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**RETIRED TEACHERS'**

*Group Insurance Plan*



Available to Retired Teachers after Age 65  
(NSTU)

2006

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## Disclaimer

This Plan Description Booklet is provided solely for the purpose of explaining the principles of the Plan. The booklet does not create or confer any contractual or other right. All rights with respect to benefits of a member of the Plan will be governed solely by the master policies issued by the underwriters. These policies may be examined at the NSTU office.

*This booklet contains important information concerning Group Insurance Coverages and, therefore should be kept in a safe place.*

# Retired Teachers' Group Insurance Plan

## RETIREE LIFE

Underwritten by Manulife

If you retired after age 65, or when you reach age 65, you were given the option of purchasing Retiree Life Insurance.

The coverage is in the amount of \$3,000. The monthly premium is 100% paid by you and deducted from your Nova Scotia Teachers' Pension cheque.

In order to be eligible for Retiree Life Insurance, you must have been insured under the Provincial Master Life Insurance Policy immediately prior to age 65.

## Voluntary Accidental Death and Dismemberment

Underwritten by American Home

This plan provides protection against losses caused by an accident, 24 hours a day, anywhere in the world. The benefits payable from this plan are in addition to benefits under any other plans.

## Eligibility

### Definition of Dependents

“Spouse” means either:

- (a) the member’s legally married spouse; or
- (b) a person living with the member on a continuous basis in a conjugal relationship that is not a legal marriage, provided such relationship has existed for at least twelve (12) consecutive months at the time of application and immediately preceding the time when the status of such person is required to be determined for the purpose of coverage and the person is publicly represented by the member as the member’s spouse.

If a member has had more than one spouse, the member’s spouse shall be only the person who was the member’s most recent spouse, using the criteria in (a) and (b) above.

Amount of Coverage – Maximum \$ 300,000

If under age 70 and retired on a Nova Scotia Teachers’ Pension, your insurance remained in force at the same limitations and coverages up to age 70.

Retirees age 70 to 74 inclusive have the same rates, limitations and coverages as retirees age under 69, except for the following: the maximum amount of Principal Sum available is \$100,000 and there is no coverage for Permanent Total Disability, Home Maker Indemity and Hospital Indemnity.

The monthly premium is 100% paid by you and is deducted from your Nova Scotia Teachers’ Pension cheque.

**As a retired teacher you are not eligible to apply for increased benefits.**

### Dependent coverage is as follows:

- Your spouse is insured for 50% of the amount carried by you and each dependent child is insured for 15% of your amount.
- If you have no dependent children, your spouse is insured for 60% of your amount.
- If you have dependent children but no spouse, each dependent child is insured for 20% of your amount up to a maximum of \$60,000.

In the event a husband or wife who are both employees of the Policyholder elect the Family Plan with children, the maximum Principal Sum payable for Loss of Life or Dismemberment of child(ren) shall not exceed \$90,000 under both family plans combined.

Example: Assuming you have a spouse and 3 dependent children, and you select \$150,000 Principal Sum for yourself, the amounts of insurance would be:

Member/Employee	\$150,000
Spouse	\$ 75,000
3 Children (\$22,500 ea.)	\$ 67,500

### Schedule of Losses

When an injury results in any of the following losses, within 365 days after the date of the accident, the Insurer will pay:

For loss of	Percentage of Insured's Coverage
Life	100%
Both hands	100%
Both feet	100%

Entire sight of both eyes	100%
One hand and one foot	100%
One hand and entire sight of one eye	100%
One foot and entire sight of one eye	100%
Speech & hearing in both ears	100%
Quadriplegia (total paralysis of both upper and lower limbs)	200%
Paraplegia (total paralysis of both lower limbs)	200%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	200%
Use of both arms or both legs	100%
Use of both hands or both feet	100%
One arm	100%
One leg	100%
Use of one arm	100%
Use of one leg	100%
One hand	100%
One foot	100%
Use of one hand or one foot	100%
Entire sight of one eye	100%
Speech	100%
Hearing in both ears	100%
Hearing in one ear	66 2/3%
Thumb and index finger of same hand	66 2/3%
Use of thumb and index finger of one hand	66 2/3%
Four fingers of one hand	66 2/3%
Use of four fingers of one hand	66 2/3%
All toes of one foot	33 1/3%

“Loss” shall mean with regard to hands and feet, actual severance through or above wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight; with regard to leg or arm, actual severance through or above knee or elbow joint; with regard to thumb and fingers, actual severance through or above

metacarpophalangeal joints; with regard to toes, actual severance through or above metatarsophalangeal joints; with regard to speech and hearing, entire and irrecoverable; with regard to paralysis (Quadriplegia, Paraplegia, Hemiplegia), loss must be complete and irreversible paralysis of such limbs.

“**Loss of Use of**” must be total and irrecoverable and must be continuous for 12 months after which the benefit for Loss of Use is payable, provided such nerve damage is determined to be permanent.

Indemnity provided under this section for all losses sustained by any one (1) Insured Person as the result of any one (1) accident will not exceed the following:

- (a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
- (b) with respect to quadriplegia, paraplegia, and hemiplegia, Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within ninety (90) days after the date of the accident.

### **What is an Injury?**

“**Injury**”, wherever used herein means bodily injury caused by an accident occurring while insurance is in force as to the insured person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered herein 24 hours a day, anywhere in the world.

### **Exposure and Disappearance**

If loss results from unavoidable exposure to the elements, such loss will be payable under the terms of the Policy.

The Insurance Company will presume accidental loss of life of an Insured if his or her body has not been found within one year after the date of the disappearance, sinking, forced landing,



stranding or wrecking of the vehicle in which he or she was an occupant at the time of the accident.

### **Repatriation/Identification Benefit**

If, as the result of a covered accident, you or your insured dependent(s) suffer loss of life away from your Permanent Residence, (at least 50 kilometers), the Company will pay up to \$15,000.00 for (a) the preparation and transportation of your body, or your insured dependent(s), to your Permanent Residence; and/or (b) lodging and board for a member of the immediate family while enroute and/or during the stay in the city or town where you or your insured dependent(s) body is located (not to exceed a maximum of three consecutive nights) for the purpose of identifying his/her body, including transportation by the most direct route by a licensed common carrier to and from such location.

