Orthopaedic Shoes and Orthopaedic Modifications** - Charges for orthopaedic shoe(s) when the shoe(s) is (are) customized with special features to accommodate, relieve, or remedy some mechanical foot defect or abnormality and is prescribed by a physician, podiatrist or chiropodist. Also, charges for shoe modification, adjustment supplies, when prescribed by one of the Health Care Professionals noted above to accommodate, relieve, or remedy some mechanical foot defect or abnormality.

Maximum Benefit: \$100 per Participant in any period of 12 consecutive months.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C .1- EXTENDED HEALTH BENEFITS (Cont'd)

11. **Emergency Transportation** - Charges for emergency transportation by air, rail or water from an area not served by regular licensed professional ground ambulance to the nearest Hospital or other medical facility capable of providing the required care when the urgency of the situation requires that only such form of transportation will be adequate. Includes the cost of return transportation for a Registered Nurse when it is Medically Necessary for a Registered Nurse to accompany the Participant.

Maximum Benefit: \$500 per Participant for any one emergency.

12. **Dental Services - Accidental Injury** – Charges for the services of a Dentist or Dentist Specialist for the repair or replacement of natural, vital teeth that have been damaged by a direct, accidental blow to the mouth, or fractured or dislocated jaw required setting sustained while covered for the Dental Services - Accidental Injury Benefit under this Contract. Charges for services rendered within 12 months following the date of the accident are covered provided the Participant's coverage remains in force, unless the Participant is approved by Medavie Blue Cross for deferred treatment. Deferred treatment is considered, when appropriate, if the accident is reported to Medavie Blue Cross within 180 days. Deferred treatment will be approved, as determined by Medavie Blue Cross, as follows:
- a) For Children, when deferral is due to the Participant's age, the length of deferral is determined by Medavie Blue Cross; or
 - b) For the subscriber or spouse, the length of deferral is up to 2 years from the date of the accident.

When a planned course of treatment is expected to be in excess of \$300, Medavie Blue Cross must receive from the attending Dentist or Dentist specialist, prior to the treatment being undertaken, other than on an immediate emergency basis, a description of the proposed treatment and an estimate of the charges for services, and dental x-rays where applicable. Medavie Blue Cross will determine and confirm the amount of approved Benefits and whether or not payment by Medavie Blue Cross will be limited.

Limitation: The injury must have been caused by an external blow or force and not by something wittingly or unwittingly placed in the mouth. Charges will be limited to the general practice level of the current edition of the Dental Association Fee Schedule of the province where the Participant resides. An accident report form must be filed with Medavie Blue Cross before claims will be considered for payment.

SCHEDULE D – COVERED BENEFITS

SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5C .1- EXTENDED HEALTH BENEFITS (Cont'd)

13. **Private Practice Para-Medical Services**

- (a) Charges for treatment, except when performed in a Hospital, by a licensed: speech therapist, massage therapist, chiropractor, chiropodist/podiatrist, occupational therapist, physiotherapist* or acupuncturist. Massage therapist and chiropractor have a maximum Eligible Expense of \$500 each in a Calendar Year. The overall maximum Eligible Expense for this benefit is \$1,500 in a Calendar Year. In addition, the maximum Eligible Expense for X-rays in a Calendar Year is \$35 per practitioner.

Where there are Usual and Customary charges determined by Medavie Blue Cross for a practitioner, the Usual and Customary charges will apply. Some types of massages are not covered, (i.e. Shiatsu massages are not eligible). Claim form is required for physiotherapy.

*Physician confirmation required (physiotherapist will ask patient if the Physician is aware that treatment is being sought).

- (b) Charges for treatment, except when performed in a Hospital, by a licensed psychologist, social worker, registered counselling therapist (RCT) or a **psychotherapist**. The social worker must be a Master Social Worker (MSW), licensed and registered to be eligible. The combined maximum Eligible Expense is \$1,000 in a Calendar Year.
- (c) Charges for treatment, except when performed in a Hospital, by a licensed naturopath, osteopath or homeopath. The maximum Eligible Expense is \$300 per practitioner in a Calendar Year.

Exclusion: Cardiovascular rehabilitation or supervised exercise program

14. **Hearing and Speech Aids** - Charges for:

- Hearing aid or aids - when purchased pursuant to a prescription from an otolaryngologist or from a clinical audiologist following referral by a Physician.
Maximum Benefit: \$750 per ear in any period of five consecutive years.
Exclusion: Medavie Blue Cross will not pay for hearing tests, batteries, or ear molds.
- Auditory Training System - when required by a Child for language development or for classroom use.
Maximum Benefit: \$1,000 per lifetime of a Participant.
- Speech aid equipment - for a Participant who does not have oral communication ability.
Maximum Benefit: \$500 per lifetime of a Participant.

