



My Employee Benefits

This booklet summarizes your employee group benefits as of the issue date and has been prepared solely for your convenience. While every effort has been made to ensure this summary is accurate, benefits may be changed at any time. As a summary, this booklet does not include all details, restrictions, exclusions and limitations applicable to the employee group benefit plans. Please note this summary is not a legal document and does not create any legal rights or obligations. The official employee group benefit plans, trust agreements, legislation, regulations and guidelines will govern all questions of entitlement to benefits. To view or obtain copies of the official employee group benefit plan documents please refer to the websites listed on page 31 of this booklet.



Contents

Introduction	1
My Benefits at a Glance	2
I'm a New Plan Member	6
My Life Events	8
My Health, Dental, and Wellness	17
My Supports During an Illness or Injury	21
My Travel	24
My Claims	28
My Benefits Phone Book	31
Appendix A: Extended Health Benefit Provisions	32
Appendix B: Dental Benefits	35
Appendix C: Eligible Dependents	36



Introduction

Message from Commissioner Laura Lee Langley

I am excited to share this new Employee Benefits booklet with you.

Employee benefits are an important part of your compensation package, and help provide peace of mind and quality of life for you and your family. Your coverage helps support you during the times in life when you need assistance to cover health and dental expenses, and provides financial protection in times of illness, injury, or unexpected events.

It is our goal to give you the best benefits coverage possible and to ensure that you are informed about the details of your coverage.

This booklet provides all the information you need in one place for quick reference. It will help define and explain the terms of your benefits and how to make claims at different stages in your life and career.

I hope you will find this new resource helpful to you and your family.

Laura Lee Langley

Commissioner

Nova Scotia Public Service Commission

My Benefits at a Glance

ELIGIBILITY

To participate in the Province of Nova Scotia employee benefits plans described herein, you must be a civil servant or member of CUPE Local 1867 Highway Workers and belong to one of the following employee groups*:

- ◆ Full-time/part-time hourly or salaried employee.
- ◆ CUPE Regular employee (as per the CUPE Collective Agreement, Local 1867).
- ◆ Seasonal employee (as per the Civil Service Master Agreement).
- ◆ Relief Term/Relief Permanent employee (as per the Civil Service Master Agreement).
- ◆ Term employee (as per the Civil Service Master Agreement).

**To be eligible for all the benefits under the plans, an employee must be required to work not less than 40 per cent of the full-time hours.*

Your benefits are administered by the Benefits Unit, Public Service Commission (PSC). The Benefits Unit is a team comprised of benefits professionals who provide services including plan and premium administration as well as plan financial oversight and management of the Health, Dental, Life Insurance, and Employee and Family Assistance Program (EFAP) benefits. Any benefits questions or concerns are handled professionally and confidentially. Refer to the My Benefits Phone Book section for more information on who to contact if you have questions.

The following is a snapshot of your benefits and is intended to be a high-level overview. There are specific plan maximums, and limitations and conditions apply. Read the applicable sections in the plan contracts for details. In the case of a discrepancy between this document and a contract, the contract will supersede this document.

HEALTH BENEFITS*(Medavie Blue Cross)*

Hospital/Ambulance	Semi-private hospital accommodation; ground ambulance to the nearest hospital.
Prescription Drugs	Member pays the pharmacy dispensing fee, and the plan reimburses to the lowest cost alternative; maximum drug card dispensing fee co-payment of \$492 per family per fiscal year.
Vision	Exam covered to reasonable and customary charges; \$150 toward contact lenses, lenses, frames, and laser eye surgery; every two years for adults.
Travel	Out-of-province/out-of-country coverage; pre-existing conditions have "stability" requirements and exclusions for travel to high-risk areas; \$5 million maximum per incidence per person.
Psychologist	\$1,000 per calendar year; must be a licensed psychologist, master social worker (MSW), or registered counselling therapist.
Paramedical Practitioners	\$1,500 combined maximum per calendar year for speech therapist, chiropodist/podiatrist, occupational therapist, physiotherapist, acupuncturist, massage therapist, and chiropractor (\$500 individual maximum for chiropractor and massage therapist).
Other Paramedical Practitioners	\$300 per year per practitioner for naturopath, homeopath and osteopath.
Medical Equipment, Service and Supplies	Covers a variety of items—see details in applicable section and Appendix A: Extended Health Benefit Provisions.

DENTAL BENEFITS*(Medavie Blue Cross)*

Basic Services	100% to a maximum of \$1,000 per calendar year for cleaning, polishing, recall exams (one per year), fluoride for children under 18, pit and fissure sealants, simple extractions, etc.
Additional Basic Services/Major Restorative	80% to a maximum of \$1,000 per calendar year for services required for reconstruction of teeth, replacement of missing teeth, etc.; endodontic work, periodontal work, prosthodontics, bridges, root canals, dentures, etc.
Orthodontics	50% to a maximum of \$2,000 per lifetime for observation, braces, and adjustments.

LIFE INSURANCE BENEFITS*(Sun Life Financial)*

Employee Basic Life Insurance	<ul style="list-style-type: none"> ◆ Mandatory coverage. ◆ Two times annual earnings except for: seasonal employees who have a flat Basic Life coverage of \$25,000 or \$60,000 depending on the length of their seasonal employment and CUPE employees (maximum of \$60,000).
Employee Optional Life Insurance	<ul style="list-style-type: none"> ◆ Optional coverage. ◆ Employees apply for one or two times annual earnings except for seasonal employees (apply for one or two times Basic Life amount). ◆ Rates are based on employee's age.
Spouse Optional Life Insurance	<ul style="list-style-type: none"> ◆ Optional coverage. ◆ Employees apply for eligible spouse in units of \$10,000 to a maximum of \$250,000. ◆ Amounts over \$50,000 require a Health Statement and approval by insurer ◆ Rates are based on spouse's age. ◆ Employee or spouse must be under age 70.
Child Optional Life Insurance	<ul style="list-style-type: none"> ◆ Optional coverage. ◆ Employees apply for eligible children in units of \$5,000 to a maximum of \$50,000. ◆ Employees apply for eligible children in units of \$5,000 to a maximum of \$50,000. ◆ Premiums are based on amount of coverage selected. ◆ Employee must be under age 70.

DISABILITY BENEFITS

Disability benefits are a key component of your benefits package. These benefits provide assistance to plan members in the form of income replacement for a portion of your salary during periods of extended absence from work due to illness or injury.

Short Term Illness

(Public Service
Commission/ Morneau
Shepell)

- ◆ The Short-Term Illness (STI) benefit is provided to an eligible employee who is unable to perform their duties because of illness or injury for a period of absence exceeding three consecutive workdays for up to a maximum of 100 workdays after which they may be eligible for the Long-Term Disability (LTD) benefit.
- ◆ The calculation of the 100 workdays starts from the first date of absence.
- ◆ Less than one (1) year of service, STI benefit paid at 100% for 20 days and at 75% for 80 days.
- ◆ More than one (1) year of service, STI Benefit paid at 100% for 40 days and at 75% for 60 days.
- ◆ Employees may use credits from accumulated sick leave bank to top up each day of benefits granted at 75% of normal salary on the basis of one-half (1/2) workday sick leave bank deduction per day of top-up.

Long Term Disability

(Nova Scotia Public
Service Long Term
Disability Plan Trust Fund/
Manulife Financial)

- ◆ The Long Term Disability benefit replaces part of your salary during periods of supported extended absence from work in excess of 100 days due to illness or injury.
- ◆ Mandatory benefit.
- ◆ 65% of salary to a maximum biweekly benefit of \$4,375 for the first three years; thereafter, 70% of salary to a maximum biweekly benefit of \$4711.54.
- ◆ Taxable benefit.
- ◆ Benefit payable to age 65 if approved.
- ◆ Two-year benefit payable if past age 63.

PENSION BENEFITS (Nova Scotia Pension Services Corporation)

The Nova Scotia Public Service Superannuation Plan (PSSP) is a registered target benefit pension plan that offers you a lifetime pension benefit when you retire. It is an important part in helping you to be financially secure during your retirement years. Your pension benefit is funded by contributions made by you and your employer as well as investment income generated by the PSSP's investment assets.

Public Service Superannuation Plan (PSSP)

- ◆ The PSSP is administered by the Nova Scotia Pension Services Corporation.
- ◆ Your membership begins when you start making contributions to the PSSP.
- ◆ Your pension is made up of two components: your lifetime pension and your bridge benefit. The bridge benefit component of your pension is designed to supplement your income until unreduced benefits are payable from the Canada Pension Plan (CPP) at age 65.
- ◆ Your pension is based on your years of pensionable service and pensionable earnings.
- ◆ Eligibility to retire depends upon your age and service requirements. These requirements determine if you will be eligible to retire with an unreduced pension or a reduced pension.
- ◆ Pension benefits are available for your loved ones in the event of your death.
- ◆ The PSSP has transfer agreements with other public authority pension plans. These agreements may permit a member to transfer service and approved funds from one plan to another.

EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (Morneau Shepell)

The Employee and Family Assistance Program (EFAP) is a voluntary and confidential service that can help employees and their family members with everyday work, health, and life issues as well as major life challenges.

MY COSTS

The table outlines the cost-share of the premiums for each benefit. Your premiums are deducted from your biweekly pay.

While the Benefits Unit is not the policy holder of the Pension and Long Term Disability plans, it is responsible for ensuring that the costs of these plans are deducted from your biweekly pay.

BENEFIT	EMPLOYEE SHARE	EMPLOYER SHARE
Basic Life	50%	50%
Optional Life	100%	0%
Health	35%	65%
Travel	35%	65%
Dental	35%	65%
Pension	50%	50%
Short Term Illness	0%	100%
Long Term Disability	50%	50%
Employee & Family Assistance Program	0%	100%

I'm a New Plan Member

As a newly hired employee, you will receive an email with onboarding links to information and forms if your position is eligible for participation in the Province of Nova Scotia Group Benefit Plans offered to provincial-government employees. If you are eligible, all mandatory benefits will be effective as of your date of hire and premiums deducted from your biweekly pay. You will also need to complete additional forms to modify your enrollment to meet your personal situation. Below is a summary of what you should expect.

BENEFIT	PROVIDER	NOTES
Basic Group Life Insurance	Sun Life Financial	Automatically enrolled on your date of hire. An Enrollment form is not required
Short Term Illness Support Program	Morneau Shepell	Automatically enrolled on your date of hire. An Enrollment form is not required
Long Term Disability Insurance	Nova Scotia Public Service Long Term Disability Plan Trust Fund (administered by Manulife Financial)	Automatically enrolled on your date of hire. An Enrollment form is not required.
Health, Dental, Travel	Medavie Blue Cross	Automatically enrolled for Single coverage on your date of hire.
Employee and Family Assistance Program	Morneau Shepell	Automatically enrolled on your date of hire. Enrollment form is not required.
Pension - Public Service Superannuation Plan (PSSP)	Nova Scotia Pension Services Corporation	Automatically enrolled on your date of hire. Enrollment form is not required.

You have the following additional benefits decisions to make:

BENEFIT	PROVIDER	NOTES
Purchase Optional Life Insurance for yourself or your eligible spouse or eligible child.	Sun Life Financial	See the "Enrollment Checklist". Your onboarding link will provide you with an Optional Group Life Insurance Application. This needs to be completed within 60 days of your date of hire to avoid having to provide a Health Statement for approval for all amounts of coverage.
Enroll your eligible dependents by selecting Family coverage for Health, Dental and Travel or waive Health Dental and Travel coverage.	Medavie Blue Cross	Your onboarding link will provide you with an Application for Employee Group Health Benefits. To waive coverage, you must provide proof of comparable coverage. The waiver applies to all three benefits – Health, Dental and Travel.

ENROLLMENT CHECKLIST

The following is a checklist to assist you with your benefits enrollment:

- ☐ Start your Benefits enrollment online using the provincial government's onboarding portal.
- ☐ Review My Benefits at a Glance and detailed coverage sections in this booklet to ensure you are familiar with your benefit entitlements.
- ☐ Read the details on coordination of benefits if you are covered through another Plan.
- ☐ Check the eligibility rules for dependent coverage if you are opting into Family Health and Dental coverage or Spouse or Child Optional Life Insurance.
- ☐ If you have comparable Health, Dental and Travel coverage and wish to waive the Province of Nova Scotia Health, Dental and Travel coverage, send in proof to the Benefits Unit, Public Service Commission.
- ☐ Complete any additional forms (e.g. Disabled Dependent Questionnaire, Overage Student Dependent Form) required and send these to the Benefits Unit, Public Service Commission.
- ☐ Receive your Medavie Blue Cross identification card. This will be mailed to your home address approximately three weeks from your enrollment date.
- ☐ When you receive your Medavie Blue Cross Identification card, log on to the Medavie Plan Member website to look at resources available to you.
You can submit claims, track claims, access an electronic version of your card and look at your plan and claims history.
- ☐ Download the Medavie Blue Cross mobile app.
- ☐ Set yourself up for direct deposit for Medavie Blue Cross Claims Reimbursement.
- ☐ If you applied for Spouse Optional Life Insurance above \$50,000 or applied after 60 days from your date of hire for any Optional Life Insurance, approvals are required.
You should receive a Health Statement from the Benefits Unit. Complete and send this to Sun Life Financial for their review and approval. Coverage is not in place unless you are actively at work and approval has been received. Contact the Benefits Unit if you do not receive this statement or to retract your application.
- ☐ Review all your benefits coverage and designated beneficiaries on the Employee Self Service (ESS) Portal.
- ☐ Provide your Health and Dental plan policy and identification numbers to your service providers (e.g., dentist, pharmacy, physiotherapist, massage therapist).

DID YOU KNOW?

On Medavie Blue Cross's website and mobile app, you can submit and track claims, access an electronic version of your card and look at your claims history.

You can change your life insurance beneficiary at any time. It is recommended that you consider this when you have a life event such as marriage, new child, separation, etc.

A beneficiary of your life insurance proceeds can be an individual, an institution, a trust, or a charity. However, you cannot name a bank or a financial institution.



My Life Events

Everyone at some point in their career will go through life events. These events may impact your benefits coverage.

- ◆ Newly married.
- ◆ Separation/divorce.
- ◆ Loss of spousal coverage.
- ◆ Becoming a parent.
- ◆ Coverage for disabled dependents.
- ◆ Child marries/working full-time/over-age.
- ◆ Leave of absence (including layoff).
- ◆ Short Term Illness.
- ◆ Long Term Disability.
- ◆ Employment ends.
- ◆ Being rehired.
- ◆ Death of Employee.
- ◆ Death of spouse or child.
- ◆ Turning age 65/35 years of service/Age 71.
- ◆ Retirement.

I am newly married (includes common-law and domestic partner).

If your relationship status changes to married, common-law, or domestic partner, consider the following:

Review your Health and Dental coverage, your Life Insurance, and your Pension plan. Refer to Appendix C for definitions of eligible dependents. It's also important to keep in mind that the plans will at no time provide coverage for more than one spouse at a time.

Health and Dental

You may want to add your new spouse to the Health and Dental plan.

- ◆ Complete the Application for Employee Group Health Benefits on Employee Self Service (ESS) or MyHR or contact the Benefits Unit to obtain the form.
- ◆ You will be issued new cards by Medavie Blue Cross.
- ◆ If your spouse already has a plan, you should advise Medavie Blue Cross of your coordination information. Claims for dependent children must first be submitted to the plan of the parent with the earlier birthdate in the year.

Life Insurance

Spouse Optional Life Insurance

You can purchase up to \$250,000 of Life Insurance for your spouse (you are the beneficiary). This must be done within 60 days of the effective date of your change in marital status.

- ◆ Complete the Optional Group Life Insurance Application Form.
- ◆ If you apply within 60 days, no Health Statement is required for up to \$50,000 of coverage.
- ◆ For amounts between \$60,000 and \$250,000, you will need to complete a Health Statement and be approved by Sun Life Financial. Send the completed form to the Benefits Unit.

This is a good opportunity to review your Life Insurance beneficiary designation(s)

- ◆ It is recommended that you review your designated beneficiary and the amount of Employee Optional Life Insurance that you have in place.
- ◆ To update your beneficiary designation for your Employee Group Life Insurance, complete the Beneficiary Nomination Form.
- ◆ Please note that an update to your Life Insurance beneficiary will not result in an update to anyone designated as the beneficiary of your Pension benefits.

Pension

(Public Service Superannuation Plan)

Be sure to update your marital status and/or Pension beneficiary information with the Nova Scotia Pension Services Corporation.

I have become separated or divorced.

If you are separated or divorced (or are in the process thereof), don't hesitate to contact the Benefits Unit to assist you in determining the steps you need to take if you plan to make changes to who is covered under your benefits plans.

Employee and Family Assistance Program (EFAP)

- ◆ There is a wealth of resources available through EFAP pertaining to divorce, separation, and custody as well as general counselling supports.

Health and Dental

- ◆ You may want to switch from Family to Single coverage, provided there are no eligible children covered under the plan. You will need to advise us by completing an Application for Employee Group Health Benefits and submitting it to the Benefits Unit.
- ◆ You must (re)join the plan if you were previously covered under your spouse's group benefits program and have lost coverage.
- ◆ In some cases, you may need to maintain your ex-spouse on your Health plan. You need to complete an Application for Employee Group Health Benefits to change your spouse to divorced-spouse status.

Employee Life Insurance

- ◆ You may also want to update your beneficiary for your Life Insurance. Complete a Beneficiary Nomination Form and send to the Benefits Unit.

