



Your Group Benefits Booklet

PROVINCE OF NOVA SCOTIA

RETIRED EMPLOYEES

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Introduction

The purpose of this booklet is to provide you with a description of the benefits you are entitled to as a member of the Retirees Health Plan offered by the Province of Nova Scotia. It is intended to be a reference document that outlines the services and products eligible for reimbursement under the terms of the plan. This booklet is not a substitute for the Master Contract. The complete terms and conditions of the plan are set out in the Province of Nova Scotia Master Contract with Medavie Blue Cross. If there is any inconsistency between this booklet and the actual provisions of the Master Contract, the provisions in the Master Contract will apply. You can consult the Master Contract at any time through the internet, on the Nova Scotia Public Service Commission website at <https://beta.novascotia.ca/benefits-government-retirees-forms-and-documents>.

If you require any additional information regarding your Medavie Blue Cross program, please call Medavie Blue Cross Customer Service toll-free line at 1-800-667-4511 or logon to the cardholder access website at www.medaviebc.ca. The cardholder website contains information specific to your own coverage, and past claims history. To logon, you need your Medavie Blue Cross policy number and identification number, which is on your identification card. For logon instructions, refer to page 22.

This booklet replaces any previously issued booklet.

Who is eligible?

You are eligible if you are retired from the Nova Scotia Civil Service or a participating member agency of this plan, and in receipt of the Nova Scotia Public Service Superannuation.

In addition, your dependents are considered eligible, provided they meet the following definition:

- your spouse;
- the person acknowledged by you as your spouse with whom you have resided for a period of at least one year;
- a stepchild, legally adopted child, or child over whom yourself or your spouse has been appointed as legal guardian with parental authority, or natural child of yourself or your spouse (excluding a foster child) who is under 21 years of age and dependent upon the subscriber for financial care and support; an overage dependent form can be obtained from <https://beta.novascotia.ca/benefits-government-retirees-forms-and-documents> or by calling Benefits Division, N.S. Public Service Commission at 902-424-3240 or email PSCBenefitInquiries@novascotia.ca;
- unmarried children under 25 years of age while they are attending college, university, or other accredited educational institution as full-time students; An overage dependent form must be completed each school year;
- a child 21 years of age or older who by reason of mental or physical disability is incapable of self-sustaining employment and is totally dependent upon you for support and provided such child was covered under this policy prior to age 21;
- Retirees and their dependents must be residents of Canada, and eligible for benefits under the Provincial Government Health Care Programs.

How do I join the plan or terminate my coverage?

If you are a member of the employees' health plan, then upon retirement you will automatically be transferred to the Retirees Health Plan. Otherwise, eligible retirees can apply for coverage at any time by notifying Benefits, N.S. Public Service Commission and requesting an application form. The effective date of the coverage will be the first day of the month following receipt of the completed application.

You may terminate your coverage at any time by contacting Benefits, Nova Scotia Public Service Commission and providing written confirmation. The effective date of the termination will be the date of receipt of the cancellation request.

For any changes in the status of your eligible dependents, please notify Benefits, Nova Scotia Public Service Commission at 902-424-3240 by mail to Benefits, Nova Scotia Public Service Commission, P.O. Box 943, Halifax, NS B3J 2V9 or email to PSCBenefitInquiries@novascotia.ca.

In the event of a name or address change please contact the Nova Scotia Pension Service Corporation at 1-800-774-5070 or PensionsInfo@nspension.ca.

What happens when I turn 65?

Prescription drug benefits cease at age 65 under this policy because coverage is available through the Nova Scotia Seniors' Pharmacare Program.

However coverage for all other benefits including Diabetic Supplies will continue after age 65.

If your spouse is under 65, their eligible prescription drugs are still covered by this policy until they reach age 65 with the exception of Diabetic Supplies, which will continue after age 65.

