



Your Group Benefits Booklet

Acadia University

Health Spending Account (HSA) Benefit

- A. Active Employees
- B. LTD Recipients
- D. Faculty
- E. Full Time Non-union
- G. Divinity College Employees
- H. Contract Employees More Than 8 Months

Plan Number:
5275

Updated Effective Date:
July 1, 2023



Welcome to your Group Benefits Plan

Your group benefits coverage provides you with the peace of mind that you and your family are protected today and in the future, for health and medical expenses not available through the coverage provided by government.

Medavie Inc. (also known as Medavie Blue Cross), which will be referred to as “Blue Cross” for convenience of reference.

Blue Cross has been a trusted health services partner for individuals, employers and governments across Canada for over 70 years. Our core purpose is to help improve the health and well-being of people and their communities.

Our commitment to service, innovative solutions and technological expertise mean you can rest easy because at Blue Cross, we’re always there for you.

About this Booklet

This booklet, together with your identification card, contains important information about your group benefits coverage. You should keep them in a safe place for future reference.

This booklet summarizes the important features of your group benefits coverage. It is prepared as information only, and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits coverage are described in the group plan held by your employer. In the event of a difference of wording from those of the group plan, the group plan will prevail, to the extent permitted by law.



Helpful Tip

Take a tour in the Member Centre section at www.medavie.bluecross.ca

Your booklet is divided into the following sections:

- **Summary of Benefits:** Outlines the main features of each benefit. It is important to read your Summary of Benefits along with the benefit details to ensure you fully understand your benefit coverage.
- **Coverage Details:** Contains important information regarding the eligibility requirements for your group benefits coverage. In addition, these details explain when your coverage begins and ends, plus other useful information that will help you take advantage of the coverage available to you.
- **Rights and Responsibilities under the Plan:** Outlines your responsibilities under the group plan, such as notifying your employer upon change in status, and your rights, for example your right to privacy.
- **How to Submit a Claim and Obtain More Information:** Additional information on the various options available to you for submitting claims and how you can obtain more information regarding your coverage.
- **Helpful Tips:** Throughout this booklet we have provided useful tips to help you better understand and get the most out of your group benefits.

Medavie Mobile App

Submit a claim, access an electronic version of your ID card, check coverage, find a health professional in your area, and much more! Visit www.medavie.bluecross.ca/app for more information or to download the app.

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Summary of Benefits

Health Spending Account (HSA) Benefit

Method of Payment	Reimbursement Upon Request (credits will be used to pay an HSA claim as directed by the Member on the claim form)
Credit Allocation Frequency	Annually
Benefit Details	
Policy Year	July 1 st to June 30 th
Carry Forward Type	Credit Carry Forward
(CRA) Dependent Coverage	Yes
Grace Period for Active Members	60 days
Grace Period for Terminated Members	60 days
Termination	When the Member retires

Key Terms

You and Your Dependents

Throughout this booklet we use several key terms when we refer to you and your Dependents:

- the terms that may refer to you are: Employee, Member and Participant;
- the terms that may refer to your Dependents are: Dependent, spouse, child and Participant.

Employee: A person who:

- resides in Canada; and
- works for the employer.

Member: An Employee who is eligible and approved for coverage under this plan.

(CRA) Dependent: Defined by the Canada Revenue Agency. This could include family members who are financially reliant on you such as parents, grandparents or grandchildren.

Participant: The Member or one of the Member's Dependents who has been approved for coverage under this plan.

Other Important Terms

Actively at Work: Employees are Actively at Work on a specified day if they report for work at their usual place of employment and are able to perform the regular duties of their occupation, according to their regular work schedules.

Employees who are not required to report for work on a specified day due to holidays, shift variances, vacations or weekends are still considered to be Actively at Work if they could have reported for work and performed the regular duties of their occupation on that day.

Approved Provider: A provider of health care services or supplies who has been approved by Blue Cross to provide specific Eligible Expenses.

Health Practitioner: A health care practitioner who is a registered member of their regulatory body (if applicable) and practices within the limits of their authority as established by law. If no occupational guild applies to a particular practitioner, the practitioner must:

- be a registered member of their association;
- provide care and treatment within the limits of their professional scope of practice; and
- be an Approved Provider.

Illness: A deterioration of health or a bodily disorder that has been diagnosed by a Physician and requires regular and continuous care.

Life Event: A situation resulting from one of the following that permits a Member to change their coverage:

- marriage or common law union;
- birth or adoption of a child;
- divorce or legal separation;
- the Member's or dependent's other coverage terminates for reasons outside of their control; or
- death of a dependent.



