



**FACULTY OF HEALTH SCIENCES (FHS)
POSTDOCTORAL FELLOWS**

EMPLOYED FOR TWELVE MONTHS OR MORE

June 2005

Revised March 2012

As a Postdoctoral Fellow with an appointment of 12 months or more at McMaster University, you are eligible for the following benefits:

- OHIP/UHIP
- Extended Health Care
- Dental Care (optional)
- Voluntary Accidental Death & Dismemberment Insurance (optional)
- Group Life Insurance (basic and optional)
- Worldwide Travel Benefits

The information provided in this document is intended to summarize in plain language, the McMaster University Benefit Plans applicable to Postdoctoral Fellow's. For an exact and complete description of the Plans, consult the applicable Plan Text. In cases where the information provided on this handout differs from that contained in the Plan text, the Plan text will govern. For further details, please contact FHS Human Resources Services at ext. 22207 or hrlink@mcmaster.ca.

UNIVERSITY HEALTH INSURANCE PLAN (U.H.I.P.):

For those members of the McMaster community who are in Canada on a Work Permit, **Ontario Health Insurance Plan (O.H.I.P.)** coverage does not commence until three months AFTER your arrival in Canada. Your employment period must be a minimum of six (6) months to be eligible for O.H.I.P. Family members of OHIP-eligible temporary foreign workers may be eligible for OHIP coverage provided they are legally entitled to stay in Canada. A Canadian returning from a leave of absence out of country longer than six months will also require U.H.I.P. coverage for the three month O.H.I.P. waiting period.

All Universities in Ontario have joined together in establishing a group insurance program, **University Health Insurance Program (U.H.I.P.)**. The program is mandatory for those without O.H.I.P., ensuring that all members of our community and their families have basic health care coverage. The cost for U.H.I.P. (single or family coverage) will be covered by your department for a maximum period of three months. You will be responsible for all subsequent payments.

EXTENDED HEALTH CARE COVERAGE:

The Extended Health Care Plan reimburses for many medical expenses that are not covered by O.H.I.P. or U.H.I.P. Coverage is provided immediately for eligible individuals. This benefit is fully paid by the University. Sun Life Financial is our health care provider. To ensure efficient claims payment, you must advise the University if family coverage is required.

Who qualifies as your dependent:

Your dependent must be your spouse or your child and a resident of Canada or the United States and maintaining provincial health coverage.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last twelve (12) months, is an eligible dependent. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependents:

- who are unmarried and under age 21 and
- for whom you have actual custody or legal financial responsibility.

A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 25 as long as the child is entirely dependent on you for financial support and you have actual custody or legal financial responsibility.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support, and is not married nor in any other formal union recognized by law.

In these cases, you must notify Sun Life within 31 days of the date the child attains the limiting age. Please contact FHS Human Resources Services for further details.

A brief summary of eligible expenses is as follows:

1. Prescription drugs- eligible prescription drugs are reimbursed at 100% after the deductible has been paid. You will receive a Sun Life Assure Pay Direct Drug Card which you must present to your Pharmacist along with your prescription(s) or renewal. The card indicates to the Pharmacist the coverage you are entitled to under the plan. There is a limit of \$6.50 on pharmacy dispensing fees. This means that the member is responsible for paying dispensing fees in excess of \$6.50.
2. Hearing aids - we will cover 75% of the costs of hearing aids prescribed by an ear, nose and throat specialist, up to a maximum of \$500 per person over a period of 3 benefit years.
3. Orthotics and Orthopaedic shoes - we will cover 80% of the costs of custom-made orthotic inserts for shoes and custom-made orthopaedic shoes or modifications to orthopaedic shoes, when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of \$400 per person over a period of 2 benefit years.
4. General medical devices- after you pay the deductible of \$50 per person each benefit year, we will cover 75% of the next \$400 of eligible expenses and 100% of the remainder of expenses per person in a benefit year for each category of

medical services listed below when ordered by a doctor (for any rental, the deductible applies only in the first year):