For more information on the Nova Scotia Seniors' Pharmacare Program, please call 1-800-544-6191 or visit www.novascotia.ca/dhw/pharmacare/seniors-pharmacare.asp.

What is my Medavie Blue Cross policy number?

If the retired employee is under 65, the policy number is #0016000001.

If the retired employee is over 65, the policy number is #0016500001.

If you require a duplicate card, please contact Benefits, Nova Scotia Public Service Commission, 902-424-3240 or PSCBenefitInquiries@novascotia.ca.

HOSPITAL BENEFITS

This benefit is designed to supplement your provincial government insurance plan, which provides coverage at the standard ward level only.

Note: Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses incurred in Medavie Blue Cross approved hospitals.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
SEMI-PRIVATE ACCOMMODATION	<ul style="list-style-type: none"> ▪ Charges for hospital accommodation in excess of the basic ward rates up to a semi- private level. ▪ There is no limit on the number of days allowed or no dollar limit when confinement is medically necessary. ▪ If a private room is occupied, the plan will provide payment at the semi-private room level. 	<ul style="list-style-type: none"> ▪ A hospital stay when the participant is not under the active treatment and care of a physician. ▪ Charges for chronic, convalescent, respite or custodial care. ▪ Services provided in a nursing or convalescent home or special institution for the treatment of drug and alcohol addictions. ▪ A hospital stay following a medically-determined discharge date.
SPECIALIZED CARE FACILITY	<ul style="list-style-type: none"> ▪ 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. ▪ Provides 24 hour nursing care ▪ Requires every patient be under direct care of a Physician 	<ul style="list-style-type: none"> ▪ A facility that is not primarily operated as a maternity home, nursing home, home for the aged, blind, deaf, mentally ill or for the care and treatment of drug and alcohol addictions.

HOSPITAL BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
PROFESSIONAL AMBULANCE SERVICE	<ul style="list-style-type: none">▪ Cost of licensed professional ground ambulance transportation to or from the nearest hospital is covered when no other form of transportation can be used due to the medical condition of the patient.▪ Where a government program or plan for ambulance services exist, coverage will be limited to ambulance user fees applicable under such government program or plan.	<ul style="list-style-type: none">▪ Transportation to and from scheduled appointments. (Not applicable to Policy 15138-003 in Contract)

EXTENDED HEALTH BENEFITS

This benefit provides comprehensive protection against the cost of health services and supplies not covered by government programs. The plan reimburses you for 100 per cent of the usual, customary and reasonable charges of the following covered expenses, subject to plan maximums, when ordered by the attending physician. Note: Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses in the locality or geographical area indicated by the province code on file from the address of the retired employee.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
NURSING SERVICE	<ul style="list-style-type: none"> ▪ Private duty nurse or Personal Care worker. ▪ Maximum eligible expense is limited to \$10,000 per person in any 12 consecutive months for medically necessary services. Personal care worker limited 4 hour/day maximum. ▪ Coverage is based on payment schedule established by Medavie Blue Cross for the participant's province of residence. ▪ Home nursing by a private duty nurse at the participant'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 must be pre-approved by Medavie Blue Cross – please contact Medavie Blue Cross. 	<ul style="list-style-type: none"> ▪ Nursing services provided at a convalescent or nursing home. ▪ Custodial care, light housekeeping, meal preparation, shopping, transportation and respite care.
DIAGNOSTIC AND X-RAY SERVICES	<ul style="list-style-type: none"> ▪ Diagnostic and X-ray services, when carried out by a Medavie Blue Cross approved laboratory. ▪ Services covered include laboratory and X-ray examinations. ▪ Charges for radium isotope therapy. 	