### **Common Disaster Benefit**

If you have elected to insure your spouse under the family plan and you both suffer loss of life due to injuries sustained in the same accident, which becomes payable under the program, the Principal Sum applicable to your spouse will be increased to equal your Principal Sum. Both losses of life must occur within 90 days of the accident.

### **Child Education Benefit**

The policy pays tuition fees in case of your accidental death (if loss of life occurs within 365 days of the accident), to your eligible dependent children. To qualify, an eligible dependent child must be enrolled as a full-time student in a post-secondary institution of education at the time of your death or must enroll within one year following your death.

The benefit pays tuition fees and textbook expenses in an amount equal to the lesser of five percent (5%) of your Principal Sum or

\$5,000 per year per child for a maximum of four (4) consecutive years.

The Insurance Company must receive proof of enrollment and attendance for each year that a payment is to be made for each child. If there are no eligible dependent children, your Principal Sum will be increased by \$2,500.

“Institution of Education” includes any University, CEGEP, Trade School or College, as defined where you live.

### **Rehabilitation Benefit**

When an injury to you or your insured spouse results in a payment being made by the Insurer under the Loss Schedule of this Plan, the Insurer will pay in addition, the reasonable and necessary expenses actually incurred up to a limit of \$15,000, for special training of you or your insured spouse, provided that:

- (a) such training is required because of such injury to you or your insured spouse and in order for him/her to be qualified to engage in an occupation in which you or your insured spouse would have not been engaged except for such injury;
- (b) such expenses are incurred within three (3) years from the date of the accident.

No payment will be made for ordinary living, travelling or clothing expenses.

### **Spousal Retraining Benefit**

When an injury to you results in a payment being made under the Loss Schedule, an additional benefit amount will be paid to you for the expenses actually incurred within three (3) years from the date of the accident, by your spouse, for an approved and mutually agreed upon formal occupational training program, specifically qualifying him/her to gain active employment in

an occupation for which he/she would otherwise not have had sufficient qualifications. The maximum payable hereunder is \$10,000.

### **Home Alteration and Vehicle Modification**

If you, or your insured dependent(s), received a payment under the Loss Schedule and were subsequently required (due to the cause for which payment under the Loss Schedule was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

- A. The one-time cost of alterations, to your residence, to make it wheelchair accessible and habitable; and
- B. The one-time cost of modifications, necessary to your motor vehicle, to make the vehicle accessible or driveable to you.

Benefit payments herein will not be paid unless:

- (a) Home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (b) Vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both items A and B combined will not exceed \$15,000.

### **Family Transportation**

If while on a trip covered by the policy, you or your insured dependent(s) sustain an injury and as a result, are confined as an in-patient in a hospital, are under the regular care and attendance of a physician and require the personal attendance of a member of the immediate family as recommended by the attending physician, the Company will pay for the expense incurred by

the family member for accommodation and transportation to your bedside by the most direct route by a licensed common carrier, but not to exceed an amount of \$15,000 as the result of any one accident.

Payment will not be made for board or ordinary living, travelling or clothing expenses. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.20 per kilometre travelled.

“Member of the Immediate Family” means a person at least 18 years of age who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the previous include natural, adopted and step relationships), spouse, grandson, granddaughter, grandfather or grandmother.

“Accommodation” means lodging in the vicinity of the hospital where you are confined.

### **Extended Family Benefit**

In the event of your death from any cause, coverage under this Plan will be continued for your Insured Dependents for a period of six months, without payment of premium. An additional period of six (6) months of coverage can be requested, if premium is paid.

### **Escalation Benefits**

If you were insured prior to March 1st, 1993, your Principal Sum will be increased by 1% on March 1st, 1993, but if you become insured after that date, your Principal Sum will be increased by 1% on the March 1st coincident with or next following the date you become insured. The transfer of insurance under the

previous policy will include the transfer of accumulated increases provided but not to exceed five percent (5%).

Provided you remain continuously insured, your Principal Sum will be further increased by 1% on the March 1st following the date of your first increase. The total of all increases is limited to 5%.

“Principal Sum” means the amount of insurance in effect on your life on the date of the accident.

### **Hospital Indemnity**

If a covered accident requires that you or your insured dependent(s) will be hospital confined for more than four (4) consecutive days, the Company will pay for each day of continuous hospital confinement, a monthly benefit of one percent (1%) of your applicable Principal Sum, or for periods of less than one month, one thirtieth (1/30) of the above monthly benefit per day. Benefits are retroactive to the first day of hospital confinement.

This benefit is limited to a monthly amount not to exceed \$2,500 and a total of twelve (12) months for any covered accident.

Successive periods of hospital confinement for loss from the same covered accident separated by a period of less than one hundred and eighty-three (183) days will be considered as one (1) period of hospital confinement.

The term “hospital” is defined as an establishment which meets all of the following requirements: (1) holds a license as a hospital (if licensing is required in the province); (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (3) provides twenty-four (24) hour a day nursing service by Registered or Graduate Nurses; (4) has a staff of one or more licensed physicians available at all times; (5) provides organized facilities for diagnosis, and major medi-

cal surgical facilities; and (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment nor is not, other than incidentally, a place for alcoholics or those addicted to drugs.

### **Comatose Benefit**

If, while insured for this benefit, you, your spouse and/or dependent children suffer a covered accidental bodily injury which, independently of all other causes, results in being in a coma, the Company will pay a coma benefit. This benefit will be the difference between the Principal Sum Amount and any other benefits received on account of such accident.

At the end of the waiting period, your benefit will be paid to your designated beneficiary and your spouse and/or dependent children's benefit will be paid to you, in each case, at the rate of 1% each month for: (a) 100 months; (b) until death occurs; or (c) until you, your spouse and/or dependent children are deemed to no longer be in a coma or comatose state, whichever occurs first.

Any benefit remaining upon your death will be paid to your designated beneficiary and your spouse and/or dependent children's death, will be paid to you.

### **Seat Belt Benefit**

Benefits under the policy will be increased by 25% with regards to you, or your insured dependent(s), if the covered person's injury or death results while he/she is a passenger or driver of a private passenger type automobile and his/her seat belt is properly fastened. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

## **Day Care Benefit**

For the purpose of this benefit, “dependent child” is eligible for this benefit until he/she reaches age 13 and is enrolled in a licensed day care facility within ninety (90) continuous days from the date of the accident.