Spouse Optional Life Insurance

- ◆ Once you are legally divorced or no longer have common-law or domestic-partner status, your ex-spouse is no longer eligible to be covered for Spouse Optional Life Insurance. It is your obligation to advise the Benefits Unit to terminate this coverage on your behalf.

My spouse no longer has coverage under their own benefits plan.

You may add your spouse by completing an Application for Employee Group Health Benefits.

I have become a parent (includes adoption).

There are some steps you need to take regarding your benefits coverage when you become a parent:

Health and Dental

- ◆ To ensure that your dependent child is eligible, refer to Appendix C: Eligible Dependents. There are special considerations and some additional required actions for adoption, children of common-law marriages, disabled dependents, dependents over 21, and grandchildren.
- ◆ To add a child, complete an Application for Employee Group Health Benefits and send it to the Benefits Unit. The Benefits Unit will add your new child to your plan if they meet the eligibility criteria.
- ◆ You will be issued new cards by Medavie Blue Cross.

Child Optional Life Insurance

- ◆ If this is your first child and you do not already have Child Optional Life Insurance, you can purchase this coverage up to \$50,000 for your eligible child. You must apply within 60 days of the child becoming eligible (e.g., birth date, date of adoption, date of common-law cohabitation) for a Health Statement not to be required. Following 60 days, you will need to complete a Health Statement for all amounts of coverage.
- ◆ To add coverage, complete an Optional Group Life Insurance Application Form and send it to the Benefits Unit.
- ◆ If this is a subsequent child and you do not have coverage already, you will need to apply by completing a Health Statement for all your children.
- ◆ If this is a subsequent child and you already have Child Optional Life Insurance, you do not need to do anything as all dependents (if eligible) are covered under the one premium you already pay for this coverage.
- ◆ It is your responsibility to advise the Benefits Unit once you no longer have eligible dependents. The Benefits Unit does not keep eligibility lists for Child Optional Life Insurance.

Employee and Family Assistance Program (EFAP)

- ◆ All eligible dependent children living in the employee's household on a continuous basis are also eligible for resources through EFAP.
- ◆ EFAP provides resources on parenting, including planning a family, preschool, school age, university success, and child care.

What if my child is disabled?

If you have a child who is unmarried, unemployed, and financially dependent upon you due to mental or physical disability, your child may be eligible to remain on your plan after they turn 21.

Refer to Appendix C: Eligible Dependents for more details.

- ◆ Complete a Disabled Dependent Questionnaire for Health Insurance (Special Dependent Questionnaire) Form for Health and Dental and Child Life Insurance and send to the insurance company for approval.
- ◆ This form must be completed while the child is actively covered by the benefits plan (Health and Dental and/or Child Optional Life).

What if my child marries, assumes full-time employment, leaves school, or turns age 21 (25 if a full-time student)?

Married Child/Full-Time Employment

- ◆ If your child marries or assumes full time employment they are no longer dependent upon you and are ineligible for coverage under the benefits plan.
- ◆ For Health and Dental: If you do not have a spouse covered and this is your last eligible family member, you will be changed from Family to Single coverage.
- ◆ For Child Optional Life Insurance: If this is your last eligible child, you need to advise the Benefits Unit to stop coverage.

Dependent Children Over 21

Children who are 21 years of age but less than 25 years of age can remain on the plan if they are financially dependent upon you and attending an accredited educational institution, college, or university on a full-time basis.

The Benefits Unit requires an Over-Age Student Dependent Form to be completed when your child turns 21 as well as at the start of each school year (September 1).

I am on a leave of absence. What happens to my benefits?

When you are taking a leave, there are a few things you need to do to ensure that your benefits are maintained while you are on your leave. Once you receive approval for your leave, you can send in payments to the Benefits Unit either by postdated cheque or money order.

Maternity/Paternity/Parental Leave

For employees in receipt of a pregnancy/parental/adoption leave allowance (top-up) payment:

- ◆ Benefits premiums are automatically deducted from your pay. When this pay expires, the leave becomes a leave without pay.

What to do:

- ◆ Contact the Benefits Unit and request a "Request for Premiums" letter that outlines the costs of your benefits during your leave.
- ◆ You are required to maintain all benefits (send in payments) for the duration of your leave. Your biweekly benefits costs are included in the letter you will receive from the Benefits Unit. Payment of your benefit premiums are due prior to the start of the unpaid portion of your parental leave.
- ◆ All your benefits will automatically come off your top-up payments (if eligible).
 - ◆ If no payment is received, you will be sent a 14-day warning letter advising that payment is due or your benefits will be terminated.

- ◆ If after 14 days no payments have been received, all your benefits will be terminated effective from the start date of your unpaid leave and for the duration of your leave (some exceptions apply).
- ◆ Your benefits will be reinstated once you return to work, except for any Optional Life Insurance benefits. You must reapply for Optional Life Insurance coverage, and the insurer reserves the right to review and approve or decline based on a Health Statement that you will be required to provide.
- ◆ Refer to the I Have Become a Parent section.
- ◆ Contact EFAP for resources for new parents.

Unpaid Leaves of Absence

If you are taking an unpaid leave of absence, benefits coverage must be maintained (some exceptions apply).

What to do:

- ◆ Contact the Benefits Unit and request a "Request for Premiums" letter that outlines the costs of your benefits during your leave.
- ◆ In order to maintain coverage, you must send in premium payments for the duration of your unpaid leave of absence. Your biweekly benefits costs are included in the letter you will receive from the Benefits Unit.
- ◆ If no payment is received, you will be sent a 14-day warning letter advising that payment is due or your benefits will be terminated.
- ◆ If after 14 days no payments have been received, all your benefits will be terminated effective from the start date of your unpaid leave and for the duration of your leave (some exceptions apply).
- ◆ Your benefits will be reinstated once you return to work, except for any Optional Life Insurance benefits. You must reapply for Optional Life Insurance coverage, and the insurer reserves the right to review and approve or decline based on a Health Statement that you will be required to provide.

CUPE Layoff

While on CUPE layoff, your Life, Health, and LTD benefits coverage will continue if you pay your required premiums. Your participation in the Pension Plan stops while on a CUPE layoff.

- ◆ Once the Benefits Unit has been notified of your layoff, you will be sent a "Request for Premiums" letter. This letter will include your current biweekly benefits costs.
- ◆ If no payment is received, you will be sent a 14-day warning letter advising that payment is due or your benefits will be terminated.
- ◆ If after 14 days no payments have been received, all your benefits will be terminated effective from the start date of your layoff and for the duration of your layoff.
- ◆ Your benefits will be reinstated once you return to work, except for any Optional Life Insurance benefits. You must reapply for Optional Life Insurance coverage, and the insurer reserves the right to review and approve or decline based on a Health Statement that you will be required to provide.

Seasonal Layoff

For seasonal employees who are eligible for benefits coverage during the seasonal layoff, the benefits premium payment structure collects your Life insurance and Health/Dental premiums while you are working*. Keep in mind that your eligibility for any benefits is dependent on your seasonal position designation, as follows:

Seasonal employees who work in a seasonal position designated as 10 weeks but less than four months:

Life Insurance

Group Life Insurance coverage is for the fiscal year. Annual premiums are collected in the first five pays of each fiscal year. Premiums are cost shared 50 per cent with the employer for Basic Life Insurance and Optional Life Insurance is 100 per cent employee paid.

Seasonal employees who work in a seasonal position designated as four months but less than six months:

Life Insurance

Group Life Insurance coverage is for the fiscal year. Annual premiums are collected in the first five pays of each fiscal year. Premiums are cost shared 50 per cent with the employer for Basic Life Insurance and Optional Life Insurance is 100 per cent employee paid.

Pension

This coverage is in place and paid for while you are actively working only.

Seasonal employees who work in a seasonal position designated as six months or more:

Life Insurance

Group Life Insurance coverage is for the fiscal year. Annual premiums are collected in the first five pays of each fiscal year. Premiums are cost shared 50 per cent with the employer for Basic Life Insurance and Optional Life Insurance is 100 per cent employee paid.

Pension and LTD

These benefits are in place and paid for while you are actively working only.

Health and Dental

Health and Dental coverage is for the fiscal year. The employer pays 65 per cent of the Health and Dental premiums while the employee is actively at work.

You are responsible for paying 35% of the premiums while actively at work as well as 100 per cent of the Health and Dental premiums for the period while you are laid off. All premiums are collected while you are actively at work.

**Exception: If you are a new hire, your benefits plans will start as of your hire date. Then, every year you are called back to work, your benefits will start on April 1.*

I have been approved for the Short Term Illness (STI) benefit.

What happens to my other benefits coverage?

Your benefits coverage is maintained. Benefits costs will be deducted from your STI benefit payment.

If you cannot return to work and your STI benefit ends, you will be required to maintain all benefits if you are placed on an Unpaid Leave of Absence.

I have been approved for the Long Term Disability (LTD) benefit.

What happens to my other benefits coverage?

