

Acadia University

Active Employees

LTD Recipients

Retirees (all under 65, all over 65 and one over/one under 65)

Health

Plan Numbers: 5275

Updated Effective Date: May 21, 2018

PRIVACY PROTECTION PRACTICES

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 understand that the privacy policies and procedures we have in place to ensure confidentiality are to be taken 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 plan member 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

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

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

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

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

- Hospital Benefit
- Extended Health Benefit
- Vision Benefit
- Drug 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 the Company 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.

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HOSPITAL BENEFIT

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

Co-insurance: 100%

ANCILLARY SERVICES

Maximum: \$1,000 per hospital admission

Charges for ancillary services where such services are not fully covered under a Government Health Program.

HOSPITAL ROOM

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

OUTPATIENT SERVICES

Charges for outpatient and diagnostic services of a hospital approved by Medavie Blue Cross.

TERMINATION

For active employees the hospital benefit ceases at termination of employment or death of the employee.

For retired employees the hospital benefit ceases upon the death of the retired employee.

WHEN AND HOW TO MAKE A CLAIM

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

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

EXTENDED HEALTH BENEFIT

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

Co-insurance: 90%

Deductible: \$50 single / \$100 family in combination with vision benefit in a calendar year

PROFESSIONAL AMBULANCE

Charges for licensed ambulance services, payable at 100%, required to transport a stretcher patient to and from the nearest hospital able to provide essential care. Charges for air transport are included to a maximum of up to six economy seats on a regularly scheduled flight.

PARAMEDICAL SERVICES

Maximum: \$25 payable per visit to a maximum of 20 visits per practitioner in a calendar year
\$35 payable for X-rays in a calendar year per practitioner

Charges for treatment by the following licensed practitioners in private practice: clinical psychologist, speech therapist, occupational therapist, osteopath, chiropractor, chiropodist/podiatrist, masseur and naturopath.

PRIVATE DUTY NURSING

Maximum: \$10,000 payable in any 12 consecutive month period

Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant at the Participant's residence (other than a convalescent or nursing home) on the written authorization of the attending physician.

In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. The Participant may be eligible for services in his/her home if under the active care of a nurse or has been discharged from the hospital and requires temporary home care during the recuperation period.

Services that are not eligible under this benefit include custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

All nursing services are pre-approved by Medavie Blue Cross to be considered for reimbursement. Payment for Eligible Expenses will be based on the payment schedule for Private Duty Nurses established by Medavie Blue Cross for the Participant's province of residence.

Only those services pre-approved by Medavie Blue Cross and provided by an approved Medavie Blue Cross provider will be considered for reimbursement.

EXTENDED HEALTH BENEFIT

ACCIDENTAL DENTAL

Charges for dental treatment, when natural teeth have been damaged by a direct, accidental blow to the mouth, or a fractured or dislocated jaw required setting. This dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident. Eligible expense will be the dentist's usual and customary fee up to the "dental fee guide" for general practitioners in effect where services are rendered.

When such dental treatment must be deferred because of the age of the patient, or other factors which are justified, in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet our payment criteria, the Participant must have been covered by Medavie Blue Cross for Accidental Dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered.

The only exception to this criteria is when the participant is uninsured for Dental benefits at the time the service is rendered, in which case the claim may be approved. The subscriber must submit to Medavie Blue Cross within 180 days of the accident complete details of the required services from the Dentist and reason for deferment.

MEDICAL EQUIPMENT

Maximum: \$5,000 payable in a lifetime

Charges for rental of a wheelchair (including an electric wheelchair), breathing apparatus, hospital-type bed (including mattress and safety side rails) or other durable equipment for therapeutic use, when prescribed by a licensed physician. If, due to extended illness or disability, it is felt that the need for these items will be long-term, Medavie Blue Cross, at its sole discretion, may approve the purchase of these items.

Charges for CPAP machine, up to the Usual, Customary and Reasonable amount when prescribed by a licensed physician.

Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every five Consecutive Calendar Years.

PROSTHETIC APPLIANCES

Charges for the following remedial prosthetic appliances:

- artificial limbs (limited to one prosthetic appliance to each limb per lifetime),
- eyes (limited to one left and one right prosthesis per lifetime),
- crutches,
- splints,
- casts,
- walkers,
- trusses (limited to one truss per five consecutive calendar years),
- braces (limited to one cervical collar per calendar year and all other braces are limited to one per lifetime),
- a cane (limited to one per lifetime), and
- hair, when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$300 per lifetime. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

Replacement of these items will not be a benefit unless replacement is required due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of \$300 in a calendar year.

EXTENDED HEALTH BENEFIT

ORTHOPEDIC SHOE(S) & SUPPLIES

Maximum: \$200 payable in a calendar year

Charges for orthopedic shoe(s) when the shoe(s) is (are) customized with special features to accommodate, relieve, or remedy some mechanical foot defect or abnormality and is prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending Physician. Also, charges for footwear modifications, adjustments, supplies and/or molded arch supports when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality.

OXYGEN

Charges for oxygen.

PHYSIOTHERAPY

Charges for treatment by a licensed physiotherapist.

DIAGNOSTIC AND X-RAY SERVICES

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

PHYSICIAN SERVICES

The Usual, Customary and Reasonable charges of a Physician licensed to practice where the services are rendered, within Canada, to the extent that charges are not eligible for payment from a government program, such as a reciprocal agreement under a provincial health care plan. The services obtained must have been provided outside the Participant's province of residence.