EXTENDED HEALTH BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
MEDICAL EQUIPMENT	<ul style="list-style-type: none">▪ Charges not exceeding \$10,000 per participant per lifetime, and subject to internal plan maximums, for rental or purchase (at the discretion of Medavie Blue Cross) of:<ul style="list-style-type: none">○ wheelchair○ scooter○ standard hospital bed○ walkers○ canes○ medication compressor○ insulin pumps○ infusion pumps○ compression pumps○ CPAP machine○ other durable medical equipment required for therapeutic use.▪ Charges must be pre-approved by Medavie Blue Cross and require medical referral – please contact Medavie Blue Cross.	<ul style="list-style-type: none">▪ Maintenance of any medical equipment.▪ Installation costs.

EXTENDED HEALTH BENEFITS CONT.

<p>MEDICAL PROSTHESIS</p>	<ul style="list-style-type: none">▪ Charges for the purchase, repair, adjustment or maintenance of prosthetic limbs and eyes.▪ Replacements only in the event of 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 brassieres 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.	<ul style="list-style-type: none">▪ Myoelectric prostheses.▪ Hair prosthetics, replacement therapy and other procedures for physiological hair loss (i.e. male pattern baldness).▪ Replacements are only covered in the event of pathological change
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EXTENDED HEALTH BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
MEDICAL SUPPLIES	<ul style="list-style-type: none"> ▪ Ostomy appliances, irrigating sets, and pouches. ▪ Charges for urinary collection and retention systems including catheter tubes and pouches. ▪ Intra-uterine contraceptive devices, limited to one in any 12 consecutive month period. ▪ Charges for elastic support stockings, limited to two pairs per participant in any 12 consecutive month period. ▪ Enuresis detection devices, limited to one in any 60 consecutive month period. ▪ Charges for blood, blood plasma when not supplied as a free service. ▪ Other medical supplies when approved by Medavie Blue Cross. 	<ul style="list-style-type: none"> ▪ Deodorants, adhesives, skin creams, pads or other supplies. ▪ Mechanical or electric testing or monitoring devices.
OXYGEN AND OXYGEN SUPPLIES	<ul style="list-style-type: none"> ▪ Charges for the purchase of oxygen and rental of equipment required for its administration. A prescription from a medical doctor or nurse practitioner, including diagnosis, required on first submission. ▪ Equipment may be purchased at the option of Medavie Blue Cross. 	
SUPPORTS	<ul style="list-style-type: none"> ▪ 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. 	

EXTENDED HEALTH BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
ORTHOTICS	<ul style="list-style-type: none"> ▪ Charges for custom molded foot supports as prescribed by a chiropodist, podiatrist or physician up to \$150 per participant in any 24 consecutive month period or 12 consecutive months if participant is under 18 years of age. ▪ Orthotics must be fitted by and purchased from an orthopaedic foot care provider approved by Medavie Blue Cross. 	<ul style="list-style-type: none"> ▪ Charges for off-the-shelf retail items are not covered.
ORTHOPAEDIC SHOES AND MODIFICATION	<ul style="list-style-type: none"> ▪ Customized orthopaedic shoes to accommodate, relieve or remedy some mechanical foot defect or abnormality. ▪ Must be prescribed by a chiropodist, podiatrist or physician. The maximum in any 24 consecutive month period is \$150 or 12 consecutive months if participant is under 18 years of age. ▪ Charges for modification, adjustment and supplies when prescribed. 	
EMERGENCY TRANSPORTATION	<ul style="list-style-type: none"> ▪ Charges for emergency transportation by air, rail or water to the nearest medical facility able to provide the required care is covered when: <ul style="list-style-type: none"> ○ an area is not serviced by regular 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 it is medically necessary. ▪ Limit of \$500 per participant for any one emergency illness or accident. 	