- home care devices required to care for the infirmed outside hospital, excluding costs of any home or other renovations ie. hospital beds, bath lifts
 - mobility devices required to allow increased mobility in and outside the house if medically appropriate ie. wheelchairs, walkers
 - braces or trusses required to minimize pain or support part of the body in an appropriate position ie. leg or knee braces
 - prosthetics required to replace parts of the body lost due to illness, injury, surgery or malformation at birth or during development
5. Other medical services and equipment – We will cover 100% of the costs for medical services when ordered by a doctor, including, but not limited to, elastic support stockings, glucometers when prescribed and surgical brassieres required as a result of surgery.
 6. Paramedical Services – Licensed Physiotherapists, Massage Therapists (prescribed by doctor), Naturopaths, Christian Science Practitioner - \$15 per visit, up to a maximum of \$300 per person per benefit year. Licensed Osteopaths, Chiropractors, Podiatrists, Chiropodists - \$15 per visit, up to a maximum of \$300 per person per benefit year per practitioner. Licensed Speech Therapists, up to a maximum of \$200 per person in a benefit year. Licensed Psychologists -\$15 per half hour for the initial visit and \$15 per visit for subsequent visits, up to a maximum of \$300 per person per benefit year.
 7. Contact lenses, eyeglasses, or laser eye correction surgery - \$250 per employee for one purchase every 24 months.
 8. Private duty nursing services – when medically necessary and ordered by a doctor. We will cover 40% of the first \$25,000 of eligible expenses (equals \$10,000) and where eligible expenses exceed \$25,000, we will pay 80% of the next \$25,000 (equals \$20,000) of eligible expenses per person. Each benefit year after a claim has been paid, 1/2 of the amount utilized will be reinstated. After 2 benefit years with no claims, entitlement is returned to full coverage.
 9. Cost of room and board in a convalescent hospital if this care has been ordered by a doctor as long as it is primarily for rehabilitation, and not for custodial care. The maximum amount payable is \$20 per day up to a maximum of 120 days in a benefit year.
 10. Ambulance services – when ordered by a doctor.

What is not covered:

- semi-private or private hospital room coverage
- services or supplies payable or available under any government-sponsored plan or program unless explicitly listed as covered under this benefit
- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided
- equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers)

- any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada)
- services or supplies for which no charge would have been made in the absence of this coverage

We will not pay benefits when the claim for an illness resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- any work for which you were compensated that was not done for the employer who is providing this plan
- participation in a criminal offence

DENTAL CARE COVERAGE:

All Postdoctoral Fellows with appointments of 12 months or more are eligible to purchase dental coverage. Payment amounts vary depending on coverage type and payments are made through payroll deduction.

If you wish to enroll in the dental plan you must do so within the first 30 days of the start of your appointment. Once elected, participation in the dental plan is mandatory for the duration of your appointment with McMaster University. Future changes may only be made in the event of a family status change.

Should you elect not to participate in the dental plan you must inform the University of your decision within the first 30 days of your appointment by completing a waiver form and returning it to FHS Human Resources Services.

Sun Life Financial is also our dental care provider. Dental care coverage pays for eligible expenses that you incur for dental procedures provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

For each dental procedure, we will only cover reasonable expenses. We will not cover more than the fee stated in the Dental Association Fee Guide for general practitioners of the province of Ontario, regardless of where the treatment is received.

When Sun Life decides what they will pay for a procedure, they will first find out if other or alternate procedures could have been done. These alternate procedures must be part of usual and accepted dental work and must obtain as adequate a result as the procedure that the dentist performed. They will not pay more than the reasonable cost of the least expensive alternate procedure.

Who qualifies as your dependent:

Please refer to the Extended Health Care section.

Predetermination:

We suggest that you send Sun Life an estimate, before the work is done, for any major treatment or any procedure that will cost more than \$500.00. You should send Sun Life a completed dental claim form that shows the treatment that the dentist is planning and the cost. Both you and the dentist will have to complete parts of the claim form. Sun Life will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

A brief summary of eligible expenses is as follows:

1. Preventive dental procedures - your dental benefits include procedures used to help prevent dental problems. They are procedures that a dentist performs regularly to help maintain good dental health. We will pay 100% of the eligible expenses for these procedures.
2. We will cover 1 complete examination every 48 months and 1 recall examination limited to one examination every 6 months for children under 15 or every 9 months for any other person.
3. Basic dental procedures – your dental benefits include procedures used to treat basic dental problems. We will pay 85% of the eligible expenses for these procedures. Examples include, but are not limited to, filling cavities, extracting teeth, basic restoration and oral surgery.
4. Major dental procedures – your dental benefits include procedures used to treat major dental problems. We will pay 70% of the eligible expenses for these procedures, up to a maximum of \$2,000 per person for each benefit year. Examples include but are not limited to, crowns, dentures or bridges.
5. Orthodontic procedures – your dental benefits include procedures used to treat misaligned or crooked teeth. We will pay 50% of the eligible expenses for these procedures, up to a maximum amount of \$2,000 in a covered person's lifetime. Coverage includes orthodontic examinations, including orthodontic diagnostic services and fixed or removable appliances such as braces.

What is not covered:

- services or supplies payable or available under any government-sponsored plan or program unless explicitly listed as covered under this benefit
- services or supplies that are not usually provided to treat a dental problem
- procedures performed primarily to improve appearance
- the replacement of dental appliances that are lost, misplaced or stolen
- charges for appointments that you do not keep
- charges for completing claim forms
- services or supplies for which no charge would have been made in the absence of this coverage
- supplies usually intended for sport or home use

- procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections (changing the way teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support)
- transplants and the repositioning of the jaw
- experimental treatments

We will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- participation in a criminal offence

When and how to make a claim:

To make a claim with Sun Life, complete the applicable Extended Health Care Claim Form or the Dental Claim Form, both of which are available from the FHS Human Resources Services Office or our website http://fhs.mcmaster.ca/hr/useful_guides_resources_and_forms.html. Our benefit year runs July 1 to June 30.

If you have a question concerning a specific medical or dental claim, you should call Sun Life at 1-800-361-6212. Your name, policy # (25018) and certificate number (employee I.D. #), which are shown on your Sun Life drug card, should be provided. You may also e-mail Sun Life at askus@sunlife.com. In addition to the above information, you should include your spouse or dependent’s name, type of claim and your phone number. If the question is about a claim that has already been paid or declined, provide the “claim” or “control” number located on your Explanation of Benefits (EOB).

Coordination of benefits:

If you are covered for Extended Health Care or Dental Care under this plan and another plan, our benefits will be coordinated with the other plan following insurance industry standards.

These standards determine where you should send a claim first. Here are some guidelines:

- if you are claiming expenses for your spouse and your spouse is covered for those expenses under another plan, you must send the claim to your spouse’s plan first
- if you are claiming expenses for your children, and both you and your spouse have coverage under different plans, you must claim under the plan of the parent with the earlier birthday (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse’s birthday is June 5, you must claim under your plan first
- the maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses

An [FHS Human Resources representative](#) can help you determine which plan you should claim from first.

Updating your records:

To ensure coverage is kept up-to-date, it is important you advise McMaster University of any of the following changes:

- change of dependents
- change of name
- change of beneficiary
- change of address
- overage students

Claims must be received at the earlier of:

- prior to September 30th following the end of the benefit year in which the claims were incurred, or
- the end of your Extended Health Care or Dental Care coverage.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) :

All Postdoctoral Fellows are eligible for purchasing this optional insurance coverage. This plan covers the member 24 hours a day, each day of the year against death or dismemberment as a result of an accident anywhere in the world, whether on or off the job. The plan also pays for rehabilitation, occupational training, repatriation, and special education. The member pays the full premium for the coverage selected. For further information please consult the leaflet entitled “Voluntary Accidental Death and Dismemberment Insurance.”

GROUP LIFE INSURANCE:

The purpose of this benefit is to assist your beneficiary in the event of your death while employed at McMaster University. The University provides basic coverage to all eligible Postdoctoral Fellows. Members may also elect to join the Optional Life Insurance Plan.

Basic Group Life	175% of your annual salary* - paid as a lump sum in the event of your death. Evidence of insurability is NOT required - McMaster University will pay the entire premium.
Optional Group Life (units of 25%)	25% to 500% (maximum optional is 500%). You will be required to provide evidence of insurability. You pay the entire premium based on your age, gender and smoker/non-smoker status.

*for benefits purposes, salaries are limited to \$100,000 and if the salary is not an even \$1,000 it will be raised to the next higher \$1,000 (eg 42,527 = 43,000)

Please refer to the group life premium calculator on the web www.workingatmcmaster.ca to help you determine your monthly deduction.