SCHEDULE D – COVERED BENEFITS
SECTION 5C - EXTENDED HEALTH BENEFIT PROVISIONS
ACTIVE EMPLOYEES

SECTION 5C.2 GENERAL LIMITATIONS & EXCLUSIONS

In addition to the general limitations and exclusions of this Contract, and those limitations and exclusions contained in Section 3.11, the Extended Health Benefits do not cover services, supplies or equipment that are primarily intended to facilitate:

1. Exercise, weight loss, physical fitness or sports, or
2. Environmental or atmospheric control in the home or workplace.

SCHEDULE D – COVERED BENEFITS

SECTION 5D - VISION CARE BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5D.1 - VISION CARE BENEFITS

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 amount shown in the Benefit Summary, and the Benefit Maximums specified below.

Vision Care Services - All of the following Vision Care Services Benefits are provided once in any period of two consecutive calendar years; or if the Participant is under 18 years of age, once in any period of one calendar year:

1. **EYE REFRACTIONS** - Charges by a licensed optometrist or ophthalmologist for one eye refraction up to the Usual, Customary and Reasonable amount as determined by Medavie Blue Cross.
2. **FRAMES AND PRESCRIPTION LENSES, PRESCRIPTION CONTACT LENSES OR LASER EYE SURGERY** - Charges for the purchase of frames and prescription lenses, prescription contact lenses or laser eye surgery.
Maximum Benefit: \$150 per benefit period.
3. **SPECIAL CONTACT LENS BENEFIT** - Contact lenses and professional fitting services for non-elective, Medically Necessary conditions. The list of conditions which qualify for this Special Contact Lens Benefit is available upon request. This Benefit is in lieu of the Frames and Prescription Lenses, or Prescription Contact Lenses Benefit.
Maximum Benefit: \$200 per benefit period.
4. **VISUAL TRAINING** - Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises limited to a lifetime Eligible Expense of \$150.

SECTION 5D.2 - EXCLUSIONS - The following are excluded under Vision Care Services:

1. Refractions required by an Employer, government body or other third party.
2. Safety glasses or safety goggles.
3. Replacement of lost, stolen or broken lenses or frames.
4. Duplicate or spare eye glasses.
5. Intra-ocular lens implants.
6. Non-prescription sun glasses.

SCHEDULE D – COVERED BENEFITS

SECTION 5E - DRUG BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5E.1 - DRUG BENEFITS

Medavie Blue Cross shall pay the Usual, Reasonable and Customary charges in the geographic area where the claim occurs for Prescription Drugs when the charges for such Prescription Drugs are:

- (a) incurred by the Participant while the Participant is covered under this Contract;
- (b) not covered or eligible for coverage under any government plan or program; and
- (c) approved for coverage by Medavie Blue Cross

subject to all limitations and exclusions and to any Deductible, Co-payment and/or Co-insurance applicable to the Prescription Drug Benefits as stipulated in the Benefit Summary.

SECTION 5E.2 - LIMITATIONS

In addition to the general limitations of this Contract, the following will also apply to the Prescription Drug Benefit:

1. Coverage for Prescription Drugs will be limited to the cost of the least expensive Interchangeable (Generic) Drug product when available regardless of the product dispensed.
2. The quantity of each separate prescription order or refill shall not exceed a maximum of one hundred (100) days' supply, unless prior written authorization is obtained from Medavie Blue Cross.
3. A Participant is not entitled to an additional supply of a Prescription Drug either as an original prescription or refill during any period covered by a previously dispensed prescription for the same drug unless necessitated by a change in dosage.
4. Authorized prescription refills are covered provided they are dispensed within one year from the date of the original prescription. Thereafter, a new prescription from a Physician, Dentist or Dentist Specialist is required.
5. When, in the opinion of Medavie Blue Cross, quantities of Prescription Drugs excessive to normal requirements are requested or obtained, or refills are requested or obtained at intervals more frequent than deemed acceptable, Medavie Blue Cross may limit coverage to the approved quantities or frequencies of prescription refills or limit access to a provider selected by Medavie Blue Cross.

SCHEDULE D – COVERED BENEFITS

SECTION 5E - DRUG BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5E.2 - LIMITATIONS

6. Medavie Blue Cross will not pay charges for Prescription Drugs exceeding the charges which would be paid directly to a Direct Payment Provider for the same Prescription Drugs.
7. If an Interchangeable Drug has been prescribed, Medavie Blue Cross will reimburse to the lowest ingredient cost Interchangeable Drug when prescribed by a Physician and dispensed by an approved Provider. Regardless of whether the Participant's Physician indicates the prescribed Interchangeable Drug cannot be substituted, Medavie Blue Cross will only reimburse to the lowest ingredient cost Interchangeable Drug.