EXTENDED HEALTH BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p>DENTAL SERVICES FOR ACCIDENTAL INJURY ONLY</p>	<ul style="list-style-type: none"> ▪ Charges for the services of a Dentist or Dentist Specialist for the repair or replacement of natural, vital teeth when incurred as a result of an accidental injury sustained while covered for the Dental Services - Accidental Injury Only. ▪ Limit of \$2,500 per participant for any one accident. ▪ An accident report must be submitted before claims will be considered for payment. ▪ Services must be completed within 12 months of the date of accident provided the participant's coverage remains in force. ▪ 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 an estimate of the proposed treatment and charges, and dental x-rays where applicable. 	<ul style="list-style-type: none"> ▪ Charges above the general practice level of the current edition of the <i>Dental Association Fee Schedule</i> of the province of residence. ▪ Charges which are not the result of an accident.

EXTENDED HEALTH BENEFITS CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p>PRIVATE PRACTICE PARAMEDICAL AND PSYCHOLOGIST SERVICES</p>	<ul style="list-style-type: none"> ▪ Active treatment provided by private practice paramedical practitioners who are licensed, certified or registered to practice. ▪ Physiotherapists, massage therapists and acupuncturists are limited to \$25 per visit and up to 20 visits per calendar year for these practitioners combined. ▪ Speech therapists, occupational therapists, chiropractors, chiropodists, podiatrists are limited to \$25 per visit and a maximum limit of 20 visits per calendar year for each practitioner. ▪ Services of a psychologist are limited to \$300 per participant per calendar year. Must be duly licensed, certified or registered to practice psychology. 	<ul style="list-style-type: none"> ▪ Cardiovascular rehabilitation or supervised exercise program.
<p>HEARING AIDS</p>	<ul style="list-style-type: none"> ▪ Hearing aids up to \$600 for the left ear and up to \$600 for the right ear in any five consecutive year period when prescribed by an otolaryngologist or clinical audiologist following referral by a physician. The costs for repairs are eligible in combination within these amounts. 	<ul style="list-style-type: none"> ▪ Hearing tests, batteries, or ear moulds.
<p>SPEECH AID EQUIPMENT</p>	<ul style="list-style-type: none"> ▪ For participants who do not have oral communication ability. ▪ \$1,000 lifetime maximum/participant 	
<p>AUDITORY TRAINING SYSTEM</p>	<ul style="list-style-type: none"> ▪ For a child for language development or for classroom use. ▪ \$1,000 lifetime maximum/participant 	

VISION CARE SERVICES

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p>VISION CARE</p>	<ul style="list-style-type: none"> ▪ Services must be performed by a licensed optometrist or ophthalmologist. ▪ Services are covered every two calendar years for adults and every calendar year for persons under the age of 18. ▪ Optometrist or ophthalmologist services for one eye refraction (exam) up to the usual and customary level. ▪ The purchase of frames and prescription lenses or prescription contact lenses up to \$150. ▪ Special Contact Lens Benefit - Charges for contact lenses and professional fitting services up to \$200 per benefit period for non-elective, medically-necessary conditions. The list of conditions is available upon request. This benefit is <i>in lieu of</i> frames and prescription lenses, or prescription contact lenses. ▪ In the event vision care services are required within the two calendar year limitation period, consideration will be made based upon medical diagnosis supplied in writing. Please be sure to include the prescription details from your last prescription as well as the new prescription for consideration. In order to qualify for this allowance, a significant change in prescription detail must be noted as a direct result of diagnosed eye disease and/or surgery such as removal of cataracts. All requests should be sent to the policyholder for consideration. 	<ul style="list-style-type: none"> ▪ Refractions required by an employer, government body or other third party. ▪ Safety glasses or safety goggles. ▪ Replacement of lost, stolen or broken lenses or frames. ▪ Duplicate or spare eyeglasses. ▪ Intra-ocular lens implants (soft lenses). ▪ Non-prescription sunglasses.

PRESCRIPTION DRUG BENEFIT

The following Drug Benefits do not apply to a plan member over age 65, except Diabetic Supplies, which continues after age 65.

