



# Your Group Benefits Booklet

## **Province of Nova Scotia Group Health and Dental Plan**

### **For Active Employees of Participating Member Employers**

This booklet has been created for and intended solely for the use of a specific list of participating member employers whose employees participate in the Nova Scotia provincial government employees' health and dental plans.

Plan Number: 10138/10140

As of: January 1, 2026



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## **PRIVACY PROTECTION PRACTICES**

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In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross collects, uses and stores certain personal information about its members and their dependents. Protecting personal information is not new to us. Ensuring the privacy of client information has always been fundamental to the way we do business.

The purpose of our [privacy statement](#) is to keep you informed about privacy protection practices at Medavie Blue Cross. In addition to this privacy statement, we have an [online privacy statement](#) that describes our practices for protecting your personal information when you use our websites and mobile applications and a [Medavie Blue Cross mobile app privacy policy](#) that applies to your use of our mobile app.

For more information on our privacy protection practices, please visit our website. [medaviebc.ca](http://medaviebc.ca)

## **ABOUT THIS BOOKLET**

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Medavie Blue Cross administers the following benefits on behalf of Province of Nova Scotia:

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

Medavie Blue Cross underwrites Worldwide Travel Benefit.

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

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to Medavie Blue Cross as evidence of your health. You may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Medavie Blue Cross.

Every action or proceeding against an insurer (i.e. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This booklet replaces any previously issued booklet.

## **HOSPITAL BENEFIT**

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

**Co-insurance: 100%**

### ***SEMI-PRIVATE ACCOMMODATION***

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

### ***SPECIALIZED CARE FACILITY***

A licensed facility providing 24 hour nursing care that specializes in 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.

### ***AMBULANCE SERVICES***

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.

### ***TERMINATION***

Hospital benefit ceases at termination of employment unless otherwise agreed upon with the plan sponsor.

### ***WHEN AND HOW TO MAKE A CLAIM***

Hospital benefit is paid directly to the hospital. Your identification card should be shown at the hospital who will arrange to bill Medavie Blue Cross directly.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

## **EXTENDED HEALTH BENEFIT**

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

**Co-insurance: 100%, unless otherwise stated**

### ***DENTAL SERVICES/ACCIDENT INJURY***

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. 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.

Benefits will be paid up to the usual and customary fee of the current dental association fee guide for general practitioners in the subscriber's province of residence. 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.

## **EXTENDED HEALTH BENEFIT**

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### ***FAMILY BUILDING***

Overall combined maximum    \$30,000 per lifetime, per family.

Charges for the following expenses are eligible for reimbursement, subject to the per-family maximum as specified below:

- fertility procedures incurred by a Participant at a fertility clinic. Program pays \$15,000 per lifetime, per family;
- expenses relating to the legal adoption\* of a child. Program pays 30,000 per lifetime, per family;
- medical surrogacy\* procedures and drugs for a surrogate incurred at a fertility clinic; and  
non-medical expenses incurred as part of a surrogacy arrangement. Non-medical expenses are not eligible under the Canada Revenue Agency guidelines for medical expense tax credits. Program pays \$30,000 per lifetime, per family.

Expenses related to surrogacy and adoption require pre-approval from Blue Cross. With the exception of adoption, all expenses must be incurred in Canada.

The surrogate must:

- be at least 21 years of age;
- provide proof of Government Health Care Coverage;
- not be the Member or the Spouse; and
- not be the biological parent of the embryo.

Expenses reimbursed for non-medical surrogacy and adoption are considered taxable benefits.

This coverage excludes:

- travel, clothing and ordinary living expenses; and
- charges incurred prior to receiving pre-approval from Blue Cross, if required; and
- expenses related to adoption of a biological child of the Member or Spouse.

\*Pre-authorization is required.

## **EXTENDED HEALTH BENEFIT**

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### ***DIAGNOSTIC AND X-RAY SERVICES***

Charges for laboratory service and X-ray examinations when carried out by a Medavie Blue Cross approved laboratory which, in the opinion of Medavie Blue Cross, is qualified to render such services.