If your Life Insurance coverage ends or reduces for any reason other than your request, you may apply to convert your Life coverage to an individual Life policy with Sun Life without providing proof of good health. Written application must be made to Sun Life, accompanied by the first premium no later than 31 days after coverage ends or is reduced. Please contact FHS Human Resources Services for further details.

WORLDWIDE TRAVEL BENEFITS:

Insurer	<i>This benefit is insured by Medavie Blue Cross.</i>
Eligibility Period	Coverage commences immediately upon employment. <ul style="list-style-type: none"> • benefits are provided for a maximum of 60 days per visit, subject to a lifetime maximum of \$1,000,000 for an accident or unexpected illness outside the province of residence • payment assistance through CanAssistance • program pays 100% of the eligible expense
Termination	The benefits provided by this contract terminate at the earlier of retirement, termination of employment, or on December 1 st of the year age 69 is attained.

GENERAL INFORMATION

Eligible Employees You are eligible to enrol for benefits if you are eligible for McMaster's Extended Health Program.

Employees may elect coverage, within the 31 days of becoming eligible, by completing an application. Coverage is effective on the date of eligibility, except when: (a) the employee is not actively at work on the day that coverage would otherwise become effective, or (b) the application is made after the 31 day period.

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a full-time basis.

Eligible Dependents Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee.

The term "spouse" is defined as the person who is legally married to the employee; or, although not legally married to the employee, has continuously cohabited with the employee for not less than one full year (common-law). Unless the covered employee has requested coverage for a common-law spouse in writing to Medavie Blue Cross, the person legally married to the insured employee shall be considered to be the spouse.

Unmarried, unemployed children over 25 years of age qualify if they are dependent upon the covered employee by reason of a mental or physical disability and have been continuously so disabled since the age of 25.

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, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

Evidence of Health Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for the employee and his dependents, if any, before benefits commence.

Termination of Benefits

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

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

WORLDWIDE TRAVEL BENEFITS

The Group Travel Plan covers a wide range of benefits which may be a result of an accident or unexpected illness incurred outside the Participant's province of residence while on business or vacation. Subject to the maximum amounts indicated below, the Plan pays 100% of the eligible expense with no overall maximum, less the amount allowed under any Government Health Program.

Eligible expenses include:

HOSPITAL ACCOMMODATION - the cost of hospital room accommodation (not a suite) and medically necessary inpatient/outpatient services.

PHYSICIANS AND SURGEONS - customary charges by physicians and surgeons for services rendered.

MEDICAL APPLIANCES - the cost of casts, crutches, canes, slings, splints, trusses, braces and/or temporary rental of a wheelchair, when required due to an accident or sudden illness which occurs outside the province of residence and when ordered by a physician.

NURSE - charges for private duty nursing, including Registered Nurse, Registered Nursing Assistant or Certified Nursing Assistant (not a relative of the patient or an employee of the hospital) when ordered by an attending physician.

AMBULANCE - normal charges for ambulance service, including air ambulance and evacuation to and from the nearest qualified medical facility. Air evacuation between hospitals must receive prior approval of CanAssistance.

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

- two economy seats by most direct route to the patient's home city in Canada, one for the covered patient and one round trip fare for a medical attendant;
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip fare for a medical attendant and the attendant's overnight hotel and meal expenses if required;
- economy seats to return any covered member of the immediate family who is travelling by with the patient.

DIAGNOSTIC SERVICES - charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.

PARAMEDICAL SERVICES - charges made by a licensed chiropractor, osteopath, chiropodist, podiatrist or physiotherapist (not a relative), up to the usual and customary fee excluding charges for x-rays.

PRESCRIPTIONS - charges for prescription drugs, serums and injectables, approved by Medavie Blue Cross, and purchased on the prescription of a physician (vitamins, patent and proprietary drugs excluded).

DENTAL SERVICES - up to \$2,000 Canadian for dental treatment necessitated by a direct accidental blow to the mouth. Such services must be rendered or reported and approved within 180 days of the accident and be supported by details of the accident.

Treatment to natural teeth for the emergency relief of dental pain, excluding root canals, is covered to a maximum of \$200. Treatment must be performed in a location not less than 200 kilometres beyond the boundary of the province of residence.