The Participant may request a higher cost Interchangeable Drug; however, they will be responsible for paying the difference in cost between the Interchangeable Drugs. For Participants with an adverse reaction, including therapeutic failure, to the Interchangeable Drug dispensed, Medavie Blue Cross will consider reimbursement to another Interchangeable Drug on a case by case basis only, through the defined exception process.

8. At Medavie Blue Cross's sole discretion, coverage may be limited to Prescription Drugs dispensed by a Medavie Blue Cross Approved Provider.
9. Prescription Drug Benefits cease when the Participant reaches the age where the Participant becomes eligible for the government provided drug benefit program.

SECTION 5E.3 - EXCLUSIONS

In addition to the general exclusions listed in this Contract, the following are excluded under the Prescription Drug Benefit:

1. Proprietary and patent medicines as registered under the Health Canada, Drug Directorate, which bear a general public (GP) number.
2. Only certain over-the-counter items which are considered life-sustaining in nature and which are approved by Medavie Blue Cross will be eligible for coverage (i.e. insulin). All other over-the-counter drugs will not be considered eligible.
3. Any drug that is not dispensed in compliance with federal or provincial legislation governing the prescribing and dispensing of drugs.
4. Drugs dispensed by a Physician, Dentist, Dentist specialist, Registered Nurse or clinic.
5. Vaccines, biologicals or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN).
6. Fertility drugs and anti-impotence drugs.
7. Homeopathic and naturopathic medications, nutritional supplements or herbal remedies.

SCHEDULE D – COVERED BENEFITS

SECTION 5E - DRUG BENEFIT PROVISIONS ACTIVE EMPLOYEES

SECTION 5E.3 – EXCLUSIONS (Cont'd)

7. Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products.
9. Experimental drugs, research drugs, or drugs available through the Emergency Drug Release program.
10. Drugs administered and/or dispensed by a Hospital for use as an in-patient or outpatient, or drugs provided for by a qualified home care program.
11. Drugs eligible for coverage under provincial or federal government programs ordinarily included for coverage in this Contract or which would have been eligible in the absence of a private prescription drug benefit plan.
12. Any prescription drug that is determined by Medavie Blue Cross to be ineligible by virtue of being non-therapeutic, or not cost effective relative to drugs used for the same or similar indications, or not Medically Necessary or, not Proven Effective.
13. Charges for delivery service, completion of forms, or other ancillary services.

SCHEDULE D – COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

1. SECTION 5F - DENTAL BENEFITS

Medavie Blue Cross shall pay the lesser of the reasonable and customary charge of the Dentist or Dentist Specialist and the charges specified in the General Practitioners or Specialist Fee Schedules for the dental services in the attached Schedule of Dental Benefits. The dental services in the attached Schedule of Dental Benefits are eligible under this Contract when the dental services are:

- (a) Necessary Dental Services;
- (b) provided to the Participant while the Participant is covered under this Contract; and
- (c) not covered or eligible for coverage by a government program or plan.

Subject to all limitations and exclusions in this contract, co-insurance and maximum benefit limits as set out in the Benefit Summary.

2. SECTION 5F - FINANCIAL LIMITATIONS CLAUSE

When more than one method of dental treatment may be provided or more than one type of dental material or appliance may be selected that will accomplish a professional and adequate result, Medavie Blue Cross has the right to pay only the charges that would have been paid had the least expensive option been selected.

3. SECTION 5F - PRE-DETERMINATION OF BENEFITS

When a planned course of dental treatment is expected to result in charges of \$300 or more, Medavie Blue Cross must receive from the attending Dentist or Dentist Specialist, prior to the treatment being undertaken, a description of the proposed treatment and an estimate of the charges for services, and dental x-rays where applicable. Medavie Blue Cross will determine and confirm the amount of approved Benefits and whether or not payment by Medavie Blue Cross will be limited in accordance with Subsection 5F (2) - Financial Limitations Clause.

SCHEDULE D - COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

4. SECTION 5F - EXCLUSIONS

Medavie Blue Cross will not pay:

- 1) Charges for services provided for cosmetic reasons only, except for orthodontic services when such services are included in the Orthodontic Services Benefit in the Schedule of Dental Benefits.
- 2) Charges for missed or cancelled appointments, completion of forms, communications, or any other non-treatment services.
- 3) Charges for services or supplies that are not necessary dental services or do not meet accepted standards of dental practice.
- 4) Charges which are covered under any other Benefit in this Contract.
- 5) Professional fees for an anaesthetist.
- 6) Replacement of any lost, stolen or broken prostheses or appliances.
- 7) Protective appliances for athletic purposes.