### ***HEARING AIDS OR AIDS***

Maximum: \$1,000 per ear every three (3) consecutive calendar years.

Charges for hearing aids (excluding batteries, ear molds and hearing tests) when prescribed by an otolaryngologist, or registered audiologist following a referral from a physician.

### ***AUDITORY TRAINING SYSTEM***

Maximum: \$1,000 per lifetime per participant

Charges for a system when required by a child for language development or for classroom use.

### ***SPEECH AID EQUIPMENT***

Maximum: \$500 per lifetime per participant

Charges for equipment for a participant who does not have oral communication ability.

### ***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,
  - 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;
- elastic support stockings are eligible for up to two pairs of elastic support stockings per participant, in any period of 12 consecutive months,
- Continuous positive airway pressure (C-PAP) supplies and accessories used with a (C-PAP) machine up to a maximum of \$200 per Calendar Year.
- charges for other medical supplies when approved by Medavie Blue Cross.

## **EXTENDED HEALTH BENEFIT**

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### ***ORTHOTICS***

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

Charges for custom molded foot supports as prescribed by a physician, podiatrist or chiroprapist. The orthotics must be fitted by and purchased from an orthopedic foot care provider approved by Medavie Blue Cross.

### ***ORTHOPEDIC SHOES & ORTHOPEDIC MODIFICATIONS***

Maximum: \$100 per participant every 12 consecutive months

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 chiroprapist. 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.

### ***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.

### ***GENDER AFFIRMATION***

Maximum: \$10,000 per calendar year - \$20,000 lifetime

Charges for treatments and surgical procedures to align feminine or masculine features to support the Participants' gender identity. Eligible Expenses must:

- include confirmation of the Participant's approval for gender affirmation surgery under Government Health Care Coverage; and
- be incurred in Canada.

This coverage excludes travel expenses.

### ***PHARMACOGENETIC TESTING***

Maximum: 80% reimbursement - \$500 in a lifetime

Charges for the analysis of a Participant's genetic makeup to determine how they will respond or metabolize certain prescribed drugs. The analysis must be provided by a laboratory approved by Medavie Blue Cross.

## **EXTENDED HEALTH BENEFIT**

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### ***PRIVATE PRACTICE PARA-MEDICAL SERVICES***

Charges for treatment, except when performed in a Hospital, by a licensed: speech therapist, massage therapist, chiropractor, chiropodist/podiatrist, occupational therapist, physiotherapist, acupuncturist, naturopath, osteopath, homeopath, dietitian and audiologist. The overall combined 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.

### ***MENTAL HEALTH PRACTITIONERS***

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 \$5,000 in a Calendar Year.

### ***PRIVATE DUTY NURSING***

Benefit is 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.

## **EXTENDED HEALTH BENEFIT**

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### ***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.

### ***EMERGENCY TRANSPORTATION***

Maximum: \$500 per participant for any one emergency

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.

### ***MEDICAL PROSTHESIS***

Charges for the following medical prostheses:

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

\*The purchase or replacements is covered only in the event of pathological changes.

- the purchase of breast prostheses or surgical brassieres:  
The cost of one breast prosthesis, except in the event of a bilateral mastectomy when the maximum benefit will be the cost of two breast prosthesis, 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.

## **EXTENDED HEALTH BENEFIT**

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### ***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.

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.

### ***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.

### ***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.

### ***TERMINATION***

Extended Health Benefit ceases at termination of employment unless otherwise agreed upon with the plan sponsor.

### ***WHEN AND HOW TO MAKE A CLAIM***

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

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

Certain approved providers may offer a pay direct arrangement. In such circumstances, the approved provider will submit the participant's claim to Medavie Blue Cross electronically to verify eligibility at the time of purchase and the participant will only pay the approved provider the portion of the claim that is not covered by this benefit. Medavie Blue Cross will reimburse the balance of the claim to the approved provider directly.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

## **VISION BENEFIT**

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

**Co-insurance: 100%**

### ***EYE REFRACTIONS***

Maximum: one eye refraction every two consecutive calendar years for adults and every calendar year for dependent children less than 18 years of age, up to the usual, customary and reasonable charges performed by an optometrist or ophthalmologist.