Helpful Tip

You are responsible for enrolling your Dependents under the plan when they become eligible.

In addition, you are responsible for removing them when they no longer meet the definitions outlined here.

You can update your family or Dependent status by filling out and submitting a change form, available through our website.



Helpful Tip

One of the eligibility requirements for coverage is that you be Actively at Work.

Key Terms

Medically Necessary: A health care service or supply provided or prescribed by a Physician or Health Practitioner to treat an injury or Illness that, in the opinion of Blue Cross after consultation with its health care consultants:

- has not been provided or prescribed primarily for convenience or cosmetic reasons;
- is the most appropriate, safe and cost effective Treatment for the diagnosed injury or Illness; and
- is generally medically recognized as acceptable Treatment for the diagnosed injury or Illness.



Helpful Tip

Blue Cross will only pay for Eligible Expenses that are Medically Necessary.

Treatment: The management and care of a Participant to improve or cure an Illness, disorder or injury. This management and care must be:

- considered appropriate and approved by Blue Cross; and
- prescribed, provided or performed by a Health Practitioner or Physician practicing in the field of medicine applicable to the Participant's disease, disorder or injury.

Who is Eligible for Coverage?

You are eligible for coverage if you meet the definition of Employee and are Actively at Work.

To be eligible for coverage, you must be entitled to government health care coverage or similar coverage deemed satisfactory by Blue Cross.

How do I Enrol for Coverage?

Application Form

To obtain coverage, you must complete and submit the application form provided to you by your employer.

When Does My Coverage Begin?

Your coverage takes effect on the latest of the following dates:

- the effective date of the plan; or
- the date you meet all of the eligibility requirements.

If you are not Actively at Work on the date you would have become eligible for coverage, your coverage begins on the date you resume being Actively at Work.

What Happens to my Coverage During Periods of Absence from Work?

Please contact your group benefits administrator to discuss the maximum period for which your coverage will be retained.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the plan terminates;
- you or your Dependents no longer meet one or more of the eligibility requirements;
- your employment is terminated;
- you reach the termination age or termination date, if any, specified in the Summary of Benefits;
- you retire from the employer, unless otherwise specified in the Summary of Benefits;
- you die;
- you or your Dependents commit a fraudulent act against Blue Cross or the plan sponsor; or
- the plan sponsor defaults in payment of premiums.

Coverage for your Dependents will also terminate on the date your coverage terminates.

No coverage will be provided to you or your Dependents while performing duties as an active member in the armed forces of any country, unless coverage must be retained under the applicable provincial legislation.

What if I Have Coverage Elsewhere?

Blue Cross will co-ordinate your group benefits coverage with other health plans when similar coverage is available. The co-ordination of benefits process helps ensure you get the most out of your coverage, and also means you can receive up to, but no more than, 100% reimbursement for eligible expenses.

Government Health Care Coverage

Blue Cross will not pay for any health care services or supplies available under government health care coverage, or administered by government funded hospitals, agencies or providers. Blue Cross will only consider eligible expenses in excess of those provided under government health care coverage.



Helpful Tip

Blue Cross will help direct you to existing **government programs** whenever possible.

Other Health Plans

Do you take advantage of coverage under the other benefit plans available to you, such as your spouse's? If not, you may be missing out on possible reimbursement of up to 100% of eligible expenses.

Blue Cross applies co-ordination of benefits according to the guidelines of the Canadian Life and Health Insurance Association Inc. (CLHIA). Here are general rules:

Expenses for Yourself:

- You should first submit any eligible medical expenses to any other health plan where you are covered. The balance that has not been paid (if any) can then be submitted to your Health Spending Account.

Expenses for Your Spouse:

- Your spouse must submit any expenses incurred for themselves to their own group benefit plan (if any) first. The balance that is not paid by their plan (if any) can then be submitted to this plan.

Expenses for Your Child:

- If a child is covered as a dependent by both you and your spouse, you should submit any eligible medical expenses to any other health plan where they are covered (for example your spouse's plan) first. The balance that has not been paid (if any) can then be submitted to your Health Spending Account.



Helpful Tip

The types of other plans that are potentially subject to co-ordination of benefits include any form of group, individual, family, creditor or saving insurance coverage that provides reimbursement for medical treatment, services or supplies.



Helpful Tip

For more information on co-ordination of benefits (including examples), visit our website.

Purpose of Coverage

HSA is administered by Blue Cross on behalf of the plan sponsor, who assumes the sole legal and financial liability for this benefit, subject to the conditions outlined below.