If an injury sustained by you, or your insured spouse, results in the loss of life for which a benefit is payable under the Loss Schedule of this plan, within 365 days of the date of accident, the Insurer will pay a Day Care Benefit for each eligible child.

Payment will be equal to the lesser of :

- (a) the actual cost by such day-care center per year; or
- (b) 5% of your Principal Sum per year; or
- (c) a maximum of \$5,000 per year.

The Day Care Benefit will be paid to you, or your insured spouse, each year for four (4) consecutive years. If there are no dependent children, your principal sum will be increased by \$2,500.

“Dependent Children” includes any legally adopted child, or stepchild or any child dependent upon the insured in a “Parent-Child” relationship as defined under the Income Tax Act, for support and maintenance, where such child is between the ages of 1 day and 13 years inclusive.

## **Home-Maker Weekly Indemnity**

When your insured spouse, who is neither gainfully employed nor receiving Employment Insurance benefits, sustains an injury and, as the result of such injury and commencing within thirty (30) days from the date of the accident, becomes totally and continuously disabled, is prevented from performing any and all of his/her regular household and/or child-caring duties, then this benefit will pay, provided that the disability has continued for a period of seven (7) consecutive days, \$150 per week for the period the insured spouse is so disabled, including the seven (7)

day period and while under the regular care and attendance of a physician, subject to a maximum of 26 weeks.

### **Child Enhancement Benefit**

With the exception of loss of life, all indemnities payable under this plan, are doubled with respect to insured dependent child(ren).

### **Beneficiary**

Your Loss of Life benefit will be paid to your designated beneficiary(ies) as shown on your application or revision card. If there is no such beneficiary designation, the benefit will be paid to your estate.

With the exception of the “Spousal Retraining” and “Child Education” benefits, any other benefits payable (including those payable for dependents) will be paid to you.

### **Conversion Provision**

You may convert to an individual plan of insurance, similar to this plan, subject to the terms and conditions of the Company’s individual program and the rates will be those in effect at the time of conversion. This conversion must take place within 90 days of termination of coverage under the group policy.

### **Termination of Coverage**

Your insurance coverage will terminate on the earliest of the following dates:

- On the date the Policy is terminated;
- On the premium due date if your premium is not paid;
- At the end of the month in which you give notice of cancellation;
- At the end of the month in which you cease to be an eligible member;
- At the end of the month you reach 75.



The insurance coverage of your Dependent(s), if any, will stop on the earlier of:

- The date your insurance coverage stops;
- At the end of the month in which your Dependent(s) cease to be eligible.

### **Exclusions**

This insurance does not provide benefits for losses resulting from suicide or attempted suicide; self-inflicted injuries; war, declared or undeclared; full-time service in any military organization; travel in any aircraft or aerial device as a pilot or crew member, except while riding as a passenger in any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license with a rating authorizing the person to pilot such aircraft; or travel in a Policyholder's owned or leased aircraft.

### **Additional Information**

Changes in marital status or dependents should be reported immediately to the Administrator, Johnson Inc., Box 9620, Halifax, Nova Scotia, B3K 5S4.

### **In the Event of a Claim**

You or your beneficiary must notify the Administrator, Johnson Inc., immediately.

In case of claim, written notice of Injury must be given to the insurance carrier within 30 days after the date of the accident and written proof of Loss must be furnished to them within 90 days after the date of such Loss. Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the accident.

# TOTAL CARE MEDICAL

Underwritten by Medavie Blue Cross

## Definition of Spouse

“Spouse” means either:

- (a) the member’s legally married spouse; or
- (b) a person living with the member on a continuous basis in a conjugal relationship that is not a legal marriage, provided such relationship has existed for at least twelve (12) consecutive months at the time of application and immediately preceding the time when the status of such person is required to be determined for the purpose of coverage and the person is publicly represented by the member as the member’s spouse.

If a member has had more than one spouse, the member’s spouse shall be only the person who was the member’s most recent spouse, using the criteria in (a) and (b) above.

## Monthly Subscription Rates

Subscriber	Paid by contractual arrangement with
Subscriber & Spouse	the Province of Nova Scotia.

## Eligibility

- (1) A retired member must enroll in the Plan within sixty (60) days of retirement, or within sixty (60) days of receipt of first Nova Scotia Teachers’ Pension cheque, or age sixty-five (65) if retired and holding a Total Care Medical policy.
- (2) If at the time of retirement, the member is insured under the spouse’s plan, the sixty (60) day time limit shall apply from the date the individual is no longer eligible for membership under the spouse’s plan, except when the spouse’s plan is cancelled by individual choice.

## Coverage

Subscriber; subscriber and spouse.

No age limit. No exclusion for chronic or pre-existing conditions. No waiting period for those who enroll when eligible to do so.

## Hospital Benefits

This benefit is designed to supplement your Government Hospital Insurance Plan. The following services are covered:

**Semi-Private Accommodation** - The Plan pays for hospital accommodation charges **within Canada** in excess of the basic ward rates up to the semi-private level. There is no limit on the number of days allowed and no dollar limit. Retired teachers who wish private room accommodations may pay the difference between semi-private and private.

### Exclusions:

1. Charges for hospital accommodation incurred during any time the patient is not under the active treatment and care of a physician.
2. Charges for chronic, convalescent, respite or custodial care, regardless of whether such care is provided in a chronic care bed or active treatment bed of a hospital, and;
3. Charges for any period beyond the date which the patient can be medically discharged from the hospital as determined by the physician.

**Additional Hospital Benefits Outside Canada** - In addition to hospital room charges for semi-private accommodation, the Plan pays up to \$1,000.00 per disability for ancillary hospital services provided while an in-patient in a hospital outside Canada. (*see out-of-province services*)

**Out-Patient Hospital Services** - The Plan pays for any out-patient services not covered by your Government Plan. (*see out-of-province services*)

**In addition to the above coverage for Hospital expenses, the Plan covers:**

**Professional Ambulance Services** - The actual charges for licensed professional ground ambulance transportation to or from the nearest hospital able to provide the care required when, due to the medical condition of the patient, no other form of transportation can be utilized.