### ***FRAMES AND PRESCRIPTION LENSES, PRESCRIPTION CONTACT LENSES OR LASER EYE SURGERY***

Maximum: \$300 every two consecutive calendar years for adults and every calendar year for dependent children less than 18 years of age

Charges for corrective eyeglasses, including prescription lenses, frames, prescription contact lenses and laser eye surgery.

### ***SPECIAL CONTACT LENSES***

Maximum: \$200 per benefit period

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.

### ***VISUAL TRAINING***

Maximum: \$150 in a lifetime

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

### ***TERMINATION***

Vision benefit ceases at termination employment unless otherwise agreed upon with the plan sponsor.

### ***WHEN AND HOW TO MAKE A CLAIM***

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

Certain approved providers may offer a pay direct arrangement. In such circumstances, the approved provider will submit the participant's claim to Medavie Blue Cross electronically to verify eligibility at the time of purchase and the participant will only pay the approved provider the portion of the claim that is not covered by this benefit. Medavie Blue Cross will reimburse the balance of the claim to the approved provider directly.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

## **DRUG BENEFIT**

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If you (or your dependents, if applicable) incur charges for certain prescription-requiring drugs, the eligible drug may be subject to quantity maximums, dollar maximums, deductibles, co-payments or other maximums as approved by Medavie Blue Cross. Benefit maximums are applied on a per person basis.

**Co-payment: 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 per Participant per Calendar Year is subject to annual adjustments as follows:

2026 - \$517  
2027 - \$543  
2028 - \$570  
2029 - \$599

**Co-insurance: 100% of the remaining eligible expense, unless otherwise stated.**

**Method of payment: paid directly to the pharmacy**

Prescription drug benefits cease when the participant reaches the age where the participant becomes eligible for the government drug benefit program with the exception of: Diabetic supplies, vaccines, health coaching and chronic disease management.

Drug benefits includes prescription drug items approved by Medavie Blue Cross and oral contraceptives and which are:

- approved by Health Canada for resale by licensed retail pharmacies;
- assigned a drug identification number (DIN) in Canada;
- prescribed by a Health Care Professional who is licensed to prescribe under the appropriate provincial legislation and is approved by Medavie Blue Cross; and
- dispensed by a Medavie Blue Cross Approved Provider.

### ***HEALTH COACHING AND CHRONIC DISEASE MANAGEMENT***

Maximum \$500 in a Calendar Year.  
program pays 80% of the Eligible expense

charges include the following services for medical conditions deemed eligible by Medavie Blue Cross:

- initial assessment,
- counselling and follow up sessions,
- education relating to symptom management,
- medication usage, and
- development of action plans for medical conditions deemed eligible by Blue Cross

Diabetic supplies including including test strips, lancets, needles, syringes and insulin pump supplies. Program pays 100% of the Eligible expense.

#### Additional benefit Modules.

Glucose Monitoring Systems, including continuous glucose monitoring (CGM) receivers, transmitters or sensors for Participants prescribed insulin for the Treatment of diabetes. Program pays 100% of the Eligible expense to a maximum of \$4,000 per calendar year

Sexual Dysfunction Drugs to a maximum of \$250 per calendar year.

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

## **DRUG BENEFIT**

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### Additional benefit Modules (cont'd)

Fertility drugs to a lifetime maximum of \$15,000 per person.

Vaccines (including injection services when administered by a pharmacist) to a maximum of \$700 per 5 calendar years.

Weight loss treatment products approved by Medavie Blue Cross are included, up to \$3,000 per calendar year.

Epi-pens to a maximum of six (6) per calendar year.

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

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 your 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.

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.