If you are approved for LTD benefits, the premiums for your Health and Dental plan* and Basic Life Insurance plan will be paid by the employer if you continue to be an eligible employee and in receipt of LTD. Additionally:

- ◆ While in receipt of the LTD benefit, you are not required to pay LTD premiums.
- ◆ Your pension contributions will be deducted from your LTD benefit and the employer will continue to remit their contributions.
- ◆ If you have Optional Life Insurance*, you can apply to Sun Life Financial to have your Optional Life Insurance premiums waived during your LTD period. Otherwise, your premiums will be deducted from your LTD benefit. If you are approved for the waiver, your Employee Optional Life Insurance coverage will be frozen. The Benefits Unit, PSC, will send you more information on the Waiver of Premiums option once they have been notified of your LTD approval.

**Applies if you are enrolled in these plans prior to disability*

My employment has ended. What happens now?

When you are no longer actively employed, your coverage will cease. The following table outlines what happens to each benefit:

	HEALTH & DENTAL	LIFE INSURANCE	STI & LTD COVERAGE	PENSION	EFAP
When Coverage Ends	Continues for 28 days past your termination date and then ends.	Ends on your termination date.	Ends on your termination date.	Ends on your termination date.	Ends on your termination date.
Conversion Options	You have 31 days to convert to an individual plan.	You have 31 days to convert to an individual plan with Sun Life Financial. The Benefits Unit will mail a conversion letter to your home address. If applicable you can also convert your Spouse Optional Life Insurance coverage – Contact Sun Life Financial directly to inquire about this conversion.	N/A	N/A	N/A

I have been rehired. What do I need to do?

If you were previously employed and have been rehired, the Benefits Unit will automatically enroll you in the mandatory benefits plans and premiums will automatically be deducted from your first paycheque.

- ◆ If you were enrolled in the Group Health and Dental plan, your claims history will be reinstated. This means that any claims previously submitted will remain on your Medavie Blue Cross records.
- ◆ A new Medavie Blue Cross card will be sent to your home address. Keep in mind that the policy number may have changed if you were rehired to a different department and/or position. Be sure to give your new numbers to your service providers (e.g., dentist, pharmacy).
- ◆ You will receive a link to complete all the required forms with your offer letter. (You must re-apply for all optional Benefits).
- ◆ Review the checklist in the I'm a New Plan Member section.

What happens to my benefits if I pass away?

A variety of activities are triggered in the event of your passing.

Health and Dental

- ◆ If you have eligible dependents still active on your Group Health and Dental plan at the time you pass away—and if they are eligible to receive the Survivor's pension from the Public Service Superannuation Plan - they have an option to have Health coverage under the Retired Employee Health Plan, and the premiums will be deducted from their Survivor pension.
- ◆ Dental and Travel coverage will not continue.

Life Insurance

If you were covered under the Group Life Insurance plan at the time of your death, the following applies:

- ◆ Once notified of your passing, the Benefits Unit will contact the most current Life Insurance beneficiary that you had designated and provide all necessary information to apply for Life Insurance proceeds.
- ◆ All other coverage will cease. Spouse Optional Life Insurance conversion is available within 31 days—your spouse will need to contact Sun Life Financial if they want to convert their Life Insurance.

What happens if my spouse or child passes away?

Health and Dental

- ◆ You need to advise the Benefits Unit of your spouse's or child's passing to ensure that they are removed from the Health and Dental plan.

Life Insurance

- ◆ If you had Spouse Optional Life Insurance or Child Optional Life Insurance submit a claim to Sun Life Financial. Contact the Benefits Unit for assistance with this process. Refer to My Claims section for more details

I have reached age 65 and I am still actively at work – are there any changes to my benefits?

Yes. Drug coverage ceases at age 65 under the Health and Dental plan. However, it is important to keep the following in mind:

- ◆ Residents of Nova Scotia aged 65 and over are eligible to apply for the Nova Scotia Provincial Pharmacare. The Department of Health and Wellness will contact you directly with details on the application process.
- ◆ Your coverage under the Health and Dental plan will continue to remain in place for eligible expenses other than prescription drugs.
- ◆ Your spouse will continue to have prescription drug coverage under your Health plan until they turn 65.

I have attained 35 years of pensionable service and I am still actively at work - are there any changes to my benefits?

Yes. The following two things will automatically be updated by the Benefits Unit:

- ◆ Your Pension contributions will stop, effective the first day of the month following the month you attain 35 years of pensionable service.
- ◆ Your LTD coverage and contributions will stop 100 days prior to the last day of the month you attain 35 years of pensionable service.

I have reached age 71 and I am still actively at work - are there any changes to my benefits?

Yes. Assuming you have not yet reached 35 years of pensionable service, all the benefits you had just prior to turning 71 will continue to remain in place while you are still working, but your Pension contributions will stop (you must start drawing your Pension as the Income Tax Act requires that you begin receiving your pension on Dec. 1st of the year you turn 71).

I am thinking about retiring. What do I need to do?

When you decide to retire, you will need to inform your manager and/or Payroll Client Relations at least two months prior to your desired retirement date. See the My Benefits at Retirement Guide on MyHR and visit the Nova Scotia Pension Services website (See My Benefits Phonebook) for information on your benefits at retirement.

DID YOU KNOW?

You are automatically the beneficiary of any Spouse Optional Life or Child Optional Life Insurance proceeds.

A separated spouse may continue to be your beneficiary on your life insurance plan.

If your child is going to school outside Canada, and considered an eligible dependent (see Appendix C: Eligible Dependents) and is covered by Provincial Health Care, then they would still be covered under Medavie Blue Cross.

If you are a resident of Nova Scotia, you may be eligible for the Nova Scotia Seniors' Pharmacare Program, effective on the first day of your 65th birthday month. Call 902-429-6565 or 1-800-544-6191 for more information.



My Health, Dental, and Well-being

All Health and Dental expenses are subject to the usual, customary, and reasonable charges in the geographic region where the claim occurs. Internal plan maximums, limits, and exclusions apply. For a complete list of coverage, maximums, limitations and exclusions, refer to the plan contract and Appendices A and B or contact Medavie Blue Cross.

GOING TO THE PHARMACY (FOR MEMBERS UNDER 65)

Each plan member pays a co-payment equal to the pharmacy dispensing fee for each eligible drug. There is an overall drug card co-payment maximum of \$492 per family per fiscal year (April–March). This means that once you reach \$492 for out-of-pocket dispensing for you and your family, there is no co-payment required for the remainder of the fiscal year. The maximum restarts each April.

Prescription drug benefits under this plan are available to plan members up to age 65. At age 65, Nova Scotia residents become eligible for the Nova Scotia Seniors' Pharmacare Program.

The Prescription Drug benefit:

- ◆ Includes Prescription Drug items and oral contraceptives that are:
 - ◆ Approved as benefits by Medavie Blue Cross.
 - ◆ Approved by Health Canada, for resale by licensed retail pharmacies.
 - ◆ Assigned a drug identification number (DIN) in Canada.
 - ◆ Prescribed by a healthcare professional who is licensed to prescribe under the appropriate provincial legislation and is approved by Medavie Blue Cross.
 - ◆ Dispensed by a Medavie Blue Cross approved provider.
 - ◆ Paid directly to the pharmacy.
 - ◆ Not covered or eligible for coverage under any governmental plan/program.
- ◆ Mandatory generic substitution - Coverage is limited to the cost of the least expensive interchangeable (e.g. generic) drug product when available regardless of the product dispensed. If an interchangeable drug has been prescribed, Medavie Blue Cross will reimburse to the lowest ingredient cost interchangeable drug regardless of whether the person's physician indicates this drug cannot be substituted. Should you wish to continue to take the higher cost medication, you can do so. However, you will be required to pay the difference in cost. For those with an adverse reaction, including therapeutic

failure of the interchangeable drug dispensed, Medavie Blue Cross will consider these requests on a case-by-case basis only, through the defined exception process. Contact Medavie Blue Cross for more information.

- ◆ Includes certain over-the-counter items that are considered life sustaining in nature.
- ◆ Includes smoking-cessation products for one course of treatment up to a lifetime maximum of three consecutive months and \$350.
- ◆ Includes weight-loss-treatment products approved by Medavie Blue Cross up to \$1,600 per calendar year.
- ◆ The quantity of each separate prescription order or refill shall not exceed a maximum of 100 days' supply unless prior written authorization is obtained from Medavie Blue Cross.
- ◆ Certain prescription drugs may be subject to quantity maximums, dollar maximums, deductibles, co-payment or other maximums.
- ◆ Some drugs require special authorization. Contact Medavie Blue Cross for more information on the Special Authorization Process.
- ◆ Medavie Blue Cross's Medication Advisory Panel assesses all drugs for inclusion on the drug formulary, evaluating them based on their therapeutic efficacy and other available options on the formulary. As a result, not all medications are covered.

