

**Acadia University**

*Active Employees*  
*LTD Recipients*  
*Faculty*

**Dental**

Plan Numbers: 5275

Updated Effective Date: May 21, 2018

## **PRIVACY PROTECTION PRACTICES**

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In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to keep you informed about privacy protection practices at Medavie Blue Cross.

Protecting personal information is not new to Medavie Blue Cross. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff takes the privacy policies and procedures we have in place to ensure that confidentiality very seriously.

### ***What is personal information?***

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

### ***How is your personal information used?***

Your personal information is necessary to allow Medavie Blue Cross to process your application for coverage under its health, life and travel plans. Your personal information is used:

- to provide the services outlined in your contract or the group contract of which you are an eligible member
- to understand your needs so that we can recommend suitable products and services, and\*
- to manage our business

\*not applicable in Ontario and Quebec

### ***To whom could this personal information be disclosed?***

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in your contract:

- other Canadian Blue Cross organizations in order to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario
- specialized health care professionals when necessary to assess benefit or product eligibility
- government and regulatory authorities in an emergency situation or where required by law
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's contract, and
- the cardholder of any contract under which you are a participant

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your dependents is not released to a third party without permission unless necessary to fulfill the services Medavie Blue Cross is contracted to provide to you.

## **PRIVACY PROTECTION PRACTICES**

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### ***To whom could this personal information be disclosed? (Cont'd)***

To ensure Medavie Blue Cross is able to provide you with the best possible service, it is important that the personal information we use is accurate and up to date. You can help by keeping us informed of changes of address, marital status and the addition or deletion of dependents. Should you become aware of errors in our information about you, please contact our customer service personnel and we will ensure the data is corrected.

By becoming a Medavie Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our Web site or write to us at the address provided.

Please note that not allowing Medavie Blue Cross to use information about you may mean we may not be able to provide you with certain products or services that may be of use to you.

For more information on Medavie Blue Cross's privacy policy, contact us using one of the following:

[www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)

1-800-667-4511 or 1-800-355-9133 (in Ontario)

Chief Privacy Officer  
Medavie Blue Cross  
Risk Management Group  
644 Main Street  
PO Box 220  
Moncton, NB E1C 8L3

or

[privacyofficer@medavie.bluecross.ca](mailto:privacyofficer@medavie.bluecross.ca)

If the issue is not resolved to your satisfaction, you may file a complaint in writing to:

Office of the Privacy  
Commissioner of Canada  
112 Kent Street  
Ottawa, Ontario K1A 1H3

## **ABOUT THIS BOOKLET**

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Medavie Blue Cross administers the following benefits on behalf of Acadia University:

- Dental 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 your employer.

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.



To access a wealth of savings on medical, vision care and many other products and services, visit [www.blueadvantage.ca](http://www.blueadvantage.ca).

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## **DENTAL BENEFIT**

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Your dental program covers you and your dependents 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 Guide for general practitioners in effect in the covered person's province of residence.

### ***BASIC BENEFITS***

**Co-insurance: 80%**

#### ***Diagnostics***

- complete examinations once every three (3) consecutive calendar years
- recall examinations one (1) every calendar year
- bitewing four films every calendar year
- full series or panoramic x-rays once every calendar year
- tests/analysis/laboratory procedures

#### ***Preventive Services***

- polishing once, up to one (1) unit of time\* every calendar year
- fluoride treatment one (1) every calendar year
- scaling
- pit and fissure sealants and space maintainers
- protective appliance (mouth guard) one (1) appliance every calendar year
- periodontal, TMJ or Myofascial appliances once every 24 consecutive months
- periodontal, TMJ or Myofascial appliance adjustments, maintenance and repair, limited to one upper and one lower once every 24 consecutive months
- occlusal equilibration

#### ***Restorative Services***

- amalgam (silver) and tooth coloured (white) fillings
- full coverage prefabricated restorations
- retentive pins

#### ***Endodontic Services***

- root canal therapy

#### ***Periodontic Services:***

- periodontal scaling and root planing
- periodontal surgery (grafts)

\*one unit of time is equal to 15 minutes

## **DENTAL BENEFIT**

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### ***BASIC BENEFITS (cont'd)***

#### ***Prosthodontic Services***

- denture adjustments and repairs (after 3 months of initial insertion)
- denture reline or rebase once every two (2) consecutive calendar years (using existing framework for complete or partial dentures)
- tissue conditioning

#### ***Surgical Services***

- extraction of teeth and roots
- surgical movement of teeth
- removal of benign tumors, cysts

#### ***General Services***

- general anaesthesia and intravenous sedation in conjunction with oral surgery

### ***MAJOR RESTORATIVE BENEFITS***

**Co-insurance: 75%**

#### ***Extensive Restoratives***

- inlays/onlays/crowns

#### ***Prosthodontic Services***

- complete and partial dentures, limited to one upper and one lower, once every five (5) consecutive calendar years
- bridgework

This program excludes replacement of the denture unless it is at least five years old and cannot be made serviceable, and the replacement of dentures that may have been lost, mislaid or stolen.