Where a government program or plan for ambulance services exists, coverage will be limited to ambulance user fees applicable under such government program or plan. **Charges for transportation to and from scheduled appointments are excluded.**

**Diagnostic Services** - The full cost of diagnostic services including the services of a private radiological (x-ray) facility. (*see out-of-province services*)

## **Extended Health Benefits**

This benefit provides comprehensive protection against the cost of health services and supplies not covered by Government Programs. The Plan reimburses you for **80%** of the usual and customary charges, subject to the limits stated, of the following covered expenses when ordered by the attending physician. (Extended Health Benefits are provided for expenses incurred either in or outside the province of residence.)

**Home Nursing Services** - Charges for Nursing Services of a Registered Graduate Nurse for medically necessary nursing

care provided in a participant's home on the *written order of the attending physician (provided the Nurse is not a resident of the participant's home or related to the participant or the participant's family) AND IS SUBJECT TO PRIOR APPROVAL BY MEDAVIE BLUE CROSS. Periodic reassessment may be required.* Coverage is task oriented and must constitute the practice of nursing. Services that can be performed by a person of lesser qualifications are not covered.

Charges for the Nursing Services of a Certified Nursing Assistant or Licensed Practical Nurse/Licensed Nursing Assistant will only be allowed when a Registered Graduate Nurse is not available provided such service is approved by the attending physician and Medavie Blue Cross.

**Reimbursement is based on the reasonable and customary charges within the applicable Province. There is a limit of \$10,000.00 in any 36 consecutive month period.**

These services may take the form of:

- changing of dressings
- injections
- foot care
- catheter care

These services **may not take the form of:**

- housekeeping
- food preparation
- letter writing
- banking assistance
- personal care ( i.e. hair care, bathing, etc.)
- other "custodial or respite care" services

**Critical Illness Nursing Care** - Charges for the services of a Registered Graduate Nurse (R.N.) or Certified Nursing Assistant (C.N.A.)/Licensed Practical Nurse (L.P.N) for nursing care provided in hospital or at home for an illness that is deemed to be terminal in nature. Medical documentation from the attending physician is required to determine that the medical condition is terminal in nature. The lifetime maximum benefit is \$5,000.00.

**Physiotherapy** - Charges for the services of a Registered Physiotherapist. *Please note: Not all services performed by physiotherapists are considered eligible for payment. Claims must be submitted using a special physiotherapy claim form that can be obtained from your provider. The provider will complete the appropriate sections of the form, confirm that the treatment was requested by the physician (or the physician is aware of the treatment) and the form must be signed by the provider prior to claim submission. The physiotherapist must be an approved provider by Medavie Blue Cross.*

**Oxygen** - Charges for oxygen and the rental of equipment for its administration when required due to chronic hypoxaemia. Supplemental to Government program.

**Prosthetic and Other Appliances** - Charges for artificial limbs, eyes or other prosthetic appliances, crutches, splints, casts, braces and trusses. Replacements are covered only in the event of pathological change. Claims being submitted require physicians' documentation including the recommendation and diagnosis. Charges for maintenance are included up to \$40.00 in any twelve (12) consecutive month period. A maximum of \$40.00 is allowed for bite planes when necessitated by a joint dysfunction. Breast prosthesis will be covered once in any twenty-four (24) consecutive month period and surgical brassiere two (2) in any twelve (12) consecutive month period.

Wig prosthesis for alopecia totalis (total baldness not male pattern alopecia) or hair loss resulting from chemotherapy or radiation therapy is limited to \$400.00 in any twelve (12) consecutive month period.

**Orthopaedic Shoes and Shoe Modification Supplies** - Limited to one pair for in any twelve (12) consecutive month period for orthopaedic shoes; \$100.00 for shoe modification supplies and custom molded foot supports in any twelve (12) consecutive month period, commencing with the date charges are incurred.

*Only those shoes or modifications that are custom fit and designed to accommodate, relieve or remedy mechanical foot defects or abnormalities, and that are supplied by a recognized orthopaedic footwear facility and not available at a retail shoe outlet are considered a benefit. A written prescription from a medical doctor is required.*

*Shoes purchased only to accommodate orthotics, or comfortable walking shoes such as Nike, Birkenstock, Brooks, Rockport, New Balance, Saucony etc. are not covered.*

**Ostomy Equipment** - Charges for ostomy equipment including appliance, irrigation sets, and bags, but excluding deodorants, pads, adhesives and skin creams and other supplies.

**Therapeutic Medical Equipment Rental/Purchase** - Charges for the rental or purchase (at the option of the Medavie Blue Cross) of medically necessary therapeutic equipment (limited to the standard level) such as:

- wheelchair;
- iron lung;
- hospital bed/bed rail (**detailed information below**);
- walker;
- tens machine;
- cervical collar;
- breathing appliance;
- Glucometers: Blood Glucose Monitoring Devices covered up to a maximum of \$200.00 if recommended by the attending physician.
- Two (2) emergency anaphylactic shock kits (anakit/epipens) covered per twelve (12) month period per insured; based on 80% of the manufacturer's suggested retail price.

When more than one level or range of equipment is available, coverage under the Plan will be limited to the standard level as medically required.

At the option of Medavie Blue Cross, insured equipment may be rented or purchased.

Subject to the specific approval of Medavie Blue Cross, other equipment may be an insured benefit provided it is medically necessary and is an accepted method of treatment. Equipment used on a trial or experimental basis or equipment required primarily for comfort or convenience is not an insured benefit.

The insured equipment is limited to original purchase only, unless required as a result of a pathological change or independent consideration as approved by the Trustees. **There is a limit of \$10,000.00 lifetime. (Effective August 1, 2006, the limit will increase to \$20,000 lifetime.**

**Hospital Bed** – (*included under Therapeutic Medical Equipment*) Coverage, if eligible, will be based on the cost of a “standard hospital bed”. A request for a hospital bed must include the following:

- A written prescription from the Physician or a letter from the Occupational Therapist (co-signed by the Physician) which indicates prognosis and diagnosis;
- Amount of time patient is confined to bed on a daily basis;
- Length of time the bed is required;
- Type of bed required (i.e. electric, manual, rails, etc.); and
- Cost of the bed. (Two (2) estimates are required, along with any literature).

**Emergency Transportation** - Charges for emergency transportation by air, rail or water to the nearest hospital able to provide the required care; including return expenses of an accompanying Registered Nurse when medically necessary. Maximum is \$400.00 per patient in any 12 consecutive month period.