## **DRUG BENEFIT**

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### **EXCLUSIONS**

The following are excluded:

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. Biologicals or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN)..
6. Homeopathic and naturopathic medications, nutritional supplements or herbal remedies.
7. Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products.
8. Experimental drugs, research drugs, or drugs available through the Emergency Drug Release program.
9. 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.
10. 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.
11. 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.
12. Charges for delivery service, completion of forms, or other ancillary services.

### ***TERMINATION***

Drug Benefits cease when the participant reaches the age where the participant becomes eligible for the government drug benefit program with the exception of Diabetic Supplies, Vaccines, Health Coaching and Chronic Disease Management which ceases upon termination of employment, unless otherwise agreed upon by the Plan Sponsor.

### ***WHEN AND HOW TO MAKE A CLAIM***

The Medavie Blue Cross Identification Card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

## DENTAL BENEFIT

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Your dental program covers you (and your dependents, if applicable) for a wide range of dental services including the following benefits. Dental benefits are based on the usual and customary charges up to the current Dental Fee Schedule for general practitioners or specialists in the subscriber's province of residence.

### ***LEVEL 1 - BASIC SERVICES***

**Co-insurance: 100% of eligible expense**

**Maximum: \$1,000 per person in a calendar year**

#### **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 panoramic 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

Exclusion: oral hygiene instruction, nutritional counselling and mouth guards

## DENTAL BENEFIT

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### ***LEVEL 1 - BASIC SERVICES (CONT'D)***

#### ***Oral Surgery***

- simple extraction and surgical extraction of teeth
- removal of roots
- surgical incision or excision

Exclusion: pre and post-operative services which are normally included in the surgical procedure fee and tooth replantation or transplantation

#### ***Minor Restorative***

- sedative dressings, temporary restorations
- amalgam, acrylic, composite resin and silicate restorations
- retentive pins

Exclusion: gold foil restorations, inlays and onlays including repair, crowns and veneers – including repair, and post (including core) and post removal

\*one unit of time is equal to 15 minutes

#### ***Adjunctive Services***

- 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

Exclusion:

- separate charges for local anaesthesia administered in conjunction with procedures
- general anaesthesia unless patient's medical condition prevents conscious sedation
- electronic anaesthesia
- hypnosis
- acupuncture

## DENTAL BENEFIT

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### ***LEVEL 2 - ADDITIONAL BASIC SERVICES***

**Co-insurance:** 80% of the eligible expense

**Maximum:** \$1,500 per person in a calendar year in combination with Level 3

#### ***Prosthetic/Restoration Maintenance***

- relining or rebasing of dentures is limited to once in any period of 36 consecutive months
- repair of partial or complete dentures
- recementing of bridgework
- crowns, inlays or onlays are covered after a period of 6 months following installation
- recementing of crowns, inlays or onlays

Exclusion:

- preparation and placement of dentures, bridgework, crowns, inlays or onlays
- this benefit covers maintenance services to existing placements only

#### ***Endodontics***

- pulpal therapy
- root canal therapy (includes treatment planning, clinical procedures, and appropriate radiographs)
- periapical services, i.e.; apicoectomy, apical curettage

Exclusion: bleaching of vital teeth

#### ***Periodontics***

- 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.

## DENTAL BENEFIT

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### ***LEVEL 3 - MAJOR RESTORATIVE***

**Co-insurance:** 80% of eligible expense

**Maximum:** \$1,500 per person in a calendar year in combination with Level 2

#### ***Major Restorative***

- crowns and veneers
- inlay and onlay restorations
- gold fillings when teeth cannot be restored with other material
- 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.

Exclusion: services associated with fixed bridgework or other prostheses

#### ***Prosthodontics***

- fixed bridgework
- partial and complete dentures
- surgical services associated with placement of prosthodontics listed in the Dental Fee Schedule
- 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.

Exclusion: replacement of misplaced, stolen or broken prostheses

## **DENTAL BENEFIT**

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### ***LEVEL 4 - ORTHODONTIC SERVICES***

**Co-insurance:** 50% of eligible expense

**Maximum:** \$2,000 per person in a lifetime

#### ***Orthodontic Services***

- removable and fixed appliances (braces)
- observations and adjustments.