### ***ORTHODONTIC BENEFITS***

**Co-insurance: 75%**

**Maximum: \$3,000 in a lifetime for dependent children only**

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

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

## **DENTAL BENEFIT**

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

The dental plan does not cover the following expenses:

1. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
2. Veneers for cosmetic purposes.
3. Accidental dental services do not form part of the Dental Benefits being offered.
4. Services rendered by a dental hygienist but not administered under the supervision of a dentist.
5. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

### ***BENEFITS FOR LATE APPLICANTS***

If application for dental benefits is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$100 per covered person during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

### ***TERMINATION***

Dental Benefit ceases at the earlier of retirement, termination of employment or death of the employee.

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

Dental benefits are 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.

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

Claims must be submitted within 24 months of receiving services or supplies or the end of your Dental benefit.



## **GENERAL EXCLUSIONS AND LIMITATIONS**

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Medavie Blue Cross does not cover the following expenses:

1. Medical examinations or routine general checkups required for use by a third party.
2. Elective services obtained outside the covered person's province of residence.
3. Charges which normally would not be made if the covered person was not covered under the plan.
4. Any item or service not listed as a benefit in this plan.
5. Medications restricted under federal or provincial legislation.
6. Registration charges or non-resident surcharges in any hospital.
7. Services performed by an unqualified practitioner.
8. Charges for missed appointments or the completion of forms.
9. Charges for health care planning assessments.
10. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
11. Convalescent, custodial or rehabilitation services, unless otherwise specified.
12. Conditions not detrimental to health.
13. Services that are not medically required, that are given for cosmetic purposes or that exceed the ordinary services given in accordance with current therapeutic practice.
14. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
15. Mileage or delivery charges.
16. Any injury or illness resulting from the covered person's active participation in or related to civil unrest, riot, insurrection or war.
17. Participation in the commission of a criminal offense.
18. A service or supply that is experimental or investigative in nature.
19. A service or supply that is not medically necessary or proven effective.
20. Services for which the government prohibits the payment of benefit.
21. Services provided without charge or normally paid for directly or indirectly by the employer.
22. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
23. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.

## **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 retirement, 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 employee.

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.

### ***CONVERSION PRIVILEGE***

If you should terminate employment, you may convert to an Individual 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.

### ***SURVIVOR BENEFIT***

In the event of the death of an active employee or a retired employee who has not yet reached age 65, the following provision applies to surviving dependents.

The spouse under the age of 65 and dependent children of a deceased employee may elect to continue benefits, subject to the full payment of subscriber dues but not beyond:

- the date the surviving dependent spouse reaches age 65, or
- the date that the surviving dependent ceases to qualify as a dependent under this plan, or
- the date any similar coverage is obtained with respect to a covered dependent, or
- the termination age of the contract or death of the dependents, whichever occurs first, or
- the date the spouse of the deceased employee remarries.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***ELIGIBLE EMPLOYEES***

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan and actively at work on a regular basis. Coverage is effective on the first day of employment.

Employees may elect coverage, within 31 days of becoming eligible following the waiting period, 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, legally adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee. 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" shall mean a person who is legally married to the employee in an ecclesiastical or civil ceremony or a partner who cohabits on a continuous basis with an employee in a spousal relationship that is not a legal marriage, including a partner of the same gender, provided that the cohabitation existed for a period of 12 months prior to the partner being admitted to the plan. The Subscriber requesting coverage for a "common-law" spouse must give written notice to Medavie Blue Cross. Unless such a written request is made, the person legally married to the Subscriber shall be considered to be the covered spouse. Discontinuance of cohabitation with the Subscriber shall terminate coverage for the "common-law" spouse.

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, unemployed 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 so disabled since the age of 21. Unmarried, unemployed 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, 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.

## **ADDITIONAL BENEFIT INFORMATION**

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### ***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.

Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependents do not apply for coverage within 31 days of becoming eligible.

### ***ALTERNATIVE BENEFIT***

Where more than one form or alternative form of treatment exists, Medavie Blue Cross, in consultation with its Health Care Consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure or supply with a lower cost, when deemed appropriate and consistent with good health management.

## **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

#### **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)

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

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

Please ensure you make note of your user ID and 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).

## **MEDAVIE BLUE CROSS CONTACT INFORMATION**

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Medavie Blue Cross has branch offices at the following locations to answer any inquiries you may have relating to your benefit plan.

### **NEW BRUNSWICK**

Fredericton Unit 2 - 1055 Prospect Street  
Fredericton, NB E3B 3B9

Moncton Blue Cross Centre  
644 Main Street  
P. O. Box 220  
Moncton, NB E1C 8L3

Saint John 47A Consumers Drive  
Saint John, NB E2J 4Z7

### **NOVA SCOTIA**

Dartmouth Street Address:  
230 Brownlow Avenue  
Dartmouth, NS B3B 0G5  
Mailing Address:  
P. O. Box 2200  
Halifax, NS B3J 3C6

Halifax Barrington Tower, Scotia Square  
1894 Barrington Street  
Halifax, NS B3J 2A8

### **NEWFOUNDLAND**

St. John's Viking Building  
136 Crosbie Road, Suite 204  
St. John's, NL A1B 3K3

### **ONTARIO**

Toronto 185 The West Mall, Suite 1200  
P. O. Box 2000  
Etobicoke, ON M9C 5P1

### **QUEBEC**

Montreal 550 Sherbrooke Street West, Suite 12  
Montreal, QC H3A 6T6

**Toll-free Customer Information Line: 1-800-667-4511**