VEHICLE RETURN - up to \$1,000 Canadian for the cost of driving the patient's vehicle, either private or rental, by commercial agency to the patient's residence or nearest appropriate vehicle rental agency when the patient is unable to return it due to sickness or accident.

RETURN OF DECEASED - up to \$5,000 Canadian towards the cost of preparation (including cremation) and homeward transportation of a deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route. Up to \$2,000 Canadian toward these same costs if the deceased is not returned to Canada.

SUBSTANCE ALLOWANCE - up to \$1,500 Canadian (\$150 per day) per calendar year for extra costs of commercial accommodation and meals incurred by the subscriber, or by a covered dependent remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

TRANSPORTATION TO VISIT THE COVERED PERSON – 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 at least seven days or has died, and the attending physician advised the necessary attendance of a family member or close friend of the covered person.

CANASSISTANCE SERVICE – when hospitalization occurs, CanAssistance must be contacted within 24 hours of admission. Failure to contact the assistance provided may result in your medical expenses not being eligible or a delay in the settlement of your claim.

Neither CanAssistance nor Medavie Blue Cross shall be responsible for the availability, quality or result of medical treatment, transportation or other referred services, or the failure of the covered person to obtain medical treatment.

Medical Assistance Services

- provide emergency response in any major language
- refer you to an appropriate physician, clinic or hospital
- confirm your coverage with the hospital or physician
- guarantee or arrange payment to the hospital or physician
- provide assistance in contacting your family, place of business or family physician
- supervise the medical treatment and keep the family informed

- arrange the transportation of a family member to the patient's bedside or to identify the deceased
- arrange for transportation home of the patient

Non-Medical Assistance Services

- arrange for local care of dependent children and coordinate the safe return home if the covered person is hospitalized
- arrange the transmission of urgent messages to family members or business partners
- assistance in the event of loss of passports or airline tickets
- legal counsel referral in the event of a serious accident
- coordinate claims processing and negotiation of health care provider discounts
- provide pre-departure information concerning visas and vaccines

Limitations and Exclusions

Medavie Blue Cross will not pay any benefit or accept any liability for claims relating to the following:

- Expenses incurred outside the Participant's province of residence when the covered person could have been returned to the Participant's province of residence without endangering their life or health, even if the treatment available in the province of residence may be of lesser quality than the treatment available outside the province of residence.
- Any covered person travelling outside the province of residence primarily, with the intent or incidentally, to seek medical advice or treatment even if the trip is on the recommendation of a physician.
- Any hospitalization or service rendered concerning general health examinations for "checkup" purposes; rehabilitation or ongoing care concerning drugs, alcohol, or any other substance abuse; a rest cure or travel for health; or cosmetic purposes.
- Travel booked or commenced contrary to medical advice.

- Expenses incurred, directly or indirectly, as a result of Acquired Immune Deficiency Syndrome Complex or other terminal condition.
- Pregnancy, miscarriage, childbirth or complication of any of these conditions occurring within nine weeks of the expected date of birth.
- Any claim for patients in a chronic care hospital or in chronic care units of a public hospital, or in nursing homes or health spas.
- Expenses incurred due to driving a motorized vehicle while impaired by drug or an alcohol level of more than 80 milligrams in 100 millilitres of blood.
- Any treatment relating to the use or abuse of drugs, alcohol, substances and medications.
- Suicide, attempted suicide or self-inflicted injury of a person covered under this plan, whether sane or insane.
- Commission of, or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense.
- Participation in professional sports for remuneration, parachuting or skydiving, gliding, bungee jumping, mountaineering, or a flight accident unless the covered person is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.
- Insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, hijacking or terrorism, or participation in any riot, public confrontation civil commotion or any other act aggression or participating in a military manoeuvre.
- All claims and required government forms must be submitted within four (4) months of the date of service.
- Benefits will be provided with a lifetime maximum of \$1,000,000, in the case of treatment following an emergency resulting from an accident or sudden illness which occurs while travelling outside your province of residence during the term of the contract. (These benefits are over and above what your provincial government health plan will pay, whether in force or not).