VISITING A PARAMEDICAL PRACTITIONER

Services, charges for treatment by a licensed practitioner (except when performed in a hospital) are covered as follows*:

Paramedical Practitioner**	Eligible Expense
Speech Therapist Massage Therapist Chiropractor Chiropodist/podiatrist Occupational Therapist Physiotherapist Acupuncturist	<ul style="list-style-type: none"> ◆ Overall maximum eligible expense of \$1500 combined for all practitioners in a calendar year. ◆ An individual maximum eligible expense of \$500 in any calendar year for massage therapist and chiropractor.
Licensed Psychologist Masters of Social Work Registered Counselling Therapist	<ul style="list-style-type: none"> ◆ Combined maximum eligible expense of \$1000 in a calendar year.
Naturopath Osteopath Homeopath	<ul style="list-style-type: none"> ◆ Maximum eligible expense of \$300 per practitioner in a calendar year.

* for more details, refer to Appendix A: Extended Health Benefit Provisions.

** All practitioners are required to be licensed and registered to be eligible.

HAVING AN EYE EXAM OR PURCHASING GLASSES

Benefits are covered every two consecutive calendar years (or every calendar year for dependent children under the age of 18). For this period, your plan covers:

- ◆ The services of an optometrist or ophthalmologist for one eye refraction up to the usual, reasonable and customary charges as determined by Medavie Blue Cross.
- ◆ The purchase of frames and prescription lenses, prescription contact lenses, or laser eye surgery up to \$150
- ◆ A special contact-lens benefit of \$200 per benefit period.
- ◆ Visual training and remedial eye exercises limited to a lifetime eligible expense of \$150.

BUYING MEDICAL EQUIPMENT OR MEDICAL SUPPLIES OR PAYING FOR SERVICES

This provides comprehensive protection against the cost of some health services and supplies not covered by government programs. The plan reimburses you for 100 per cent of expenses*, subject to internal plan maximums and limits, when ordered by the attending physician. Medavie Blue Cross will pay the usual, customary, and reasonable charges for the following expenses in the geographic area where the claim occurs. Below are some eligible expenses:

- ◆ Nursing services.
- ◆ Diagnostic and X-ray services.
- ◆ Medical equipment (e.g., wheelchairs, insulin pumps, CPAP).
- ◆ Medical prostheses (e.g., prosthetic limbs, breasts).
- ◆ Medical supplies (e.g., diabetic supplies, support stockings).
- ◆ Oxygen and oxygen supplies.
- ◆ Supports (e.g., splints, trusses, braces).
- ◆ Orthotics.
- ◆ Orthopedic shoes and modification.
- ◆ Emergency transportation.
- ◆ Accidental dental.
- ◆ Hearing aids and speech aid equipment.

**For more details on each of the items above, see Appendix A: Extended Health Benefit Provisions.*

VISITING THE DENTIST

Your Dental plan covers a range of basic, major restorative, and orthodontic dental services per the usual and customary charges of the current Dental Fee Guide for general practitioners in effect in the covered person's province of residence (or specialist fee guide if applicable). For more details, see the plan contract and Appendix B: Dental Benefits or contact Medavie Blue Cross.

I'm looking for basic care for my teeth, such as:

- ◆ Complete oral exams (one per 24 consecutive months).
- ◆ Recall, specific or emergency exams (once per calendar year).
- ◆ X-rays.
- ◆ Fillings.
- ◆ Polishing and scaling.
- ◆ Fluoride (under age 18).
- ◆ Simple extractions.
- ◆ Preventive care and routine maintenance.

You will be reimbursed for 100 per cent of eligible expenses to a maximum of \$1,000 per calendar year.

I'm looking for additional basic and major restorative services for my teeth, such as:

- ◆ Services required for tooth reconstruction.
- ◆ Replacement of missing teeth.
- ◆ Endodontic services.
- ◆ Periodontal services.
- ◆ Prosthodontic services.
- ◆ Bridges.
- ◆ Root canals.
- ◆ Dentures.

You will be reimbursed for 80 per cent of eligible expenses to a maximum of \$1,000 per calendar year.

I'm looking for orthodontic services for my teeth, such as:

- ◆ Observation.
- ◆ Braces.
- ◆ Adjustments.

You will be reimbursed for 50 per cent of eligible expenses to a maximum of \$2,000 in a lifetime.

TAKING CARE OF MY WELL-BEING

The Employee and Family Assistance Program (EFAP) is available to all active employees and their dependent family members living in the employee's household on a continuous basis. It offers confidential assistance for any concern you or your family may be dealing with—at no cost to you.

The following are a few of the EFAP services available:

- ◆ Helping you achieve your well-being (e.g., managing stress, anxiety, depression).
- ◆ Helping you manage relationships.
- ◆ Helping you with financial concerns.
- ◆ Providing support for health, nutrition, and fitness.

There are a variety of ways to reach the EFAP services you need: my EAP app, a 24/7 Care Access Centre, workhealthlife.com, electronic chats, and in-person counselling. For further information on how to access the EFAP, visit MyHR.

DID YOU KNOW?

It pays to shop around. Your dispensing fee is your out of pocket expense. It will vary depending on which pharmacy you use.

If you are on a maintenance medication, when you fill a prescription for 100 days, you pay only one dispensing fee. If you were to buy the medication monthly, you would be required to pay a dispensing fee each month, resulting in more out-of-pocket expenses for you.

If you are interested in information regarding nutrition or diet, there are services available under the Employee and Family Assistance Program.

The Dental plan reimburses according to the current provincial Dental Society fee guide for general practitioners. Services performed by a dentist specialist are paid in accordance with the fee guide for that specialty.



My Supports During an Illness or Injury

If you have an illness or injury, there are various services available to you and your family. Below are a few examples of situations in which you will want the services and supports provided by your benefits plan. For more details, refer to the plan contract(s).

CALLING AN AMBULANCE

Should you need professional ambulance care, the Health plan will provide reimbursement as follows:

- ◆ Charges for emergency transportation by air, rail, or water to the nearest medical facility able to provide the required care is covered when:
 - ◆ an area is not serviced by licensed ground ambulance.
 - ◆ the urgency of the situation requires that only such form of transportation is adequate.
- ◆ Coverage includes the cost of return transportation for a registered nurse when medically necessary.
- ◆ There is a limit of \$500 per person for any one emergency illness or accident.

BEING ADMITTED TO A HOSPITAL

If you go to a hospital and need to be admitted, the Health plan covers a semi-private room at 100 per cent reimbursement of the eligible expense. If you opt for a private room, you will need to pay the difference. For more details, see the contract or contact Medavie Blue Cross.

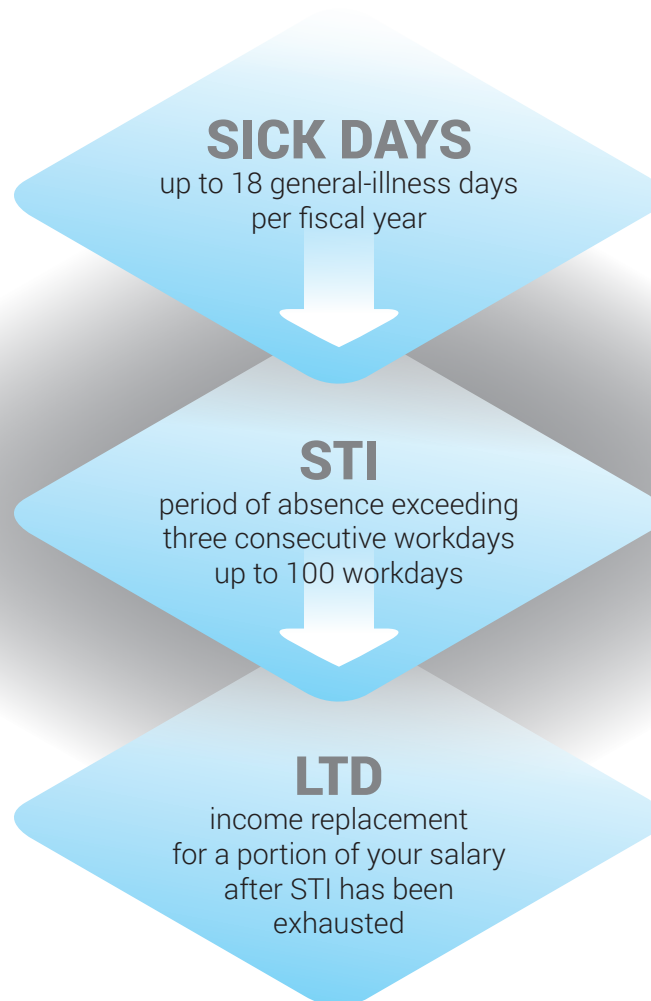
PRIVATE NURSING CARE

If you need additional medical assistance while at home recovering or suffering from an illness, the Health plan offers services provided by an approved personal care worker for up to four hours per day. The services must be pre-approved by Medavie Blue Cross. Personal care workers offer essential services such as bathing, dressing, toileting, feeding, and mobilization.