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.

### ***DENTAL EXCLUSIONS AND LIMITATIONS***

The dental plan does not cover the following expenses:

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.

### ***PREDETERMINATION OF BENEFITS***

When the total cost of any proposed dental treatment is expected to exceed \$300, ask your dentist to complete and submit the predetermination section of the claim form to Medavie Blue Cross before the start of the treatment. You will know, beforehand, the exact amount of reimbursement. If you change dentists in the course of treatment, you will be required to submit a new treatment plan.

## **DENTAL BENEFIT**

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### ***TERMINATION***

Dental Benefit ceases at termination of employment unless otherwise agreed upon with the plan sponsor.

### ***WHEN AND HOW TO MAKE A CLAIM***

At the time of purchase, the approved provider will either submit the participant's claim to Medavie Blue Cross or provide a completed claim form and proof of payment to the participant to submit to Medavie Blue Cross. The participant will then be required to either:

- pay the portion of the claim that is not covered by this benefit and Medavie Blue Cross will reimburse the balance to the approved provider directly; or
- pay the total amount requested by the approved provider and the participant will receive the portion of the expenses refundable by Medavie Blue Cross.

Claims must be submitted within 12 months of receiving services or supplies. No claims will be paid by Medavie Blue Cross after the termination date of this plan.

## **WORLDWIDE TRAVEL BENEFIT**

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

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

**Co-insurance: 100%**

### ***DENTAL SERVICES***

Maximum: \$1,000

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

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.

### ***AMBULANCE***

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

### ***COMING HOME***

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

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

### ***DIAGNOSTIC SERVICES***

Charges for laboratory services for diagnostics and x-rays, less the amount under the provincial health plan, when ordered by the attending physician.

### ***DRUG BENEFITS***

Charges for drug benefits in a quantity sufficient for the period of travel. Payment of eligible drugs will be made only when proof of purchase is supplied in the form of an account from a Medavie Blue Cross approved provider located outside the covered person's province of residence and showing the name of the preparation, date of purchase, quantity, strength and total cost.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***EMERGENCY AND PAYMENT ASSISTANCE***

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

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

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

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

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

### ***HOSPITAL ACCOMMODATION***

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

### ***MEALS AND ACCOMMODATION***

Maximum:           \$1,750 (\$250 per day for seven days) per trip

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

### ***NURSE***

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

### ***PARAMEDICAL SERVICES***

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

### ***PHYSICIANS AND SURGEONS***

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

## **WORLDWIDE TRAVEL BENEFIT**

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### ***RETURN OF DECEASED***

Maximum:           \$10,000

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

### ***TRANSPORTATION TO VISIT THE COVERED PERSON***

Charges for one return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person has been confined to hospital for 7 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.

### ***VEHICLE RETURN***

Maximum:           \$3,000

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

### ***WHEELCHAIRS, CRUTCHES, CANES***

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

### ***EXCLUSIONS***

1. No benefits are available under the plan for elective (non-emergency) treatment or surgery. This is defined as treatment or surgery (a) not required for the immediate relief of acute pain and suffering, or (b) which reasonably could be delayed until the covered person has returned to Canada or (c) which the covered person elects to have rendered or performed outside of Canada following emergency treatment for, or diagnosis of, a medical condition which (on medical evidence) would not prevent the covered person from returning to Canada prior to such treatment or surgery.
2. Benefits under the plan will 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 and alcohol or criminal acts.

## WORLDWIDE TRAVEL BENEFIT

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### *EXCLUSIONS (Cont'd)*

4. Medavie Blue Cross, in consultation with the attending physician, reserves the right to return the patient to Canada. If any covered person, based on medical evidence is able to return to Canada following the diagnosis of, or the emergency treatment for, a medical condition that requires continuing medical services, treatment or surgery, and the patient elects to have such treatment or services rendered, or surgery performed, outside Canada, the expense of such continuing medical services, treatment or surgery will not be covered by this plan. Medavie Blue Cross accepts no responsibility in the event of deterioration of the covered person's medical condition during or after the transfer back to Canada.
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 when medical attention is not anticipated during the travel period.