**Blood** - Charges for blood and blood plasma, when not provided by a Government sponsored program.

**Out-of-Province Physician Services** - Charges for physician services which exceeds allowances provided under your Government Medical Plan and incurred while outside your province of residence for emergency services not related to pre-existing medical conditions. (*see out-of-provinces services*)

**Dental Services** - Services of a dentist for the repair or replacement of natural teeth when incurred as a result of an accidental injury sustained while covered for this benefit. Injury must have been caused by an external blow or force and not by something wittingly or unwittingly placed in the mouth. Services rendered within one year following the date of the accident are covered provided the participant's coverage remains in force. Charges accepted for payment will be limited to the general practice level of the Dental Association Fee Schedule of the province where the participant resides and in effect on the date service is rendered.

**Laboratory Tests** - Charges for laboratory tests carried out by a hospital, government or other laboratory. (*see out-of-provinces services*)

**X-Ray Therapy** - Charges for x-ray therapy, radium and radioactive isotope therapy (excluding private MRI clinics).

**Hearing Aids** - Charges for the cost and installation of a hearing aid or hearing aids up to \$600.00 in any 36 consecutive month period. (The contract with the Province of Nova Scotia provides \$550.00 in any 36 consecutive month period. The additional coverage is provided through subsidization by the NSTU Group Insurance Trust Fund) per insured member, commencing with the date charges are incurred. Such aid or aids must be purchased after the date of a written recommendation by an otolaryngologist. Medavie Blue Cross also recognizes a

licensed audiologist. This benefit is extended to provide for a second hearing aid if it is medically necessary for a member to have a hearing aid for each ear. The charges for the second hearing aid shall be under the same conditions as the charges for the first hearing aid. If a dependent child has an audio defect which requires additional hearing aid equipment over and above the basic benefit, claims will be reviewed on an individual basis by the Trustees in consultation with Medavie Blue Cross. The determination of the level of benefit will be the decision of the NSTU Group Insurance Trustees. Claims submitted to the Trustees must be supported by medical documentation.

**Eye Refractions** - Usual and customary charges for an eye refraction performed by an ophthalmologist or licensed optometrist, once in any 24 month period for persons *under age 10* and between ages 18 and 64, and once in any 12 month period for persons age 10 to 17.

**Prescription Eyeglasses** - Charges for frames and single lenses up to \$155.00, or up to \$170.00 for frames and bifocal or trifocal lenses. (The contract with the Province of Nova Scotia provides \$145.00 for single lenses/\$160.00 for bifocal or trifocal lenses. The additional coverage is provided through subsidization by the NSTU Group Insurance Trust Fund), once in any twenty-four (24) month period or once in any twelve (12) month period for dependents under age 18 commencing with the date charges are incurred for each member of the contract. Prescription sunglasses and Intra Ocular Lens Implants are not covered.

**Eye Laser Surgery** - In lieu of frames and lenses, coverage for eye laser surgery up to the dollar limit and frequency for frames and lenses if the maximum benefit for Prescription Eyeglasses has not been used in the previous twenty-four (24) months.

**Contact Lenses** - Charges for contact lenses up to \$200.00 in any twenty-four (24) consecutive month period as prescribed by

an ophthalmologist for conditions such as: Keratoconus, severe corneal scarring or aphakia; provided vision cannot be improved to a satisfactory level by spectacle lenses. Please note that Medavie Blue Cross requires a letter from the ophthalmologist in order to approve payment of the \$200.00 benefit.

- If eyeglasses have been purchased in the same twenty-four (24) consecutive month period that the required contact lenses are purchased, the amount payable shall be reduced by the amount paid under the eyeglass provision.
- The purchase of contact lenses for reasons other than stated above, shall be considered the same as the purchase of eyeglasses.

**Diabetic Supplies** - Charges for diabetic supplies - for syringes, needles and testing supplies such as clinitest, clinistix, labstix, keto-diastrix. **Alcohol swabs, cotton balls, preci-jets, auto-injectors and infusion kits etc., are not included as eligible expenses.**

**Urinary Collection Devices** - Charges for urinary collection and retention systems including catheter tubes and pouches but excluding other supplies.

**Paramedical Services** - Charges for paramedical services - usual and customary charges up to a maximum of \$25.00 per treatment and a maximum of twenty (20) treatments per calendar year for the services of a naturopath, acupuncturist, osteopath, chiropractor, speech therapist, podiatrist/chiropracist, or occupational therapist. The provider must be one approved by Medavie Blue Cross.

**Psychologist Services** - Services of a psychologist covered up to a maximum of \$40.00 per treatment and a maximum of fifteen (15) treatments per calendar year. The provider must be one approved by Medavie Blue Cross.

Effective August 1, 2006, the services of a psychologist will increase to 80% of the usual and customary charges to a maximum of 20 visits in any 12 consecutive month period. A Master of Social Work will be considered as an eligible service provider under this benefit. The provider must be one approved by Medavie Blue Cross.

**Note: for therapy or counseling in groups, a reduced allowance would apply, to be determined by Medavie Blue Cross.**

**Massage Therapy** - Effective August 1, 2006, the services of a registered massage therapist will be covered at 80% of the usual customary charges to a maximum of 20 visits in any 12 consecutive month period. The provider must be one approved by Medavie Blue Cross.

- The above coverage is for office calls only. Prescriptions, medications, x-rays and appliances are not covered if ordered by the paramedical practitioner. They are covered only if ordered by an attending physician, that is, medical doctor and if, they otherwise qualify for coverage elsewhere in the contract.

**Prescription Drugs** - *Only applicable to the spouse of a subscriber where the subscriber is over age 65 with a family plan but the spouse is still under age 65.* Drugs for the **spouse only** are covered 80% after a \$25.00 deductible has been satisfied. The deductible must be satisfied each year between June 1 to May 31 of the following year. When drug receipts totalling over \$25.00 have been accumulated, please forward to Medavie Blue Cross for reimbursement. The prescription drug coverage cancels as of the first of the month that the spouse turns 65.

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM  
The Retired Teachers' Group Insurance Plan DOES NOT provide drug coverage for retired teachers and/or their spouses over age 65; therefore, we strongly recommend that all NSTU retirees and/or their spouses, 65 years of age or older, enroll in the Nova Scotia Seniors' Pharmacare Program.