SCHEDULE D - COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SCHEDULE OF DENTAL BENEFITS

LEVEL 1

Diagnostic

Services Included: Complete oral examinations
Recall, specific, or emergency oral examinations
Radiographs (x-rays) and interpretation
Tests and laboratory services except when normally included as part of an oral examination
Services or appliances for space regaining, bite correction or habit control

Services Limited: Complete oral examinations are limited to one during any period of 24 consecutive months.
Frequency of dental recall exams (and related services such as x-rays and polishings) are limited to once per calendar year for participants age 18 and over, twice per calendar year for participants under age 18.

Complete mouth x-rays or panographic x-rays are limited to one during any period of 24 consecutive months.

Bite-wing x-rays are limited to two sets during any period of 12 consecutive months.

More frequent service may be allowed on an independent consideration basis for cases of clinical caries or high risk caries.

Preventive

Services Included: Polishing
Scaling
Fluoride applications for children under age 18
Space maintainers for missing primary teeth
Pit and fissure sealants

Services Limited: Polishings are covered twice during any period of 12 consecutive months for children under age 18 and once every calendar year for participants age 18 and over.
Scaling limited to the first four units every Calendar Year
Fluoride treatments are limited to two procedures every calendar year for each participant under age 18.
If two unilateral space maintainers are provided, benefits will be limited to the allowance for one bilateral space maintainer.
Pit and fissure sealants are limited to restoration free occlusal surfaces of permanent posterior teeth for children up to age 18.

SCHEDULE D - COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SCHEDULE OF DENTAL BENEFITS

LEVEL 1

Services Excluded: Oral hygiene instruction
Nutritional counselling
Mouth guards

Oral Surgery

Services Included: Simple extraction and surgical extraction of teeth
Removal of roots
Surgical incision or excision

Services Excluded : Pre and post operative services which are normally included in the surgical procedure fee
Tooth replantation or transplantation

Minor Restorative

Services Included: Sedative dressings, temporary restorations
Amalgam, acrylic, composite resin and silicate restorations
Retentive pins

Services Excluded: Gold foil restorations
Inlays and onlays including repair
Crowns and veneers, including repair
Post (including core) and post removal

Adjunctive Services

Services Included: Emergency treatment not classified elsewhere in the Dental Fee Schedule will be reviewed on an independent consideration basis
Conscious sedation (includes intravenous or nitrous oxide)
Professional consultation

Services Excluded: Separate charges for local anaesthesia administered in conjunction with procedures
General anaesthesia unless patient's medical condition prevents conscious sedation
Electronic anaesthesia
Hypnosis
Acupuncture

SCHEDULE D - COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SCHEDULE OF DENTAL BENEFITS

LEVEL 2

Prosthetic/Restoration Maintenance

Services Included: Repair of partial or complete dentures
Relining or rebasing of dentures
Recementing of bridgework
Recementing of crowns, inlays or onlays

Services Limited: Relining or rebasing of dentures is limited to once in any period of 36 consecutive months.
Repair of partial or complete dentures, and recementing of bridgework, crowns, inlays or onlays are covered after a period of 6 months following installation.

Services Excluded : Preparation and placement of dentures, bridgework, crowns, inlays or onlays.
This benefit covers maintenance services to existing placements only.

Endodontics

Services Included: Pulpal therapy
Root canal therapy (includes treatment planning, clinical procedures, and appropriate radiographs)
Periapical services, i.e.; apicoectomy, apical curettage

Services Excluded : Bleaching of vital teeth

Periodontics

Services Included: Gingivectomy, gingivoplasty, curettage and other surgical periodontal services
Periodontal root planing
Non-surgical periodontal services including appliance therapy

Services Limited: Endodontics and Periodontics (including scaling, limited to an additional 8 units every Calendar Year). More frequent services may be allowed on an independent consideration basis, by the provider, for cases of severe periodontal conditions. A treatment plan must be submitted prior to the service being rendered.

SCHEDULE D - COVERED BENEFITS

SECTION 5F - DENTAL BENEFIT PROVISIONS ACTIVE EMPLOYEES

SCHEDULE OF DENTAL BENEFITS

LEVEL 3

Major Restorative

Services Included: Crowns and veneers
Inlay and onlay restorations
Gold filling when teeth cannot be restored with other material

Services Limited: Replacement will be covered only after a period of five years has elapsed following initial placement, and the existing restoration is unserviceable and cannot be made serviceable. When a temporary restoration is provided preparatory to final placement, the total benefit amount paid will not exceed the dental Fee Schedule allowance for the permanent restoration.

Services Excluded: Services associated with fixed bridgework or other prostheses

Prosthodontics

Services Included: Fixed bridgework
Partial and complete dentures
Surgical services associated with placement of prosthodontics listed in the Dental Fee Schedule

Services Limited: Replacement of a denture or a bridge will be covered only after a period of five years has elapsed following initial placement, and the existing prosthodontic appliance is unserviceable and cannot be made serviceable. When a temporary appliance is provided preparatory to final placement, the total Benefit paid will not exceed the dental Fee Schedule allowance for the permanent appliance.