A pre-existing condition is considered stable if you, in the 90 days before the departure date, have 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 has 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 or treated in a hospital for the condition; or
- e) been awaiting 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.

6. This policy excludes losses 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 benefit plan and who are travelling on business on behalf of the Province of Nova Scotia.
7. Coverage is limited to amounts that are in excess of coverage provided by any other plan. Where a court determines that the policy and any other plan(s) provide primary coverage, the benefit will be co-ordinated with the other plan, as described in the Co-ordination of Benefits section.
8. Medavie Blue Cross will not cover expenses in excess of \$5 million Canadian per covered person, per incidence outside the province of residence.

## **WORLDWIDE TRAVEL BENEFIT**

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### ***TERMINATION***

Travel benefit will be extended to subscribers beyond age 65, provided they remain actively employed.

### ***WHEN AND HOW TO MAKE A CLAIM***

Please call the toll free number of the back of your Medavie Blue Cross identification card for assistance when an unexpected illness or injury happens while travelling outside your province of residence. Every effort will be made by Medavie Blue Cross to direct you towards the appropriate medical treatment and assist you in making payment to the providers of service and co-ordinate with your provincial government plan.

However, under certain circumstances, Medavie Blue Cross will require you to obtain and directly send original, detailed receipts for all expenses incurred outside your province of residence to your provincial government health plan for their consideration and payment. Please ensure you retain a copy of these receipts as you will then need to submit them along with the provincial government health plan proof of payment statement directly to Medavie Blue Cross. This procedure should be followed when purchasing drugs, incurring medical services not pre-approved by Medavie Blue Cross (some exceptions may apply) and when incurring medical services within Canada (that will be covered by your provincial health plan).

Please provide your Medavie Blue Cross Identification Number when submitting a claim to Medavie Blue Cross.

Claims for services outside of Canada are paid by Medavie Blue Cross in Canadian currency based on the rate of exchange in effect at the conclusion of the services.

## GENERAL EXCLUSIONS AND LIMITATIONS

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Medavie Blue Cross does not cover the following expenses:

- (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.

## **GENERAL EXCLUSIONS AND LIMITATIONS**

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- (j) any item or service not listed as a benefit in this booklet;
- (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.

## **HEALTH AND DENTAL INFORMATION**

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### ***TERMINATION OF INSURANCE***

Coverage for you and your dependents will cease on the earliest of:

- the contract termination date,
- the date you terminate employment,
- the date you cease to be eligible due to death, leave of absence, age limitation, change in classification, etc.

### ***CO-ORDINATION OF BENEFITS***

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

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

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

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

Payment for Worldwide Travel Benefit provided under this policy is limited to amounts that are in excess of coverage provided by any other plan(s), as specified in the Worldwide Travel Benefit Exclusions.

### ***CONVERSION PRIVILEGE***

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to the surviving spouse and/or dependents after the termination of the Survivor Benefit.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***ELIGIBLE EMPLOYEES***

To be eligible for group benefits, you must be an employee who is a resident of Canada, covered under your provincial government plan, and working a minimum of 40% of full-time hours. Please contact your employer to determine when you will become eligible for group coverage. You may waive coverage by providing proof of comparable coverage.

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work.

### ***ELIGIBLE DEPENDENTS***

Dependents are defined as your legal spouse (as described below), and unmarried dependent children including natural, legally adopted, step-children or the child over whom the member or spouse has been appointed as legal guardian with parental authority. All dependents must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

The term “spouse” is defined as a person of the opposite or same sex who is legally married to the employee, or has continuously resided with the employee for not less than one full year having been living in a conjugal relationship (common law), or who is the employee’s domestic partner, as defined by the Province of Nova Scotia’s Vital Statistics Act. A spouse shall also mean a person who is in a civil union with the employee as defined by the Civil Code of Quebec. In the event of divorce, legal separation, or discontinuance of cohabitation (“common law” spouse or termination of domestic partnership), you may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

Dependent children are eligible for benefits if they are less than 21 years of age or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

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

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later.