## Out-of-Province Services

Under Hospital and Extended Health Benefits of the Retired Teachers' Group Insurance Plan, the following applies:

**“Out-of-Province benefits are only available as a result of unforeseen illness or accidental injury occurring while you are travelling outside your province of residence.”**

Elective services and services related to pre-existing conditions as set out below are excluded or limited under this contract as described.

1. Services received by a person who travelled outside the home province for the purpose of obtaining hospital treatment, medical treatment or advice are not covered.
2. No coverage is provided for services that were obtained outside the province of residence at a person's election, including surgery or other treatment known to be required, that could be deferred until return to Canada.
3. Cardio-vascular or Peripheral-vascular surgery or other procedures are covered only when such procedures are necessitated by an acute episode of myocardial ischemia or peripheral ischemia that occurs during the term of coverage under this contract and only when such procedures cannot

be delayed until return to Canada.

4. Surgery for removal of cataracts is not covered.
5. Known medical conditions, not specifically excluded, will be covered only when the service is necessitated by emergency. Services to monitor, stabilize or continue treatment of existing medical conditions are not covered.
6. Coverage for pregnancy is limited to services related to a naturally occurring miscarriage or to a premature delivery occurring before two months of the expected date of birth. All other services associated with pregnancy are excluded.

**IT IS ADVISABLE THAT MEMBERS AND/OR THEIR SPOUSE PURCHASE INDIVIDUAL TRAVEL INSURANCE IF TRAVELLING OUTSIDE CANADA.**

*(see MEDOC<sup>®</sup> Travel Plan)*

## Claims Procedure

### Hospital Services

There are no claim forms to complete in order to obtain hospital services. Presentation of your Medavie Blue Cross Card assures credit at the hospital for semi-private room coverage. The hospital will claim directly to Medavie Blue Cross.

### Extended Health Benefits

To obtain reimbursement for other services and supplies, you should complete a claim form (obtainable from Medavie Blue Cross or Johnson Inc.) and send it directly to Medavie Blue Cross along with itemized receipts and the attending physician's

prescription. Payment will be made directly to you.

**CLAIMS MUST BE SUBMITTED WITHIN ONE (1) YEAR FROM THE DATE THE EXPENSE IS INCURRED.**

### **Co-ordination of Benefits**

The Plan includes a co-ordination of benefits provision. This provision operates in the event that you or your spouse are covered under more than one group health plan, and ensures that while claim may be made under all plans, total reimbursement received does not exceed the actual expense incurred.

### **Additional Information**

Changes in marital status, should be reported immediately to the Administrator, Johnson Inc., PO Box 9620, Halifax, NS, B3K 5S4.

## **Total Care - Dental**

Underwritten by Medavie Blue Cross

Please contact Johnson Inc. for the current rates.

Phone 453-9543 or 1-800-453-9543.

### **Eligibility**

All retired members enrolled in the Total Care Dental Plan at the time of retirement and in receipt of a Nova Scotia Teachers' Pension were eligible to remain in the plan. If you remained in the plan and wish to cancel coverage you cannot re-enroll at a later date. Coverage ceases at age 75. The premium is 100% paid by the member and deducted from your Nova Scotia Teachers' Pension cheque.

**This provision was effective January 1, 1998 and is only applicable to those members enrolled in the Total Care Dental**

## **Plan at the time of retirement.**

If you wish to change your coverage status (ie. from single to family or family to single), notification must be received within thirty (30) days of the actual change. **Coverage can only be cancelled during September of each year.**

## **Definition of Dependents**

“Spouse” means either:

- (a) the member’s legally married spouse; or
- (b) a person living with the member on a continuous basis in a conjugal relationship that is not a legal marriage, provided such relationship has existed for at least twelve (12) consecutive months at the time of application and immediately preceding the time when the status of such person is required to be determined for the purpose of coverage and the person is publicly represented by the member as the member’s spouse.

If a member has had more than one spouse, the member’s spouse shall be only the person who was the member’s most recent spouse, using the criteria in (a) and (b) above.

## **Basic Preventative Services**

The following services are provided at **80%** of the lesser of the usual and customary charge of the dentist or the Current Dental Association Fee Schedule in effect in the subscriber’s province of residence.

The Plan will pay for services of a dental specialist at current specialist rates, when the patient has been referred by a dentist to a dental specialist for consultation and/or treatment of a condition deemed to be within the specialty of the specialist.

**Diagnostic** - clinical oral examinations (one recall exam every calendar year);



**Preventative Services** - cleaning (eight unit maximum every twelve (12) consecutive months for scaling) and polishing, fluoride treatments (once every calendar year), pit and fissure sealants or permanent molars (up to age 18), space maintainers and protective athletic appliances (one every twenty-four (24) months for children up to age 16 - one per lifetime over age 16);

**Restorative Services** - fillings, re-cementing inlays and crowns, removal of inlays and crowns, and cement restorations;

**Endodontic Services** - diagnosis and treatment of the pulp (nerve) and tissue which supports the end of the root, root canal therapy and emergency procedures;

**Periodontic Services** - diagnosis and treatment of disease which affects the supporting tissue of the teeth, such as the gums and bones surrounding the teeth (eight unit maximum every twelve (12) consecutive months for root planing.);

**Prosthodontic Maintenance Services - Removable** - denture repairs, denture rebasing and relining (once in twenty-four (24) months) and tissue conditioning;

**Surgical Services** - extraction of teeth.

**Adjunctive General Services** - emergency treatment of pain, local anesthetic or conscious sedation, and consultation with another dentist.

## **Major Restorative Services**

The following services are provided at 50% of the lesser of the usual and customary charges of the dentist or the Current Dental Association Fee Schedule in effect in the subscriber's province

of residence, subject to a maximum payment of **\$1,000.00 per person per calendar year**;

- Crown restorations, inlay and onlay restorations, gold fillings when teeth cannot be restored with other material. **(limited to one (1) in any five (5) year period)** This benefit does not include fixed bridgework, prosthetics or crowns, inlays or onlays associated with the placement of bridges or prosthetics (see Prosthodontic Services).