Services Excluded: Replacement of misplaced, stolen or broken prostheses

LEVEL 4

Orthodontic Services

Services Included: Orthodontic appliances
Orthodontic observations and adjustments

Payment Schedule: Charges for orthodontic services will not be covered until the services relating to such charges are actually rendered. An orthodontic treatment plan must be submitted and confirmation of the payment schedule will be provided at that time.

**BENEFIT PROVISIONS
RETIRED EMPLOYEES**

SCHEDULE D – COVERED BENEFITS

SECTION 6A - HOSPITAL BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6A.1 - HOSPITAL BENEFITS

Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for the following Eligible Expenses incurred in Medavie Blue Cross approved Hospitals. These benefits are subject to any Deductible, Co-insurance or maximum amount shown in the Benefit Summary.

1. **SEMI-PRIVATE ACCOMMODATION** - The difference between the normal charges for public ward accommodation in a Hospital within Canada and the normal charges for semi-private accommodation actually occupied in that Hospital where a Participant becomes confined in that Hospital on the advice of a Physician and such confinement is Medically Necessary. If a private room is occupied, Medavie Blue Cross will pay the same amount that would have applied if a semi-private room had been occupied in the same Hospital.

Exclusions: Medavie Blue Cross shall not pay the following:

- Charges for Hospital accommodation incurred during any time the Participant is not under the active treatment and care of a Physician.
 - Charges for chronic, convalescent, respite or custodial care, regardless of whether such care is provided in a chronic care bed or active treatment bed of a Hospital.
 - Charges for any period beyond the date which the Participant can be medically discharged from the Hospital as determined by the attending Physician.
 - Charges for services provided in a nursing or convalescent home or special institution for the treatment of drug and alcohol addictions.
2. **SPECIALIZED CARE FACILITY** - shall mean recuperative care for patients who do not require active medical care but require rehabilitative care and who need continued medical supervision directed towards the restoration of health and physical ability.

Such care must be rendered in an institution which is qualified to participate and is eligible to receive payments under and in accordance with the provisions of the Provincial Hospital Act, and is a facility which:

- a) Is operated in accordance with the applicable laws of the jurisdiction in which it is located;
- b) Provides 24 hour nursing care services;
- c) Requires that every patient be under the direct care of a Physician;
- d) Is not primarily operated as a maternity home, nursing home, home for the aged, blind, deaf, mentally ill or for the care and treatment of drug and alcohol addictions.

SCHEDULE D – COVERED BENEFITS

SECTION 6A - HOSPITAL BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6A.1 - HOSPITAL BENEFITS (Cont'd)

3. **AMBULANCE SERVICES** – The actual charges for licensed professional ground ambulance transportation to or from the nearest Hospital able to provide the care required when, due to the medical condition of the Participant, no other form of transportation can be utilized.

Limitation: Where a government program or plan for ambulance services exists, coverage will be limited to ambulance user fees applicable under such government program or plan.

Exclusion: Charges for transportation to and from scheduled appointments.

The Ambulance Services benefit described above does not apply to Closed Plan (Section 15138-003).

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

The following Extended Health Benefits do not apply to Closed Plan 15138 & Sections.

SECTION 6B.1 - EXTENDED HEALTH BENEFITS

Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for the following Eligible Expenses in the locality or geographical area indicated by the province code on file from the address of the retired employee for the services, supplies and equipment set out below when the services, supplies and equipment are:

- A. ordered by a Physician or other Medavie Blue Cross Approved Provider for the purposes of the Extended Health Benefits;
- B. Medically Necessary and Proven Effective; or
- C. not covered or eligible for coverage by any government program or plan,

These benefits are subject to any Deductible, Co-insurance or maximum amount shown in the Benefit Summary, and the Benefit Maximums specified below.

1. **Private Duty Nursing** – In combination with Foot Care Clinic. Charges for home nursing care performed by a Private Duty Nurse as defined herein, at the Participant's residence (other than a convalescent or nursing home) on the written authorization of the attending physician.

In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. You may be eligible for services in your home if you are under the active care of a nurse or have been discharged from the hospital and require temporary home care during your recuperation period. Services that are not eligible under this benefit include custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

Only those services pre-approved by Medavie Blue Cross and provided by Medavie Blue Cross Approved Provider will be considered for reimbursements.

The maximum Eligible Expense for each Participant will be limited to a combined maximum of \$10,000 in any 12 consecutive month period. Payment for Eligible Expenses will be based on the payment schedule for Private Duty Nursing established by Medavie Blue Cross for the Participant's province of residence.