When you are enrolled under the plan, you are issued a Medavie Blue Cross identification card. Please present to your pharmacist. It entitles you and your eligible dependents to obtain prescription drugs, subject to a payment of **\$5.00** towards the cost of each prescription. Medavie Blue Cross shall pay the Usual, Reasonable and Customary charges in the geographic area where the claim occurs.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p>PRESCRIPTION DRUGS</p>	<ul style="list-style-type: none"> ▪ Prescription drugs including oral contraceptives and eligible over-the-counter drugs. ▪ Coverage is limited to the least expensive interchangeable product when available (e.g. generic) regardless of what is dispensed. ▪ Diabetic Equipment, including continuous blood glucose monitoring transmitters and continuous glucose monitoring (CGM) sensors up to a combined maximum of \$5,000 in a calendar year (Not applicable to Policy 15138 in Contract). ▪ Diabetic Supplies, including insulin pump supplies, needles, syringes, testing materials, infusion sets, automatic pressurized insulin injectors and other related equipment. Special garments for treatment of burns. ▪ Smoking cessation products are included as benefits for one course of treatment up to a lifetime maximum of three consecutive months and \$350. ▪ The quantity of each separate prescription order or refill is limited to a maximum of a 100-day supply, unless written authorization is obtained by Medavie Blue Cross. ▪ . 	<ul style="list-style-type: none"> ▪ Prescription drug benefits end when the participant becomes eligible for the Nova Scotia Seniors' Pharmacare Program available at age 65. ▪ Medicines and other preparations routinely purchased without prescription. ▪ Any drug that is dispensed without being in compliance with federal or provincial legislation. ▪ Experimental drugs, research drugs, or drugs available through the Emergency Drug Release Program. ▪ Fertility drugs, anti-obesity drugs and anti-impotence drugs. ▪ Drugs administered and/or dispensed by a hospital or Specialized Care facility for use as an in-patient or out-patient, or drugs provided for by a qualified home care program. ▪ Charges for delivery service, completion of forms, or other ancillary services.

PRESCRIPTION DRUG BENEFIT CONT.

Eligible Expenses	What is covered/Conditions of coverage	What is not covered
<p>PRESCRIPTION DRUGS (Cont.)</p>	<ul style="list-style-type: none"> ▪ Coverage is not included for an additional supply of a prescription drug during any period covered by a previously dispensed prescription for the same drug, unless necessitated by a change in dosage ▪ Drugs must be dispensed at a pharmacy within one year from the date of the original prescription. 	<ul style="list-style-type: none"> ▪ Any prescription drug that is determined by Medavie Blue Cross to be non-therapeutic, not cost effective relative to drugs used for the same or similar conditions, or not medically necessary, <i>or</i> not proven effective. ▪ Homeopathic and naturopathic medications, nutritional supplements or herbal remedies. ▪ Dietary supplements, infant formulas, total parenteral nutrition solutions (TPN) and food products. ▪ Medications or preparations available without a prescription, unless determined by Medavie Blue Cross to be life sustaining or included on a supplementary benefit list approved by Medavie Blue Cross. ▪ Drugs eligible for coverage under a government program ordinarily included for coverage in this Contract or which would have been eligible in the absence of a private prescription drug benefit plan. ▪ Vaccines, biologicals or immunological products including allergy serums compounded in a lab and not bearing a Drug Identification Number (DIN).

CO-ORDINATION OF BENEFITS

The *Coordination of Benefits* provision limits the financial responsibility of Medavie Blue Cross when you are also insured under another plan (i.e. your spouse's plan). Benefits will be coordinated so that the amount payable under both policies does not exceed 100% of the actual eligible expenses incurred.

Claims for the Insured

If you are the person named on the subscriber identification card, submit your claim to Medavie Blue Cross. Once the claim has been processed, any balance can be claimed with the other insurance company under which you are covered.

Claims for your Spouse

If the claim is for your spouse, and he or she has coverage elsewhere, submit the claim to that insurance company first. If your plan also covers your spouse, you can claim the remaining balance from Medavie Blue Cross.