## **PLAN MEMBER WEBSITE**

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### ***INSTRUCTION FOR MEMBERS***

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. One such innovation, the Plan Member Website, will help you better understand, manage and co-ordinate your benefit plan.

The Plan Member Website is simple to use and is delivered in a secure environment. Now, when you want to access general information about your plan, view your claims and payment history, or print generic claim forms, you just have to click your mouse. The Plan Member Website is available 24 hours a day; seven days a week from home or work, all you need is an Internet connection. The Plan Member Website makes life easier for you.

### ***ON THE PLAN MEMBER WEBSITE***

There are a variety of options available to you on the Plan Member Website.

**Coverage Inquiry:** Detailed information about the Medavie Blue Cross benefit plan

**Forms:** Printable versions of generic Medavie Blue Cross claim forms

**Submit Claims** electronically

### **Member Information**

- Members can view and/or update address information (where access is available)
- Request new identification cards
- Add/update banking information for direct deposit of claim payments (where applicable)

### **Member Statements**

- Members can view claims history for member and dependents
- View record of payments issued to member and/or the service provider
- View Health Spending Account balances (where applicable)

**Submit Claims** electronically

### ***FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE***

To register for the Plan Member Website, visit [www.medaviebc.ca](http://www.medaviebc.ca) and log in.

Please ensure you make note of your password for future reference.

### ***PLEASE NOTE***

For security reasons, the Plan Member Website is for use of the plan member only.

We look forward to helping you take advantage of our online technology. For further information on the Plan Member Website, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Center toll free at the number on the back of your identification card or e-mail [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca).

### ***MOBILE APP***

Filing a claim has never been quicker or easier! Submit your claims through the Medavie Mobile app and have your reimbursement deposited directly to your bank account.

Visit [www.medavie.bluecross.ca/app](http://www.medavie.bluecross.ca/app) for more information or to download the app.

## **BLUE CROSS CONTACT INFORMATION**

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For more information about your group benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

**Atlantic Provinces:** 1-800-667-4511

**Ontario:** 1-800-355-9133

**Quebec:** 1-888-588-1212

**From Anywhere in Canada:** 1-800-667-4511

Have your group policy number and identification number ready when you call for questions regarding your coverage.

Alternatively, you can email your questions to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca) or visit our website at [www.medaviebc.ca](http://www.medaviebc.ca).

### ***CONNECT WITH BLUE CROSS***

Like us on Facebook at [facebook.com/MedavieBlueCross](https://facebook.com/MedavieBlueCross)

### **My Good Health®**

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to [medaviebc.mygoodhealth.ca](http://medaviebc.mygoodhealth.ca) and simply follow the instructions to register for your free account!



Savings are available to Blue Cross members across Canada. To take advantage of these savings, simply present your Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at [www.blueadvantage.ca](http://www.blueadvantage.ca).

## HOW TO OBTAIN MORE INFORMATION

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### ***HOW TO OBTAIN A CLAIM FORM***

**Health benefit** claim forms can be obtained from any one of the following sources:

- the plan member website;
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed above.

### ***HOW TO SUBMIT A CLAIM***

Medavie Blue Cross offers several convenient options to quickly and efficiently submit your health benefit claims:

- Provider eClaims for approved providers who have registered to submit claims to Blue Cross through our electronic claims submission service, our eClaim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Blue Cross and means you only pay the amount not covered under your group benefit plan (if any);
- eClaims through our secure plan member website;
- Mobile App (visit [www.medaviebc.ca/app](http://www.medaviebc.ca/app) for more information or to download the app);
- Mail your completed claim form to the nearest Medavie Blue Cross office. To find the Medavie Blue Cross office nearest you, visit our website at [www.medaviebc.ca](http://www.medaviebc.ca).