## **Prosthodontic and Orthodontic Services**

The following is a summary of the benefits:

**Prosthodontic Services** - The following services are provided at **50%** of the lesser of the usual and customary charge of the dentist/prosthodontist or the current Dental Association Fee Schedule in effect in the subscriber's province of residence, subject to a maximum payment of **\$1,500.00 per person per calendar year**.

- Fixed bridgework; **(limited to one (1) in any five (5) year period)**
- Partial and complete dentures **(limited to one (1) in any five (5) year period)**;
- Restorative services including crowns, inlays and onlays associated with the placement of prosthodontics. **(limited to one (1) in any five (5) year period)**

### **Limitations**

- Replacement is covered only if the existing denture is un-serviceable and cannot be made serviceable.
- Coverage is not included for replacement of any lost, stolen or misplaced prosthodontics.

**Orthodontic Services** - The following services are provided at 50% of the lesser of the usual and customary charge of the dentist/orthodontist or the current Dental Association Fee Schedule in effect in the subscriber's province of residence, subject to a maximum payment of **\$2,000.00 per person lifetime**.

- Coverage includes orthodontic examinations and diagnostic procedures, extractions and surgical procedures relating to orthodontic services and appliance therapy.
- Charges for orthodontic care do not become allowable until the services relating to such charges are actually rendered.

**Pre-Determination of Benefits** - When a planned course of treatment is expected to result in covered dental expenses of \$500.00 or more, a detailed description of the planned procedures with an estimate of the charges is to be submitted by the dentist to Medavie Blue Cross. Medavie Blue Cross will then confirm the level of benefits available.

**Co-ordination of Benefits** - The Plan includes a co-ordination of benefits provision. This provision operates in the event that you or your dependents are covered under more than one group health or dental plan, and ensures that while a claim may be made under all plans, total reimbursement received does not exceed the actual expense incurred.

#### **Exclusions**

- Charges related to services for cosmetic reasons;
- Charges for broken appointments, completion of forms or any other non-treatment services;
- Charges for services or supplies that are not dentally necessary or do not meet accepted standards of dental practice;
- Charges for services listed as included when provided to children covered under the Children's Dental Plan of the Province of Nova Scotia or other similar government programs.

## **Claims Procedures**

To submit dental claims, you should first determine if your dentist is a participating dentist, i.e., one who has agreed to submit claims directly to Medavie Blue Cross for reimbursement. If so, you need only present your Medavie Blue Cross Card. Your dentist will submit his/her bill for that portion of the charges payable under the NSTU program directly to Medavie Blue Cross for payment.

If your dentist is a non-participating dentist, you will be required to pay for the services rendered and submit a completed dental claim form, together with an official receipt, to Medavie Blue Cross for reimbursement. Payment will be made directly to you.

If your dentist is non-participating but agreeable to an assignment of benefits, submit a completed dental claim form to Medavie Blue Cross and payment will be made directly to your dentist, according to the terms of the NSTU dental program contract.

**CLAIMS MUST BE SUBMITTED WITHIN ONE (1) YEAR FROM THE DATE THE EXPENSE IS INCURRED.**

## **Alternate Benefit Clause**

In order to maintain reasonable costs, when more than one method of treatment may be provided, or more than one type of material or appliance can be selected that will provide a professionally adequate result, Medavie Blue Cross may elect to make payment for the less expensive method of treatment. For example, if there are three or more missing teeth, Medavie Blue Cross may pay up to the level of a partial denture instead of a bridge.

### **Additional Information**

Changes in marital status, should be reported immediately to the Administrator, Johnson Inc., PO Box 9620, Halifax, NS, B3K 5S4.

## **MEDOC® Travel Plan**

### **Out-of-Province/Canada Emergency Medical Insurance Plan**

Your Provincial Health Insurance Plan provides basic coverage for hospital and physician services while you travel outside of your province of residence. However, this coverage is not enough. If you have a medical emergency while travelling outside Canada, it can cost you thousands of dollars.

**Take a few minutes now to consider the important features of this plan, designed specifically for you.**

The MEDOC® Travel Plan insures you and your immediate family member for reasonable and customary expenses arising from any sudden and unexpected sickness or injury that takes place during an insured trip and requires immediate medical treatment by a licensed physician. Subject to the maximum amounts shown below, the plan pays for eligible expenses less the amount under any other insurance plan. If you have coverage through other plan(s), CanAssistance will coordinate benefits with other plan(s) in which you participate. Total reimbursement for expenses will not exceed 100% of the cost.

The MEDOC® Travel Plan consists of two options: The Base Plan and the Supplemental Plan, the terms of which are outlined separately.

## The Base Plan

The Base Plan is a continuous plan that provides emergency medical travel coverage for an unlimited number of trips, up to a maximum of thirty (30) days for each trip. Proof of travel is not required unless a claim occurs.

## The Supplemental Plan

You may elect coverage under the Supplemental Plan for trips of longer than thirty (30) days. You are required to report the entire period of travel from the first day. **The Supplemental Plan options include the Base Plan Coverage.**

## Pre-existing Conditions

Pre-existing conditions are not insured. A pre-existing condition is any medical condition that required consultation, diagnosis, treatment and/or investigation in the twelve (12) month period prior to the day of departure. **A medical condition can include an illness, sickness, injury or symptoms. Additionally, a medical condition that has a new medication prescribed or a change in the dosage of a medication in the ninety (90) days prior to departure, is not covered.**

## Eligibility

The travel plan, is available to retired members of the NSTU. You and your immediate family member must be a Canadian resident and be insured under the Provincial Health Insurance Plan in your province or territory of residence.

You become enrolled by completing the Enrollment Form included in this booklet. Your Base Plan coverage begins the day Johnson Inc. receives your completed and signed enrollment information. Your Supplementary Plan will commence on the first day of travel. Your premiums will be deducted in monthly amounts from your Nova Scotia Teachers' Pension.

## Definition of Dependents

“Spouse” means either:

- (a) the member’s legally married spouse; or
- (b) a person living with the member on a continuous basis in a conjugal relationship that is not a legal marriage, provided such relationship has existed for at least twelve (12) consecutive months at the time of application and immediately preceding the time when the status of such person is required to be determined for the purpose of coverage and the person is publicly represented by the member as the member’s spouse.

If a member has had more than one spouse, the member’s spouse shall be only the person who was the member’s most recent spouse, using the criteria in (a) and (b) above.