Foot Care Clinic – In combination with Private Duty Nursing. A facility providing the services of specialized nurse practitioners, who are able to treat disorders of the feet.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.1 - EXTENDED HEALTH BENEFITS (Cont'd)

2. **Medical Equipment** – Charges for the rental of wheelchairs, scooters, standard hospital beds, medication compressors, insulin pumps (including infusion pumps), compression pumps, C-PAP Machines and such other durable medical equipment as Medavie Blue Cross may from time to time determine in its sole discretion. Such equipment must be required for therapeutic use. All charges must be pre-approved by Medavie Blue Cross with such approval being subject to periodic reassessment. Equipment may be purchased at the option of Medavie Blue Cross. Prior to considering the purchase of any medical equipment Medavie Blue Cross must receive evidence of a Physician's referral and two independent price quotations for the medical equipment.

Maximum Benefit: \$10,000 per lifetime of the Participant.

Exclusion: The Medical Equipment Benefit does not include charges for installation costs or the maintenance of any medical equipment rented or purchased by a Participant or by Medavie Blue Cross for the benefit of a Participant.

3. **Diagnostic and X-ray Services** - Charges for diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory which, in the opinion of Medavie Blue Cross, is qualified to render such services. These services will include laboratory and X-ray examinations.
4. **Medical Supplies and Services** - Charges for blood, blood plasma when not supplied as a free service by the Canadian Blood Collection Service and charges for Radium isotope therapy when rendered in an approved Medavie Blue Cross provider facility.
5. **Medical Prosthesis** - Charges for the following medical prostheses:
- the purchase, repair, adjustment or maintenance of Prosthetic limbs;
 - the purchase, repair, adjustment or maintenance of Prosthetic eyes.

Exclusion: *Myoelectric prostheses.*

Limitation: The purchase of replacements are covered only in the event of pathological change.

- the purchase of breast prostheses or surgical brassieres;

Maximum Benefit: Cost of one breast prosthesis, except in the event of a bilateral mastectomy when the maximum benefit will be the cost of two breast prostheses, in any period of 24 consecutive months. Cost of two surgical brassieres in any period of 12 consecutive months.

- Hair, when hair loss is due to an underlying pathology or its treatment, to a maximum Eligible Expense of \$200 in any period of 12 consecutive months. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e. male pattern baldness).
- Artificial Larynx, to a frequency of one occurrence in a lifetime. The maximum Eligible Expense is subject to the usual, customary and reasonable fee established by Medavie Blue Cross. Larynx repair and adjustment is limited to a maximum Eligible Expense of \$300 in a Calendar Year.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.1 - EXTENDED HEALTH BENEFITS

6. Medical Supplies - Charges for:

- Ostomy appliances, irrigating sets and pouches, but not including deodorants, pads, adhesives, skin creams or other supplies;
- Urinary collection and retention systems including catheter tubes and pouches, but not including other supplies;
- Special garments for treatment of burns;
- Detection devices for enuresis are eligible for one in any period of 60 consecutive months;
- Intra-uterine contraceptive devices are eligible for one in any period of 12 consecutive months;
- Charges for other medical supplies when approved by Medavie Blue Cross;
- Elastic support stockings; are eligible for up to two pairs of elastic support stockings per participant, in any 12 consecutive months.

7. Oxygen and Oxygen Supplies - Charges for the purchase of oxygen and rental of equipment required for its administration. Equipment may be purchased at the option of Medavie Blue Cross.

8. Supports - Charges for:

- Custom fitted braces of rigid construction. Such purchase must be pre-approved by Medavie Blue Cross.
- Cervical collars, splints, trusses, traction devices not covered by any other provision of the Extended Health Benefits.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.1 - EXTENDED HEALTH BENEFITS

9. **Orthotics** - Charges for custom molded foot supports as prescribed by a physician, podiatrist or chiropodist.

Maximum Benefit: \$150 per Participant in any period of 24 consecutive months; if the Participant is under age 18, \$150 in any period of 12 consecutive months.

Limitation: The Orthotics must be fitted by and purchased from an orthopaedic foot care provider approved by Medavie Blue Cross.

Exclusion: The Orthotics Benefit does not include charges for off-the-shelf retail items.

10. **Orthopaedic Shoes and Orthopaedic Modifications** – Charges for orthopaedic shoe(s) when the shoe(s) is (are) customized with special features to accommodate, relieve, or remedy some mechanical foot defect or abnormality and is prescribed by a physician, podiatrist or chiropodist. Also, charges for shoe modification, adjustment supplies, when prescribed by one of the Health Care professionals noted above to accommodate, relieve, or remedy some mechanical foot defect or abnormality.

Maximum Benefit: \$150 per Participant in any period of 24 consecutive months; if the Participant is under age 18, \$150 in any period of 12 consecutive months.