Claims for Dependent Children

Claims for dependent children who are covered under both policies should be submitted **first** to the insurance company of the parent whose birth date is earlier in the calendar year.

Medavie Blue Cross requires a copy of the payment statement or summary from the other insurance company and a copy of your receipt in order pay any eligible balance.

HOW TO CLAIM

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

HOSPITAL BENEFITS

In most instances there is no requirement to complete a claim form to obtain hospital services. Present your subscriber identification card to the hospital and the hospital will bill Medavie Blue Cross directly.

EXTENDED HEALTH BENEFITS

To obtain reimbursement for services and supplies under this benefit when direct billing is not available, complete a claim form that can be obtained from Medavie Blue Cross. Indicate your Group Policy and Subscriber Identification numbers and patient information on the top of the claim form. This portion of the form is critical in order for Medavie Blue Cross to properly adjudicate your claim. Attach the **original** receipts, and any supporting documentation to the form and forward to Medavie Blue Cross. Payment will be made directly to you.

VISION CARE SERVICES

Your subscriber identification card should be presented to any participating optometrist/optician at the time your prescription is filled.

In most instances your optometrist/optician will submit the required claim form to Medavie Blue Cross for payment. If the charges for your vision care services exceed the benefit level under your program, you will be required to make payment for this portion only.

If you choose an optometrist or optician who is not billing Medavie Blue Cross directly, you should forward a completed Vision Claim Form to Medavie Blue Cross along with your itemized receipt. Payment will be made directly to you.

PRESCRIPTION DRUGS

You may present your card at the pharmacy at the time your prescription is dispensed and pay the applicable co-pay amount.

YOUR MEDAVIE BLUE CROSS PLAN DOES NOT COVER any claims or part of any claims for benefits where the claim or part of the claim for services, supplies or equipment is:

- medical examinations or routine general checkups required for use by a third party;
- 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;
- 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;
- any services and supplies to which the Participant is entitled under any Workers' Compensation statute or any other legislation;
- charges which normally would not be made if the Participant were not covered by this contract;
- 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;
- 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;
- mileage and/or delivery charges to or from a hospital or Health Care Professional;
- services in connection with an injury or disease resulting from riot, insurrection or war, whether war be declared or not. This includes any condition caused directly or indirectly by any armed forces;
- any item or service not listed as a benefit in this contract;
- medications restricted under federal or provincial legislation/regulations which are prescribed and/or dispensed contrary to such regulations/legislations;
- registration charges or non-resident surcharges in any hospital;
- services required as a result of attempting to commit a criminal act;
- any services performed that are not provided by a Medavie Blue Cross Approved Health Care Provider;

YOUR MEDAVIE BLUE CROSS PLAN DOES NOT COVER - CONT.

- charges for missed appointments or the completion of forms;
- services which are normally paid directly or indirectly by the employer;
- any health care services and supplies which are not provided by an Medavie Blue Cross Approved Provider;
- charges for Experimental or Investigative health care services or supplies;
- any health care service or supplies which are not Medically Necessary and/or Proven Effective;
- charges for Health Care Planning Assessments including, but not limited to physiotherapy assessments, unless otherwise specified in this contract;
- 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.

BLUE CROSS CONTACT INFORMATION

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 or visit our website at www.medaviebc.ca.

CONNECT WITH BLUE CROSS

Like us on Facebook at 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 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.

HOW TO OBTAIN MORE INFORMATION

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

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 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 location nearest you, visit our website at www.medaviebc.ca.

PRIVACY PROTECTION PRACTICES

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

PLAN MEMBER WEBSITE

INSTRUCTION FOR MEMBERS

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

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

ON THE PLAN MEMBER WEBSITE

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

Coverage Inquiry: Detailed information about the Medavie Blue Cross benefit plan
Forms: Printable versions of generic Medavie Blue Cross claim forms

Member Information

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

Member Statements

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

Submit Claims electronically

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE

To register for the Plan Member Website, visit **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.