What Blue Cross Will Pay

Blue Cross will pay eligible medical expenses based upon Canada Revenue Agency guidelines. Eligible medical expenses include deductible amounts, co-payment amounts, and amounts exceeding plan maximums, as well as expenses which are not covered by any applicable group policy, individual policy, government health care coverage, or any other private program.



Helpful Tip

You should first submit any eligible medical expenses to any other health plan. Any remaining balance can be processed through your HSA.

HSA Credits

The plan sponsor pre-determines the amount of credits allocated to the HSA at the beginning of each policy year specified in the Summary of Benefits. Credits represent the monetary value allocated to the HSA by the plan sponsor and the amount that may be reimbursed by Blue Cross on the plan sponsor's behalf.

The credits will be allocated to the HSA at the credit allocation frequency specified in the Summary of Benefits.

Under no circumstances will unused HSA credits be paid out as cash.

HSA credit allocation may only change in the case of a Life Event or a change in the employment status.

If a Member's coverage is terminated, the plan sponsor may adjust the credits allocated to the HSA for that policy year. The plan sponsor must promptly notify Blue Cross of the adjusted amount of credits.

If the terminated Member has outstanding claims which were incurred prior to their termination date, these claims may be submitted within the grace period for terminated Members specified in the Summary of Benefits. These claims will be applied against any remaining credits.

Payment of Claims

How Payments are Made

The Summary of Benefits specifies the Method of Payment that applies to Participants under this plan.

Carry Forward Type

Credit Carry Forward

This plan allows unused credits to be transferred into the next policy year.

Credits may be used to reimburse eligible medical expenses incurred in the same policy year in which the credits were allocated. Unused credits will be carried forward into the next policy year. Unused credits cannot be carried forward into further policy years. At the end of a policy year, unused credits that have been carried forward from a previous policy year are forfeited.

Claims will be applied to credits that have been carried forward from a previous policy year before being applied against credits allocated during the current policy year.

Claims must be submitted in the policy year they were incurred or within the grace period specified in the Summary of Benefits.



Helpful Tip

View your HSA balance through the Medavie Mobile App or the Member Centre at www.medavie.bluecross.ca

Exclusions and Limitations

No payment will be made (or payment may be reduced) for:

- a) expenses incurred by Members and (CRA) Dependents prior to the effective date of this benefit or following termination, in accordance with this plan;
- b) over the counter medications that can be acquired without the intervention of a Health Professional, such as vitamins, minerals, and herbal remedies; or
- c) services, treatment or supplies that:
 - i. are not Medically Necessary;
 - ii. are for cosmetic purposes only; or
 - iii. are elective in nature.

Health Spending Account (HSA) Benefits

Common Eligible Expenses			
Attendant Care (requires certification of need from physician)	Services provided in Home, Retirement Home, Nursing Home or Group Home	- Includes Fees from: - Personal Care Worker - Registered Nurse - Respite Care	- Includes Fees for: - Food Preparation - Housekeeping - Laundry Services
Dental Services (excluding teeth whitening and cosmetic veneers)	- Diagnostic Services (x-rays) - Dentures - Orthodontic	- Preventive Services, such as: - Recall Examinations - Polishing - Application of Fluoride	
Diagnostic Services*	Diagnostic laboratory, radiological tests and scans		
Drugs	Drugs requiring a prescription and/or dispensed by a pharmacist, physician or practitioner*	- Fertility Treatments - Flu Shots - Insulin* - Liver Extract Injections*	- Smoking Cessation Drugs* - Vaccines - Vitamin B12 Injections*
Facility Care (excluding television rentals and phone fees)	- Convalescent care home - Hospital - Nursing home	- Psychiatric facility - Substance abuse facility	
Medical Devices and Services*	- Air Conditioners (required for severe chronic ailment, disease or disorder) - Artificial Eyes and Limbs - Blood Transfusion Fees - Breast Prosthesis - Cochlear Implants - Crutches - Diabetic Supplies	- Electronic Bone Healing Devices - Electronic Speech Synthesizers - Hearing Aids - Heart Monitoring Devices - Needles and Syringes - Ostomy Supplies - Oxygen Equipment	- Physician Fees - Prosthetics - Repairs to Eligible HSA Devices - Respirators - Scoters - Trusses - Walkers - Wheelchairs (excluding accessories)
Medical Practitioner Services	- Acupuncturist - Athletic Therapist - Audiologist - Chiropodist/Podiatrist - Chiropractor - Dental Hygienist - Dentist	- Dietician - Homeopath - Massage Therapist** - Naturopath - Occupational Therapist - Osteopath - Personal Care Worker*	- Physiotherapist - Psychiatrist - Psychologist - Registered Nurse - Social Worker - Speech Therapist
Medical Transportation Services	- Ambulance Services - Bone Marrow Transplant Charges (patient and donor), such as transportation charges and meals and expenses	Meals and Transportation Expenses, when patient transportation is required (plus one attending person - if required)	Organ Donor Charges (patient and donor), such as transportation charges and meals and expenses
Miscellaneous	Health and Dental Plan Premiums (private insurance)	Home or Vehicle Modifications, when required for disabled persons	Seeing Eye Dog Miscellaneous Charges
Rehabilitative Training	Lip Reading	Sign Language	
Vision Care	- Contact Lenses - Eye Examinations	Laser Eye Surgery	Prescription Lenses and Frames