11. **Emergency Transportation** - Charges for emergency transportation by air, rail or water from an area not served by regular licensed professional ground ambulance to the nearest Hospital or other medical facility capable of providing the required care when the urgency of the situation requires that only such form of transportation will be adequate. Includes the cost of return transportation for a Registered Nurse when it is Medically Necessary for a Registered Nurse to accompany the Participant.

Maximum Benefit: \$500 per Participant for any one emergency.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.1 - EXTENDED HEALTH BENEFITS

12. **Dental Services - Accidental Injury** - Charges for the services of a Dentist or Dentist Specialist for the repair or replacement of natural, vital teeth when incurred as a result of an accidental injury sustained while covered for the Dental Services - Accidental Injury Benefit under this Contract. Charges for services rendered within 12 months following the date of the accident are covered provided the Participant's coverage remains in force. When a planned course of treatment is expected to be in excess of \$300, Medavie Blue Cross must receive from the attending Dentist or Dentist Specialist, prior to the treatment being undertaken, other than on an immediate emergency basis, a description of the proposed treatment and an estimate of the charges for services, and dental x-rays where applicable. Medavie Blue Cross will determine and confirm the amount of approved Benefits and whether or not payment by Medavie Blue Cross will be limited.

Maximum Benefit: \$2,500 per Participant for any one accident.

Limitation: The injury must have been caused by an external blow or force and not by something wittingly or unwittingly placed in the mouth. Charges will be limited to the general practice level of the current edition of the Dental Association Fee Schedule of the province where the Participant resides. An accident report form must be filed with Medavie Blue Cross before claims will be considered for payment.

13. **Private Practice Para-Medical Services** - Charges for active treatment provided by the following private practice duly licensed, certified or registered:

- Physiotherapists, Massage therapists, and Acupuncturists.

Maximum Benefit: Limited to \$25 per visit and a maximum limit of 20 visits per Calendar Year for these practitioners combined.

- Psychologists.

Maximum Benefit: Limited to \$300 per Calendar Year.

- Speech Therapists, Occupational Therapists, Chiropractors, Chiropractists, Podiatrists.

Maximum Benefit: Limited to \$25 per visit and a maximum limit of 20 visits per Calendar Year for each practitioner.

Limitation: The services of a psychologist will be covered only where the psychologist is currently registered with the Board of Psychology in the province where the services are rendered.

Exclusion: Cardiovascular rehabilitation or supervised exercise program.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.1 - EXTENDED HEALTH BENEFITS

14. **Hearing and Speech Aids** - Charges for:

- Hearing aid or aids- when purchased pursuant to a prescription from an otolaryngologist or from a clinical audiologist following referral by a Physician.

Maximum Benefit: \$600 per ear in any period of five consecutive years. The cost for repairs are eligible in combination with this amount.

Exclusion: Medavie Blue Cross will not pay for hearing tests, batteries, or ear molds.

- Auditory Training System - when required by a Child for language development or for classroom use.

Maximum Benefit: \$1,000 per lifetime of a Participant.

- Speech aid equipment - for a Participant who does not have oral communication ability.

Maximum Benefit: \$1,000 per lifetime of a Participant.

SCHEDULE D – COVERED BENEFITS

SECTION 6B - EXTENDED HEALTH BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6B.2 - GENERAL LIMITATIONS & EXCLUSIONS

In addition to the general limitations and exclusions of this Contract, and those limitations and exclusions contained in Section 3.11, the Extended Health Benefits do not cover services, supplies or equipment that are primarily intended to facilitate:

1. Exercise, weight loss, physical fitness or sports, or
2. Environmental or atmospheric control in the home or workplace.

SCHEDULE D – COVERED BENEFITS

SECTION 6C - VISION CARE BENEFIT PROVISIONS RETIRED EMPLOYEES

<i>The following Vision Care Benefits do not apply to Closed Plan 15138 & Sections.</i>

SECTION 6C.1 - VISION CARE BENEFITS

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 amount shown in the Benefit Summary, and the Benefit Maximums specified below.

Vision Care Services - All of the following Vision Care Services Benefits are provided every two Calendar Years or, if the Participant is under 18 years of age, every Calendar Year:

1. EYE REFRACTIONS - Charges by a licensed optometrist or ophthalmologist for one eye refraction up to the Usual, Customary and Reasonable amount as determined by Medavie Blue Cross.
2. FRAMES AND PRESCRIPTION LENSES, OR PRESCRIPTION CONTACT LENSES - Charges for the purchase of frames and prescription lenses or prescription contact lenses.
Maximum Benefit: \$150 per benefit period.
3. SPECIAL CONTACT LENS BENEFIT - Contact lenses and professional fitting services for non-elective, Medically Necessary conditions. The list of conditions which qualify for this Special Contact Lens Benefit is available upon request. This Benefit is *in lieu* of the Frames and Prescription Lenses, or Prescription Contact Lenses Benefit.
Maximum Benefit: \$200 per benefit period.