HEARING AIDS

Maximum: \$600 payable every three consecutive calendar years

Charges for hearing aids (excluding batteries and exams) when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist.

EXTENDED HEALTH BENEFIT

The following benefits are applicable to non-Canadian faculty on sabbatical leave outside of Canada. The Plan will pay the reasonable and customary charges for the following eligible expenses equal to the Nova Scotia Medical Services Insurance Plan.

OUTPATIENT SERVICES

A participant requiring hospital care, but not requiring inpatient bed care, shall be entitled to diagnostic and outpatient services of a hospital or a private facility when, in the opinion of Medavie Blue Cross, the services are essential to the care of the patient. Payment will be made up to the level for similar services in Nova Scotia. This benefit does not provide coverage for outpatient user fees.

ANCILLARY SERVICES

When a participant is admitted as an inpatient to a general hospital outside Canada, Medavie Blue Cross will pay the equivalent amount normally payable by the province of Nova Scotia health-care program plus an additional \$1,000 per hospital admission.

WARD ACCOMMODATION

When a participant is hospitalized in a licensed general hospital, the ward room charges shall be considered as eligible expenses.

TERMINATION

For active employees the extended health benefit ceases at termination of employment or death of the employee.

For retired employees the extended health benefit ceases upon the death of the retired employee.

WHEN AND HOW TO MAKE A CLAIM

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

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

Claims must be submitted within 24 months of receiving services or supplies or the end of your Extended Health Benefit.

VISION BENEFIT

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

Co-insurance: 90%

Deductible: \$50 single / \$100 family in combination with extended health benefit in a calendar year

CONTACT LENSES DUE TO DISEASE

Charges for contact lenses when medically necessary on the written authorization of the attending physician for; ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

EYE EXAMINATIONS, LENSES, FRAMES AND CONTACT LENSES

Maximum: \$250 payable every 24 consecutive months

Charges of a licensed optometrist or ophthalmologist for eye examinations. Charges for corrective eyeglasses, including lenses, frames and contact lenses, but excluding safety glasses or glasses/contacts for cosmetic purposes.

TERMINATION

For active employees the vision benefit ceases at termination of employment or death of the employee.

For retired employees the vision benefit ceases upon the death of the retired employee.

WHEN AND HOW TO MAKE A CLAIM

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

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

DRUG BENEFIT - *Not Applicable to Retirees (all over 65)*

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

Co-payment: \$5 for each eligible drug on the prescription

Co-insurance: 100% of the remaining eligible expense

Method of payment: paid directly to the pharmacy

Includes prescription drug items approved by Medavie Blue Cross and includes oral contraceptives.

Step Therapy Formulary: List of life-sustaining drugs and eligible drugs that require a prescription by law, subject to the decisions of the Medication Advisory Panel. special authorization may be required for drugs within this formulary. This formulary requires a more cost effective drug or first line therapy be tried and proven ineffective before Medavie Blue Cross will approve reimbursement for the higher cost drug.

The Medication Advisory Panel is a group of health care and other industry professionals appointed by Medavie Blue Cross to review new drugs and decide which drugs Medavie Blue Cross includes on its formularies. Medavie Blue Cross may, on an ongoing basis, add, delete or amend its list of eligible drugs without notice.

Medavie Blue Cross will reimburse to the lowest ingredient cost interchangeable drug when prescribed by a physician and dispensed by an approved provider. You may request a higher cost interchangeable drug; however, you will be responsible for paying the difference in cost between the interchangeable drugs. If your Physician indicates the prescribed interchangeable drug cannot be substituted, Medavie Blue Cross will reimburse the prescribed interchangeable drug despite the fact that a lower cost interchangeable drug may be available.

Also includes eligible pharmacy services as confirmed by Medavie Blue Cross, when provided by a pharmacy partner, up to the usual, customary and reasonable charges.

A pharmacy partner is a pharmacy confirmed to be in the Medavie Blue Cross Pharmacy Partner Preferred Network (not applicable to pharmacies in Quebec).

TERMINATION

For active employees the drug benefit ceases at termination of employment, death of the employee or the employee and/or the spouses attainment of age 65.

For retired employees the drug benefit ceases at death of the retired employee or the retired employee and/or the spouses attainment of age 65.

WHEN AND HOW TO MAKE A CLAIM

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

GENERAL EXCLUSIONS AND LIMITATIONS

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.

HEALTH INFORMATION

TERMINATION OF INSURANCE FOR ACTIVE EMPLOYEES

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.

TERMINATION OF INSURANCE FOR RETIRED EMPLOYEES

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

- the contract termination date,
- the date you cease to be eligible due to death, 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/coverage, you may convert to an Individual Health 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

ELIGIBLE ACTIVE 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 RETIRED EMPLOYEES

To be eligible for group benefits, you must be a retired employee who is a resident of Canada, covered under your provincial government plan. Coverage is effective on the date of retirement.

Retired 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 the application is made after the 31 day period.

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” is defined as a person of the opposite or same sex who is legally married to the employee, or has continuously resided with the employee for not less than one full year having been represented as members of a conjugal relationship (common law). In the event of divorce, legal separation, or discontinuance of cohabitation (“common law” spouse), you may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

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

Unmarried, 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 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

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

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** 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.

MEDAVIE BLUE CROSS CONTACT INFORMATION

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