**Terms and
Conditions**

- All amounts indicated in this agreement are in Canadian funds.
- Payment will be made by Medavie Blue Cross, by cheque, directly to the Participant, or provider of service. Payment will be made in Canadian funds, based on the rate of exchange in effect at the time the service was rendered, as determined by a Canadian chartered bank.
- All benefit levels outlined in the agreement are per person amounts, unless otherwise stated.
- Medavie Blue Cross will cover usual, customary and reasonable charges for eligible emergency medical expenses. Benefits listed here shall be payable only on the submission of certification by the attending physician that services were for emergency treatment defined as treatment of an immediate nature required as a result of an unforeseen accident or illness.
- Medavie Blue Cross has the authority to obtain the Participant's pertinent records or information from any physician, dentist, hospital or clinic.
- Coverage will be declined if the premium is not received by Medavie Blue Cross due to an invalid form of payment.
- Only charges for services incurred while the covered person is outside the boundaries of the province of residence, during the term of the contract, will be eligible. Benefits become effective at the time of crossing either the province of residence's boundary or an international border or, if travelling by air, at time the airplane takes off. Benefits expire upon the return to the province of residence or when the airplane lands in the province of residence on the return home.
- Travel benefits are available to Participants only if they are covered by their provincial health care insurance plan, or equivalent coverage. Participants not covered by their provincial health care insurance plan will be responsible for the payment of any services received to either the provider of services or Medavie Blue Cross.

- Medavie Blue Cross reserves the right to transfer the Participants to another hospital or return the Participant to Canada. Refusal to comply with the transfer request will absolve Medavie Blue Cross of any further liability.
- Claims may be denied under this contract if no contact is made with CanAssistance within 24 hours after admission to a hospital.
- If the air ambulance benefit is used, the unused portion of the Participant's air ticket must be surrendered to Medavie Blue Cross.
- This contract shall be void if, whether before or after a sickness or injury, a Participant has wilfully concealed or misrepresented any material fact or circumstance concerning this coverage.
- Claim payments under this contract will not carry interest.
- Medavie Blue Cross and CanAssistance reserve the right to transfer Participants to a preferred provider of health care services. If the Participant refuses to transfer to the recommended provider, claims may be denied.

**Claims
Procedures**

To open a claim, Participants are requested to contact CanAssistance. Your coverage will then be validated and payment to the health care provider guaranteed.

- For those claims where CanAssistance is not being used, please forward your original detailed paid-in-full receipts to Medavie Blue Cross. If necessary, Medavie Blue Cross will return to you the appropriate forms for completion. This is required for coordinating eligible benefits with your provincial health care plan. Once we have received this documentation, prompt assessment of your claim will be made.
- All claims and required government forms must be submitted within six months of the date of service.
- All medically-related claims must include a diagnosis and details of services rendered.

Co-ordination of Benefits

- If funds have been advanced to you by Medavie Blue Cross or CanAssistance, it is the responsibility of the Participant to reimburse these funds should you receive payment from another carrier or your provincial health care plan, or if the services are deemed ineligible at the time of the assessment.
- This contract is classified as a supplemental benefit plan. It covers expenses not covered under any other benefit or insurance plan, collectible or otherwise. In the event a covered person is entitled to similar benefits under any other individual or group contracts, including but not limited to your provincial health care insurance plan, Workers' Compensation, credit card coverage, and private or auto insurance, benefits will be coordinated with those plans so claims paid do not exceed 100% of the allowable expenses paid.
- After the benefit payable by government plans has been determined, the excess benefits of this agreement will be coordinated with those of other contracts or plans if the covered person is eligible for similar benefits.

If any other plan does not contain a provision for coordination with or reduction of benefits payable under this agreement, the benefits payable under any such plan will be determined first.

If any other plan contains a provision for coordination with or reduction of benefits payable under this agreement, the benefits shall be coordinated with all other plans to establish an order of benefit determination. The benefits shall be prorated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

Please contact Medavie Blue Cross at the following location to answer any inquiries you may have relating to your benefit plan.

Medavie Blue Cross

185 The West Mall

Suite 600

PO Box 2000

Etobicoke ON M9C 5P1

Toll Free: 1-800-355-9133

Local Tel.: 416-626-3788

E-Mail: inquiry@medavie.bluecross.ca

CanAssistance:

1-800-281-1474 (calling within Canada/US)

(416) 425-2076 (calling from elsewhere in the world)