*Prescription required

**For Therapeutic massage services only

Health Spending Account (HSA) Benefits

Common Ineligible Expenses			
Adoption Fees	Adoption Fees		
Cosmetic Procedures (aimed at purely enhancing appearance)	- Augmentations - Botox Injections - Liposuction - Hair Replacement Procedures and Supplies (ex. hair plugs, hair extensions) - Laser Hair Removal - Tattoo Removal - Teeth Whitening		
Cosmetics and Hygiene Products	- Contact Lens Solution - Lotions and Creams - Make-up - Sunscreen - Toothpaste		
Dietary Supplements	- Food (except when required for enteral feeding) - Minerals and Supplements - Meal Replacements		
Esthetic Massage Therapy	- Aromatherapy Massage - Body Wraps		
Fees for missed appointments	Fees for missed appointments		
Health Programs	Weight loss program fees		
Home Appliances	- Air Conditioners - Air Purifiers - Dehumidifiers - Fans - Humidifiers (except when required for CPAP machines)		
Hot Tubs and Saunas	- Hot Tubs - Saunas		
Life and Disability Plan Premiums	Life and Disability Plan Premiums		
Over the counter medications	- Acid Controllers - Allergy Medications - Cough and Cold Items - Creams and Lotions - Digestive Aids - Herbal Remedies - Pain Relievers - Smoking Cessation Products - Vitamins		
Personal Response Systems	- Lifeline Services - Health Line Services		
Shoes	- Off the shelf - Athletic		
Sports Equipment	Treadmills		

Rights and Responsibilities Under the Plan

What Are My Responsibilities Under the Plan?

Keeping Your Employer Informed

It is your responsibility to provide your employer with a completed and signed application form, including accurate information on your family status.

Beneficiary Designations

Unless otherwise designated, all benefits are payable to you.

Providing Proof of Claim

You must submit your claims for eligible expenses within the applicable time limitations outlined under each benefit. Proof of claim must be provided in writing and in a form considered acceptable by Blue Cross.

Blue Cross reserves the right to suspend or deny a claim until you have submitted the additional information requested to process the claim.

Costs associated with providing proof of claim are your responsibility.

Recovering Damages From a Third Party (Subrogation)

If you have the right to file legal action against a third party (individual or corporate body) for a loss relating to any claim submitted under this group benefits plan, Blue Cross is entitled to acquire your rights for recovering damages for any portion of the loss that has been paid by Blue Cross.

You must sign and return the necessary documents to facilitate this process and you must do everything that is required of you to protect your rights to recover damages from the third party.

Reporting Health Insurance Fraud

Health insurance fraud is the intentional act of submitting false, deceiving or misleading information for the purpose of financial gain.

Whether fraud schemes are committed on a small or large scale, fraud can lead to significant financial losses to the benefit plan and result in higher premiums and decreased coverage. Blue Cross is committed to protecting the integrity of our benefit programs for our plan sponsors and members by monitoring and resolving any abusive or fraudulent activity.



Helpful Tip

Your proof of claim must be submitted in either English or French. If the original proof of claim is in a language other than English or French, you are responsible for any costs associated with translating your proof of claim.



Helpful Tip

Health care fraud in Canada is estimated to cost between \$2 billion and \$12 billion annually.

How You Can Help

As a group plan member, you can help us eliminate fraudulent abuse of your plan:

- keep your identification card, plan number, member identification number and related information confidential and secure;
- carefully review your receipts for products and services claimed to ensure:
 - you understand the charges billed; and
 - the charges reflect the services received.

If you are unclear about any of the charges on your receipt, ask your provider to explain the charges to you:

- carefully review your Explanation of Benefits claim statements (EOB) for any discrepancies in services received compared to services claimed;
- never sign a blank claim form;
- from time to time, we send member verification questionnaires to confirm treatments and other related information. If you receive one of these questionnaires, please complete it and return it promptly. These questionnaires make an essential contribution to our fraud deterrence efforts.