Coverage is based on the payment schedule established by Medavie Blue Cross for your province of residence. The maximum eligible expense is limited to \$5000 per person in any 12 consecutive months for medically necessary services.

ABSENCE FROM WORK DUE TO AN ILLNESS OR INJURY

If you are absent from work due to an illness or injury, there are supports available to you. These supports can assist in the coordination of treatment ensuring a safe and healthy return to work as well as respect for your abilities and limitations that may exist because of an illness or injury. The following shows the continuum of programs available to you while you are away from work in these instances:



SICK DAYS	STI (<i>Short Term Illness Support Program</i>)	LTD (<i>Long Term Disability</i>)
<p>Eligible employees may be permitted up to 18 general-illness days per fiscal year.</p> <p>If you are absent due to an illness or injury for more than three consecutive workdays, you may be eligible for the Short Term Illness benefit.</p>	<p>The STI benefit is provided to an eligible employee who is unable to perform their duties because of an illness or injury for a period of absence exceeding three consecutive workdays for up to a maximum of 100 workdays. The calculation of the 100 workdays starts from the first date of absence.</p> <p>Confidential support is provided through Morneau Shepell case managers to assist you in dealing with mental, physical and social issues.</p>	<p>This benefit provides income replacement for a portion of your salary for those qualified following a period of extended absence from work beyond the short-term time frame.</p> <p>Manulife Financial is the claims administrator for the Nova Scotia Public Service Long Term Disability Plan and will review and assess your application as well as provide ongoing case management.</p>

What if I become terminally ill? Is there any additional coverage available to me?

Living Benefits Loan Program

As an employee, you may have to deal with not only having a terminal illness but all the financial concerns that come with that illness. If you are in this situation, you may be eligible to apply for a Living Benefits Loan.

How the Living Benefits Loan works

A Living Benefits Loan is available to employees who are terminally ill and expected to live 24 months or less.

The employee and policyholder (Public Service Commission) must sign an agreement consenting to the partial advance of the Life Insurance proceeds. Sun Life Financial will advance up to 50 per cent of the Basic Life Insurance coverage to a maximum of \$100,000. Medical evidence to support the terminal illness must be provided.

Upon the death of the employee, their Employee Life Insurance benefit will be reduced by the amount of the Living Benefits Loan plus the interest charged from the date of the loan.

For more information, contact the Benefits Unit at 902-424-3240 or email PSCBenefitInquiries@novascotia.ca.

DID YOU KNOW?

For the purpose of the Short Term Illness guidelines, when a day that is a designated holiday for an employee falls within a period of leave with pay, the holiday shall not count as a day of Short Term Illness leave. For additional information on the benefit amounts and duration, refer to the Civil Service Master Agreement, CUPE Highway Workers Collective Agreement, Nova Scotia Crown Attorneys Agreement, and General Civil Service Regulations.

For Short Term Illness: If you have any questions, contact absencemanagement@novascotia.ca, your manager, or your Morneau Shepell case manager.

For Long Term Disability: Call the Nova Scotia Public Service Long Term Disability Plan Trust Fund office at 902-461-0421 or email comments@nsp-s-ltd.com. See page 16 for detailed information on the impact to your other benefits while you are in receipt of STI or LTD benefits.



My Travel

If you are enrolled in the Health plan, the plan provides insurance for medical emergencies for you and your eligible and covered dependents while travelling outside your province of residence. You must be eligible for benefits under a provincial government health plan in Canada to qualify*/**.

**For more details, review the plan contract or contact Medavie Blue Cross.*

*** Important to keep in mind for longer-duration trips.*

WHAT TO DO BEFORE YOUR TRIP

Before you depart your province of residence, remember to review and gather up all applicable documentation. You may want to investigate what specific documentation is required for the destination country. In Cuba, for example, you will need to provide proof of coverage and your provincial health card; otherwise, you may be required to purchase coverage on entry. Be sure to take the following documents (at a minimum) with you:

- ◆ Your Medavie Blue Cross identification card, with the emergency travel phone numbers on the back:
 - ◆ Canada and the United States: 1-800-563-4444.
 - ◆ Elsewhere in the world: 0-506-854-2222 (call collect).
- ◆ Your valid provincial health card.
- ◆ Your valid passport.
- ◆ Any other documentation required by the destination country.

WHAT TO DO IN THE EVENT OF AN EMERGENCY WHILE TRAVELLING OUT OF PROVINCE

Call the number(s) on the back of your Medavie Blue Cross identification card for assistance as soon as possible when an unexpected illness or injury happens. Every effort will be made by Medavie Blue Cross to direct you toward the appropriate medical treatment, assist you in making payment to the service providers, and coordinate with your provincial government health plan.

The services of a 24-hour emergency hotline are available. If you call when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on your behalf.

WHAT IF I HAVE A PRE-EXISTING CONDITION?

Coverage is limited to expenses incurred as a result of a sudden illness or accident that occurs outside the person'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.

*A pre-existing condition is considered stable if the person, 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 for new treatments or tests regarding the medical condition (does not include routine tests). The above criteria will be considered in relation to the overall medical condition.

If you are pregnant and thinking of travelling, you may want to contact Medavie Blue Cross prior to travelling. Coverage is limited to expenses incurred as a result of a sudden illness or accident. A pregnancy from 36 weeks on is considered full term and is therefore expected to succeed and is not covered under the travel benefits. 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.

WHAT IS COVERED WHILE I'M OUT OF PROVINCE?

The plan pays 100 per cent of the following eligible expenses to an overall combined maximum of \$5 million Canadian per covered person per covered incident outside the province of residence.

ELIGIBLE EXPENSES	WHAT IS COVERED/CONDITIONS OF COVERAGE
Hospital Accommodation	Cost of a public general hospital, less the amount allowed under the provincial government health plan, for (a) room accommodation and (b) medically necessary inpatient and outpatient services.
Physicians & Surgeons	Customary charges by physicians and surgeons for services rendered, less the amount allowed under the provincial government health plan.
Wheelchairs, Crutches, & Canes	Rental of wheelchairs, crutches, and canes when required as a result of sickness or accident.
Private Duty Nursing	Charges for private duty nursing (performed by a registered nurse and not a relative of the patient or an employee of the hospital) when ordered by the attending physician.
Ambulance	Normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility.
Diagnostic Services	Charges for laboratory services for diagnostics and X-rays, less the amount allowed under the provincial government health plan, when ordered by the attending physician.
Paramedical Services	Charges for a licensed chiropractor, osteopath, chiropodist/podiatrist, or physiotherapist (not a relative) in excess of coverage by the provincial government health plan. Charges for X-rays are not a covered benefit.

ELIGIBLE EXPENSES	WHAT IS COVERED/CONDITIONS OF COVERAGE
Drug Benefits	Charges for drug benefits in a quantity sufficient for the period of travel. Payment of eligible drugs will be made only when proof of purchase is supplied in the form of an account from a Medavie Blue Cross approved provider located outside the person's province of residence and showing the name of the preparation, date of purchase, quantity, strength, and total cost.
Vehicle Return	An allowance of up to \$500 Canadian for the cost of driving the patient's vehicle, whether 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.
Transportation Home	<p>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, the following coverage is included:</p> <ul style="list-style-type: none"> ◆ Two economy seats by the most direct route to the patient's home city in Canada—one for the covered patient and one round-trip fare for the medical attendant. ◆ The number of economy seats required to accommodate the patient if on a stretcher and one round-trip fare for the medical attendant.
Return of Deceased	<p>Maximum of \$3,000 Canadian.</p> <p>Charges for 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.</p>
Transportation to Visit the Covered Person	Charges for one return economy fare by the most direct route (air, bus, train) when the covered person has been confined to a hospital seven days or more or has died and the attending physician has advised of the necessity of the attendance of a family member or close friend of the covered person.
Meals & Accommodation	Up to \$700 Canadian (\$100 per day for seven days) per trip for extra costs of commercial accommodation and meals incurred by a covered person remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.
Dental Services	<p>Charges for dental treatment to a maximum of \$1,000 Canadian when, as a result of accidental injury (direct accidental blow to the mouth), natural teeth have been damaged or a fractured or dislocated jaw requires setting. Such dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and be supported by proper certification.</p> <p>When such dental treatment must be deferred because of the age of the patient, or other factors that are justified in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet the payment criteria, the person 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 these criteria is when the covered person is uninsured for dental benefits at the time the service is rendered, in which case the claim may be approved.</p>

WHAT EXCLUSIONS AND LIMITATIONS APPLY?

- ◆ No benefits are available under this plan for elective (non-emergency) treatment or surgery. Benefits under this plan shall not be paid if the covered person receives the same coverage from a third party.
- ◆ No benefits will be paid for expenses incurred as a result of abuse of medications, drugs, or alcohol or criminal acts.
- ◆ Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada.
- ◆ Coverage is limited to expenses incurred as a result of a sudden illness or accident that occurs outside the covered person'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.
- ◆ 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.
- ◆ Coverage for the worldwide travel benefit under this policy is the second payor.