SECTION 6C.2 - EXCLUSIONS - The following are excluded under Vision Care Services:

1. Refractions required by an Employer, government body or other third party.
2. Safety glasses or safety goggles.
3. Replacement of lost, stolen or broken lenses or frames.
4. Duplicate or spare eye glasses.
5. Intra-ocular lens implants.
6. Non-prescription sun glasses.

SCHEDULE D – COVERED BENEFITS

SECTION 6D - DRUG BENEFIT PROVISIONS RETIRED EMPLOYEES

<i>The following Drug Benefits do not apply to Closed Plan. 15138-003.</i>
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SECTION 6D.1 - DRUG BENEFITS

Medavie Blue Cross shall pay the Usual, Reasonable and Customary charges in the geographic area where the claim occurs for Prescription Drugs when the charges for such Prescription Drugs are:

- (a) incurred by the Participant while the Participant is covered under this Contract;
- (b) not covered or eligible for coverage under any government plan or program; and
- (c) approved for coverage by Medavie Blue Cross

subject to all limitations and exclusions and to any Deductible, Co-payment and/or Co-insurance applicable to the Prescription Drug Benefits as stipulated in the Benefit Summary.

SECTION 6D.2 – LIMITATIONS

In addition to the general limitations of this Contract, the following will also apply to the Prescription Drug Benefit:

1. Coverage for Prescription Drugs will be limited to the cost of the least expensive Interchangeable (Generic) Drug product when available regardless of the product dispensed.
2. The quantity of each separate prescription order or refill shall not exceed a maximum of one hundred (100) days' supply, unless prior written authorization is obtained from Medavie Blue Cross.
3. A Participant is not entitled to an additional supply of a Prescription Drug either as an original prescription or refill during any period covered by a previously dispensed prescription for the same drug unless necessitated by a change in dosage.
4. Authorized prescription refills are covered provided they are dispensed within one year from the date of the original prescription. Thereafter, a new prescription from a Physician, Dentist or Dentist Specialist is required.
5. When, in the opinion of Medavie Blue Cross, quantities of Prescription Drugs excessive to normal requirements are requested or obtained, or refills are requested or obtained at intervals more frequent than deemed acceptable, Medavie Blue Cross may limit coverage to the approved quantities or frequencies of prescription refills or limit access to a provider selected by Medavie Blue Cross.

SCHEDULE D – COVERED BENEFITS

SECTION 6D - DRUG BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6D.2 – LIMITATIONS

6. Medavie Blue Cross will not pay charges for Prescription Drugs exceeding the charges which would be paid directly to a Direct Payment Provider for the same Prescription Drugs.
7. At Medavie Blue Cross's sole discretion, coverage may be limited to Prescription Drugs dispensed by a Medavie Blue Cross Approved Provider.
8. Prescription Drug Benefits cease when the Participant reaches the age where the Participant becomes eligible for the government provided drug benefit program.

SECTION 6D.3 – EXCLUSIONS

In addition to the general exclusions listed in this Contract, the following are excluded under the Prescription Drug Benefit:

1. Proprietary and patent medicines as registered under the Health Canada, Drug Directorate, which bear a general public (GP) number.
2. Medications or preparations available without a prescription, unless determined by Medavie Blue Cross to be life sustaining or included on a supplementary benefit list that is approved by Medavie Blue Cross.
3. Any drug that is not dispensed in compliance with federal or provincial legislation governing the prescribing and dispensing of drugs.
4. Drugs dispensed by a Physician, Dentist, Dentist Specialist, Registered Nurse or clinic.
5. Vaccines, biologicals or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN).
6. Fertility drugs, anti-impotence drugs, anti-obesity drugs.
7. Homeopathic and naturopathic medications, nutritional supplements or herbal remedies.
8. Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products.
9. Experimental drugs, research drugs, or drugs available through the Emergency Drug Release program.

SCHEDULE D – COVERED BENEFITS

SECTION 6D - DRUG BENEFIT PROVISIONS RETIRED EMPLOYEES

SECTION 6D.3 - EXCLUSIONS

10. Drugs administered and/or dispensed by a Hospital for use as an in-patient or outpatient, or drugs provided for by a qualified home care program.
11. Drugs eligible for coverage under provincial or federal government programs ordinarily included for coverage in this Contract or which would have been eligible in the absence of a private prescription drug benefit plan.
12. Any prescription drug that is determined by Medavie Blue Cross to be ineligible by virtue of being non-therapeutic, or not cost effective relative to drugs used for the same or similar indications, not Medically Necessary or, not Proven Effective.
13. Charges for delivery service, completion of forms, or other ancillary services.