Helpful Tip

If you suspect health care fraud, please refer it to Blue Cross through one of the following confidential methods:

Toll free:
1-877-412-8809

StopFraud@medavie.
bluecross.ca

www.medavie.bluecross.
confidenceline.net

What Are My Rights Under the Plan?

Privacy

In the course of providing customers with quality health and travel coverage, 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 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.



Helpful Tip

For more information on our privacy protection practices, please visit our website.
medaviebc.ca

Disputing a Claim Decision

In the event Blue Cross determines that benefits are not payable, you have the right to appeal the decision by providing written notice to Blue Cross within 30 days from the date of the written denial.

The time limitation to bring an action against Blue Cross under the group plan begins on the date of the initial written denial from Blue Cross and runs until the expiry of the minimum limitation period as prescribed by the applicable provincial legislation.

Every action or proceeding against Blue Cross for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

The Rights of Blue Cross Under the Plan

Right to Audit

Blue Cross has the right, at any time, to inspect or audit the health and claim records of a Participant in relation to a claim for benefits.



Helpful Tip

The right to inspect or audit applies to records held by Blue Cross or Approved Providers.

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Participant:

- any amount paid in error;
- any amount paid as a result of claims made by the Participant on the basis of fraudulent pretenses or misrepresentations; or
- any amount paid that has resulted in overpayment to the Participant.

If overpayment amounts or amounts paid in error cannot be recovered, Blue Cross has the right to reduce future benefit payments to the Participant until the amount is fully recovered.

Termination or Suspension of Benefit Payments

The rights and benefits of a Participant may be suspended or terminated without prior notice in the following circumstances:

- the discovery of a claims discrepancy or the initiation of a claim abuse investigation; or
- the filing of criminal charges or initiation of disciplinary action against the Participant by Blue Cross or the plan sponsor.

Payment of a claim may also be suspended or denied if it relates to services or supplies prescribed, provided or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or has been charged with an offence in regards to their conduct or practice.

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 (see instructions below);
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed below.

How to Submit a Claim

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

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

Visit www.medaviebc.ca/app for more information or to download the app.

- **Member eClaims**
You can quickly and easily submit your health spending account claims (as applicable) through our secure plan member website. Simply take or scan a digital image of your paid-in-full receipts and submit it through the applicable link on our plan member website.
- **Provider eClaims**
For Approved Providers who have registered to submit claims to Medavie Blue Cross through our electronic claims submission service, our e-claim service allows Approved Providers to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Medavie Blue Cross and means you only pay the amount not covered under your group benefits plan (if any).
- **Medavie Benefits+**
Medavie Benefits+ is an all-inclusive health benefits and wellness centre that provides you with an opportunity to meet face-to-face with one of our Benefits+ Specialists. Our team is happy to answer your questions and demonstrate our digital, self-service tools at one of our smart kiosks.

To find the Medavie Blue Cross office or Medavie Benefits+ location nearest you, visit our website at www.medaviebc.ca.

- You can also mail your completed claim form to the address indicated on the applicable claim form.



Helpful Tip

Instead of a cheque by mail, get reimbursement directly to your bank account by signing up for direct deposit. It's fast, and convenient. Visit our website to register.

Plan Member Website

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry:** Detailed information about your group benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Requests for new identification cards;**
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements:** view claims history for you and your Dependents;
- **Record of payments:** view transactions issued to yourself or the service provider;
- **Submit claims** electronically.

To register for the plan member website, visit www.medaviebc.ca and log in.



Helpful Tip

For security reasons, the plan member website is for your use only. Dependents and other family members will not have access to the site.

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:

Ontario: 1-800-355-9133

Quebec: 1-888-588-1212

All Other Provinces: 1-800-667-4511

Alternatively, you can email your questions to inquiry@medavie.bluecross.ca or visit our website at www.medaviebc.ca.



Helpful Tip

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

Connect with Blue Cross

Like us on Facebook at facebook.com/MedavieBlueCross



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.

Connected Care

Connected Care provides convenient access to innovative products and services such as virtual care, mental wellness and other health solutions from industry leading partners. These offerings are available at preferred pricing, and you may also be covered for certain products and services under your group benefits plan. Availability is subject to change without notice. For more information, log in to the Medavie Blue Cross Mobile app or website at www.medaviebc.ca/connected-care.

Health Connected®

Health Connected 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 Health Connected resources.

Blue Cross is proud to help point your way to healthier living. To register for your free account go to Connected Care and simply follow the instructions for Health Connected or visit medaviebc.ihealthconnected.com.