General exclusions also apply. See the Health Plan Exclusions section of the contract for more information.



My Claims

EMPLOYEE LIFE INSURANCE CLAIMS

- ◆ It is a good idea to always let your designated beneficiary or someone you trust know where your paperwork is, along with contact information for the Benefits Unit.
- ◆ Once notified of your death, the Benefits Unit will contact the current beneficiary on file. Forms and an application for payment will be sent to the beneficiary for completion (with directions).
- ◆ Contact the Benefits Unit if you have any questions or would like to update your beneficiary.

SPOUSE AND CHILD LIFE INSURANCE CLAIMS

- ◆ You will need to be enrolled in the Spouse or Child Optional Life Insurance plan to be eligible to make a claim, and your dependent must have met the definition of eligible dependent at the time of death. Dependent eligibility is validated at time of claim.
- ◆ If you are eligible, contact the Benefits Unit to advise of the passing of your dependent. Information and forms will be sent to you as the beneficiary to initiate the claims process.
- ◆ Remember to contact the Nova Scotia Pension Services Corporation to update your beneficiaries for your pension.

LIVING BENEFIT CLAIMS

- ◆ If you are terminally ill and have Employee Basic Life Insurance, you may be eligible to claim a Living Benefits Loan.
- ◆ This is available only to employees who are enrolled in the Employee Basic Life Insurance benefit.
- ◆ To claim, you must provide medical evidence to support the terminal illness. Sun Life Financial will assess your claim.
- ◆ Upon your death, your Employee Basic Life Insurance coverage payable to your beneficiary will be reduced by the amount of the Living Benefits Loan plus the interest charged from the date of the loan.

SHORT TERM ILLNESS CLAIMS

- ◆ For any questions about your Short Term Illness claim, contact the Absence Management Unit at AbsenceManagement@novascotia.ca.

LONG TERM DISABILITY CLAIMS

- ◆ If it is anticipated that your illness or injury will continue beyond the short-term illness period, Morneau Shepell will provide you with an application for the Long Term Disability benefit. This will include forms to be completed by you and your physician.

PRESCRIPTION DRUGS CLAIMS

- ◆ Prescription drugs are administered on a pay-direct basis meaning you are issued an identification card which you present to the pharmacy when your prescription is dispensed.
- ◆ The pharmacy will bill Medavie Blue Cross directly and you are responsible for out-of-pocket costs as outlined by the contract. In most cases, this will be the drug card co-payment, equal to the dispensing fee charged by your pharmacist.
- ◆ Claims for benefits must be received by Medavie Blue Cross within 12 months from the date of service.

HOSPITAL BENEFITS CLAIMS

- ◆ In most instances, there is no requirement to complete a claim form to obtain hospital services. Present your identification card to the hospital and they will bill Medavie Blue Cross directly up to the cost of a semi-private hospital room.
- ◆ Claims for benefits must be received by Medavie Blue Cross within 12 months from the date of service.

EXTENDED HEALTH & DENTAL CLAIMS*

To obtain reimbursement, there are a few ways to submit your claims.

- ◆ Your Provider Direct bills Medavie Blue Cross.
- ◆ Submit a Paper Claim form:
 - ◆ Complete a claim form: obtained from the Medavie Blue Cross website: medavie.bluecross.ca.
 - ◆ Attach original receipts and any supporting documentation to the form.
 - ◆ Send the form to the address noted on the form.
- ◆ Submit claims online through the cardholder website or mobile app.
- ◆ Visit a Quick Pay office in Halifax or Dartmouth.

**Claims for benefits must be received by Medavie Blue Cross within 12 months from the date of service.*

**For emergency dental claims outside the province, ensure that you submit your claim to Medavie Blue Cross as soon as possible. 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.*

**For orthodontics and any services over \$300 a predetermination is recommended—be sure to call Medavie Blue Cross.*

WORLDWIDE TRAVEL CLAIMS

- ◆ If you are travelling outside of your province of residence and an unexpected illness or injury happens, call the toll-free number on the back of your Medavie Blue Cross identification card.
- ◆ Every effort will be made by Medavie Blue Cross to direct you toward the appropriate medical treatment, assist you in making payment to the service providers, and coordinate with your provincial government health plan. If you are unable to direct bill, retain your receipts for reimbursement.
- ◆ Travel claims must be received by Medavie Blue Cross within four months of the date of service to be eligible for maximum reimbursement.

DID YOU KNOW?

If you are also insured under another plan (e.g., your spouse's plan), benefits can be coordinated under the Coordination of Benefits provision. This provision ensures that both insurance companies share the responsibility of paying for eligible health and dental expenses by determining which of these plans is primary and which is secondary. The primary plan considers the claim first and the unpaid balance is then considered by the secondary plan. Benefits are coordinated between the two plans to ensure that you receive reimbursement for up to 100% of your eligible expenses.

Keep in mind that you may want to contact Medavie Blue Cross before you decide to make a purchase or use a service offered to understand what you may be eligible to claim under the Health and Dental plan.

My Benefits Phone Book

Benefits Unit, Public Service Commission

email pscbenefitinquiries@novascotia.ca
phone 902-424-3240
fax 902-424-0756
website https://novascotia.sharepoint.com/sites/MYHR/Pages/myBenefits_news.aspx

Medavie Blue Cross

phone 1-800-667-4511
website medaviebc.ca

Sun Life Financial

website sunlife.ca

Absence Management, Public Service Commission

email absencemanagement@novascotia.ca

Nova Scotia Public Service Long Term Disability Plan Trust Fund

phone 1-877-461-0421
website nspsltd.com – click on “Long Term Disability” & “All About My LTD Plan”

Nova Scotia Pension Services Corporation

phone 1-800-774-5070 (toll free) or 902-424-5070 (local)
website nspssp.ca or novascotiapension.ca

Employee and Family Assistance Program

phone 1-800-777-5888
website workhealthlife.com ; My EAP App

Payroll Client Relations, Department of Internal Service Delivery

website <https://sharepoint.novascotia.ca/myhr>

SAP Help Desk

phone 902-424-7777 or IBM/SAP support #: 902-721-2828

Portal—Employee Self Service

phone 902-424-7700

Appendix A:

Extended Health Benefit Provisions*

*Note: *This is not a complete list. Contact Medavie Blue Cross for further details on the items covered, maximums, claims requirements, etc. Various exclusions apply, as determined by the plan contract.*

Private Duty Nursing Service

- Private duty nurse.
- Maximum eligible expense is limited to \$5,000 per person in any 12 consecutive months for medically necessary services.
- Coverage is based on the payment schedule established by Medavie Blue Cross for the person's province of residence.
- Home nursing by a private duty nurse at the person's residence, on the written authorization of the attending physician.
- Services of a specialized nurse practitioner provided at a facility able to treat disorders of the feet.
- Services provided by an approved personal care worker for up to four hours per day.

Services must be pre-approved by Medavie Blue Cross and are subject to reassessment – please contact Medavie Blue Cross.

Diagnostic & X-ray Services

- Diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory.
- Services covered include laboratory and X-ray examinations.

Medical Equipment

Charges (subject to internal plan maximums) for the rental or purchase (at the discretion of Medavie Blue Cross) of the following:

- Wheelchairs and scooters.
- Standard hospital bed.
- Walkers and canes.
- Medication compressor.
- Insulin pumps (including infusion pumps).
- Compression pumps, CPAP machines, suction pumps, and ventilators.
- Other Durable medical equipment required for therapeutic use.

Charges must be pre-approved by Medavie Blue Cross and are subject to reassessment – please contact Medavie Blue Cross.

Medical Prosthesis

- Charges for the purchase, repair, adjustment, or maintenance of prosthetic limbs, eyes, and nose.
- Standard artificial limbs or myoelectric limbs to a maximum of one limb per lifetime (maximum of \$10,000 for myoelectric limbs). Replacements only in the event of a pathological change
- Charges for one breast prosthesis in a 24-month period.
- Two breast prostheses, in the event of a bilateral mastectomy, in a 24-month consecutive period.
- Cost of two surgical bras in any 12-month consecutive period.
- Hair, when hair loss is due to an underlying pathology or its treatment; not to exceed \$200 in any period of 12 consecutive months.
- Artificial larynx to a frequency of one occurrence in a lifetime; larynx repair and adjustment is limited to a maximum eligible expense of \$300 in a calendar year.

Charges must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.

Medical Supplies

- Ostomy appliances, irrigating sets, deodorants, and pouches.
- Charges for urinary collection and retention systems including catheter tubes and pouches.
- Intrauterine contraceptive devices; limited to one in any 12 consecutive-month

period.

Medical Supplies *(continued)*

- Charges for diabetic supplies including needles, syringes, insulin pump supplies and testing materials, infusion sets, automatic pressurized insulin injectors, and other related equipment.
- Special garments for the treatment of burns.
- Charges for elastic support stockings, limited to two pairs per person in any 12-consecutive-month period.
- Enuresis detection devices; limited to one in any 60-consecutive-month period.
- Spacing device.
- Charges for other medical supplies when approved by Medavie Blue Cross.

Oxygen and Oxygen Supplies

- Charges for the purchase of oxygen and rental of the equipment required for its administration, on the order of the attending physician.
- Equipment may be purchased at the option of Medavie Blue Cross.

Supports

- Cervical collars.
- Splints.
- Trusses.
- Traction devices.
- Custom fitted braces of rigid construction.

Charges must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross.

Orthotics

- Charges for custom moulded foot supports as prescribed by an orthopedic surgeon, rheumatologist, chiropodist/ podiatrist, or the attending physician; up to \$200 per person in a calendar year or \$300 in a calendar year if the person is less than 21 years of age.
- Orthotics must be fitted by and purchased from an orthopaedic foot care provider approved by Medavie Blue Cross and do not include off-the-shelf retail items.

Orthopaedic Shoes & Modifications

- Customized orthopaedic shoes to accommodate, relieve, or remedy some mechanical foot defects or abnormality and charges for shoe modification and adjustment supplies.
- Must be prescribed by an attending physician, podiatrist, or chiropodist.
- Must provide a copy of a biomechanical or gait analysis from the prescribing health practitioner and must be dispensed by a provider approved by Medavie Blue Cross.
- The maximum in any 12-consecutive-month period is \$100.

For more information on which expenses qualify under this benefit, visit Medavie.bluecross.ca/benefitupdates.

Emergency Transportation

- Charges for emergency transportation by air, rail, or water to the nearest medical facility able to provide the required care is covered when:
 - an area is not serviced by licensed ground ambulance; or
 - the urgency of the situation requires that only such form of transportation is adequate.
- Coverage includes the cost of return transportation for a registered nurse when it is medically necessary.
- Limit of \$500 per person for any one emergency.

Dental Services

(for accidental injury only)

- The services of a dentist or dentist specialist for the repair or replacement of natural teeth that have been damaged by a direct, accidental blow to the mouth or a fractured or dislocated jaw requiring setting.
- An accident report must be submitted before claims will be considered for payment.
- Services must be completed within 12 months of the date of the accident, provided the person's coverage remains in force, unless the person is approved by Medavie Blue Cross for deferred treatment.
- When a planned course of treatment is expected to be more than \$300 (other than on an immediate emergency basis), Medavie Blue Cross must receive in advance of work being done, an estimate of the proposed treatment in advance, including all charges and dental rays where applicable.

**Private Practice
Paramedical Services**

- Usual and customary charges determined by Medavie Blue Cross for treatment, except when performed in a hospital, by a licensed speech therapist, massage therapist, chiropractor, chiropodist/podiatrist, occupational therapist, physiotherapist (physician confirmation required), or acupuncturist. Massage therapist and chiropractor have a maximum eligible expense of \$500 each in a calendar year. The overall maximum eligible expense is \$1,500 in one calendar year. In addition, the maximum eligible expense for X-rays in one calendar year is \$35 per practitioner.
- Combined maximum eligible expense of \$1,000 in a calendar year, except when performed in a hospital, for a licensed psychologist, registered counselling therapist (RCT), or social worker. The social worker must be a master social worker (MSW), licensed, and registered to be eligible.
- Charges for a licensed naturopath, osteopath, or homeopath, except when performed in a hospital, to a maximum eligible expense of \$300 per practitioner in a calendar year.

**Hearing Aids &
Speech Aid Equipment**

- Hearing aids up to \$750 per ear in any period of five consecutive years when prescribed by an otolaryngologist or clinical audiologist following a referral by a physician.
- Auditory training system when required by a child for language development or for classroom use to a maximum of \$1,000 in a person's lifetime.
- Speech aid equipment for persons who do not have oral communication ability to a lifetime maximum of \$500.

Appendix B:

Dental Benefits

WHAT DOES EACH LEVEL OF COVERAGE INCLUDE?

The table below gives an idea of the services that fall within each of the four categories. Keep in mind that each item is subject to its own limit, and frequencies are not listed below in all cases.

BASIC SERVICES <i>(100% of eligible expense to a maximum of \$1000 per person per calendar year)</i>	ADDITIONAL BASIC SERVICES <i>(80% of eligible expense to a maximum of \$1000 per person per calendar year combined with Major Restorative)</i>	MAJOR RESTORATIVE <i>(80% of eligible expense to a maximum of \$1000 per person per calendar year combined with Additional Basic)</i>
<p>Diagnostic</p> <ul style="list-style-type: none"> Complete oral examinations (one per 24 consecutive months). Recall, specific, or emergency oral examinations (once per calendar year; twice per calendar year for persons under age 18). Radiographs (X-rays) and interpretation Tests and laboratory services except when normally included as part of an oral examination Services or appliances for space retaining, bite correction, or habit control. <p>Preventive</p> <ul style="list-style-type: none"> Polishing (once per calendar year; twice per 12 consecutive months for persons under age 18). Scaling (limited to the first four units every calendar year). Fluoride applications for children under age 18 (two procedures per calendar year). Space maintainers for missing primary teeth (If two unilateral space maintainers are provided, benefits will be limited to the allowance for one bilateral space maintainer). Pit and fissure sealants for children under age 18. <p>Oral surgery</p> <ul style="list-style-type: none"> Simple extractions and surgical extractions of teeth. Removal of roots. Surgical incisions or excisions. <p>Minor restorative</p> <ul style="list-style-type: none"> Sedative dressings and temporary restorations Amalgam, acrylic, composite resin, and silicate restorations. Retentive pins. <p>Adjunctive services</p> <ul style="list-style-type: none"> Emergency treatment not classified elsewhere in the Dental Fee Guide (will be reviewed on an independent consideration basis). Conscious sedation (includes intravenous or nitrous oxide). Professional consultation. 	<p>Prosthetic/restoration maintenance</p> <ul style="list-style-type: none"> Repair of partial or complete dentures. Relining or rebasing of dentures (once per 36 consecutive months). Recementing of bridgework Recementing of crowns, inlays, or onlays (covered for a period of 6 months following installation). <p>Endodontics</p> <ul style="list-style-type: none"> Pulpal therapy. Root-canal therapy (includes treatment planning, clinical procedures, and appropriate radiographs). Periapical services (e.g., apicoectomy, apical curettage). <p>Periodontics</p> <ul style="list-style-type: none"> Gingivectomy, gingivoplasty, curettage, and other surgical periodontal services. Periodontal root planing (limited to an additional 8 units per 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. Combined with preventative scaling to a total of 12 units). Non-surgical periodontal services including appliance therapy. 	<ul style="list-style-type: none"> Crowns and veneers. Inlay and onlay restorations. Gold fillings when teeth cannot be restored with other materials. <p>Prosthodontics</p> <ul style="list-style-type: none"> Fixed bridgework. Partial and complete dentures. Surgical services associated with the placement of prosthodontics (listed in the Dental Fee Guide). <p>Note: Replacement will be covered only after a period of five years has elapsed following initial placement, and the existing restoration/prosthodontic appliance is unserviceable and cannot be made serviceable.</p> <div data-bbox="1179 1497 1528 1696"> <p>ORTHODONTICS <i>(50% of eligible expense to a maximum of \$2000 in a lifetime)</i></p> </div> <ul style="list-style-type: none"> Orthodontic appliances. Orthodontic observations and adjustments.

Appendix C:

Eligible Dependents

HEALTH AND DENTAL PLAN

Dependent: The employee's spouse or unmarried dependent children as defined below.

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.

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.

***Options for acceptable legal documentation**

- A legal document (a document that has gone through the court system).
- A copy of the employee's income tax form showing that they are claiming the dependent.
- Proof that the employee is in receipt of the Tax Benefit for a child.

In the event of a discrepancy between the information contained in this document and the Province of Nova Scotia Master Benefits contracts with Medavie Blue Cross and Sun Life Financial, the provisions of the contracts will apply.

LIFE INSURANCE PLANS

Dependent: Dependent means the employee'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 Sun Life Financial.

Children: The employee's natural or adopted children, stepchildren, or grandchildren who are dependent upon the employee 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 attending an accredited educational institution, college, or university on a full-time basis. The children of the employee's common-law spouse shall be covered provided they are living with the employee. Unmarried or unemployed children 21 years of age or older shall qualify if they are dependent upon the employee by reason of a mental or physical disability prior to attaining age 21 and have been continuously disabled since that time. Unmarried or unemployed children who became totally disabled while attending an accredited educational institution, college, or university on a full-time basis prior to attaining age 25 and have been continuously so disabled since that time shall also qualify as dependents.

Spouse: The employee's spouse by marriage or under any other formal union recognized by law or a person of the opposite sex or of the same sex who has been publicly represented as the employee's spouse for at least the past 12 consecutive months. Only one person at a time can be covered as an employee's spouse under this contract.