## Benefits

Eligible expenses include:

**Emergency Medical Expenses** - Covers the cost of Emergency hospital, surgical and medical treatment for the following:

1. Hospital room and board including an Intensive Care or Coronary Care unit, standard ward accommodation, semi-private room, or private room charges when certified as medically necessary by the attending physician;
2. Other hospital services and supplies;
3. Medical, surgical or anesthetic treatment by a licensed physician or surgeon;
4. X-rays and other diagnostic tests;
5. Use of an operating room, anaesthesia and surgical dressing;
6. The cost of a licensed ambulance service;

7. Outpatient emergency room charges;
8. Drugs and medications legally requiring a licensed physician's written prescription; and,
9. Rental of a wheelchair, rental or purchase of minor medical appliances such as crutches, braces and other therapeutic medical appliances when ordered by the attending physician.

**Air Emergency Transportation or Evacuation** - Covers the cost, when medically required:

1. Air ambulance to the nearest appropriate facility or to a Canadian hospital;
2. Fare for transportation by stretcher to the home departure point including, when medically necessary, the return fare and approved professional charge of an accompanying Registered Nurse or other qualified medical attendant, not a relative; and,
3. Charges more than booked fare or prearranged charter fare incurred as a result of a change in the planned schedule, including additional fare of an eligible Insured Person covered under this contract who was travelling with the stricken Insured Person.

All air transportation expenses must be approved and arranged in advance by Medavie Blue Cross.

**Bedside Transportation** - Provides return fare for transporting a member of the immediate family (spouse, parent, child) to attend at the side of an Insured Person who was travelling unaccompanied by an adult family member, following a critical injury or illness necessitating hospitalization. Attendance and return must occur within 10 days of discharge from hospital.



**Private Nursing Expenses** - Charges for a Registered Graduate Nurse (R.N.), not a relative, for private duty care in a hospital or a temporary residence, when medically necessary and ordered by the attending physician.

**Physiotherapy** - Charges for a registered physiotherapist when recommended by the attending physician.

**Emergency Dental Expenses** - Covers the cost of repair of natural, vital teeth or fracture or dislocation of the jaw, as a result of injury from an external blow during the term of the contract. Coverage is limited to \$1,000.00 per injury and must be provided during the term of coverage.

**Board and Lodging** - Costs incurred by an Insured Person or by a travelling companion, when related to a period of hospitalization of an Insured Person, up to \$150.00 per day to a maximum of \$1,500.00.

**Repatriation** - Covers the cost of transportation of the deceased Insured Person's remains to their province of residence, excluding cost of a burial coffin, up to a maximum of \$3,000.00 per person.

**Vehicle Return** - If the Insured Person and/or Immediate Family Member is unable to operate their owned or rental vehicle due to sickness, injury or death while travelling outside the Insured Person's province of residence, this plan will arrange for the return of the vehicle to your home residence or a rental vehicle to the nearest appropriate rental agency, up to a maximum of \$1,000.00 provided no other person travelling with the Insured Person is able to operate the vehicle. Benefits will only be payable for return of the vehicle when pre-approved and/or arranged by Medavie Blue Cross.

## **Benefit Maximums**

All individual benefit maximums stated within this policy are expressed in Canadian currency.

## **In the Event of a Medical Emergency**

**CanAssistance Travel Services** - You must contact CanAssistance directly when a medical emergency arises, at their 24-hour emergency help line.

In Canada/U.S.A. call: 1-800-563-4444

Elsewhere call collect: 0-506-854-2222

Fax: 1-800-795-2182

CanAssistance provides the following services:

1. **Medical Assistance and Consultation** - You will be directed to the nearest appropriate medical facility.
2. **Up Front Payment** - For covered expenses CanAssistance will guarantee payment or arrange direct payment to the medical and hospital providers, wherever possible.
3. **Emergency Message Centre** - In case of a medical emergency, CanAssistance can help relay important messages to or from your family, business or physician.

## **Managed Care**

When a medical emergency occurs, CanAssistance will direct you to a physician or hospital within the managed care network in the vicinity best suited to treat your medical condition.

If you do not call CanAssistance, your eligible expenses will be reimbursed at 80%, except in extreme circumstances where you are unable to call. In a critical emergency, have someone

call CanAssistance on your behalf as soon as possible and CanAssistance will coordinate your benefits as usual.

If you choose not to receive treatment from the Managed Care network recommended by CanAssistance, your eligible expense will be reimbursed at 80%.

### **Automatic Extension**

Coverage will be automatically extended beyond your day of return if you, a travelling companion, or your immediate family member travelling with you, is confined to a hospital on your day of return due to a medical emergency. Your coverage will remain in force for as long as you, your travelling companion or your immediate family member is hospitalized plus an additional period of five (5) days following discharge from hospital.

The period of insurance coverage is automatically extended for 72 hours when:

1. The delay of a plane, bus, ship, or train in which you are a passenger causes you to miss your scheduled return to your province of residence;
2. The personal means of transportation in which you are travelling is involved in an accident or mechanical breakdown that prevents you from returning to your province of residence on or before your day of return; or
3. You must delay your scheduled return to your province of residence by the personal means of transportation in which you are travelling, due to extreme weather conditions.

### **Exclusions and Limitations**

1. A sickness or injury occurring while this policy is not in force as per your trip.

2. Eyeglasses, contact lenses, hearing aids or prescriptions for same.
3. Air travel other than as a passenger in a commercial aircraft licensed to carry passengers for hire.
4. Preventative, experimental or patented medicines or vaccines.
5. A non-emergency medical or elective treatment, check-ups or treatment for cosmetic purposes.
6. Any treatment or surgery that can reasonably be delayed until you return to Canada for such treatment.
7. Pregnancy, childbirth or miscarriage or any complications arising from pregnancy.
8. Mental or emotional disorders that do not require hospitalization; abuse of medication, drugs or alcohol; intentional self-injury, suicide or attempt thereat. (whether sane or insane)
9. Voluntary participation in war or act of war.
10. Voluntary participation in a riot or civil disorder.
11. Willful exposure to peril except in an attempt to save human life.
12. Expenses covered by any Provincial or Federal Act or Acts.
13. The continued treatment, recurrence or complication of a medical condition following emergency treatment of that medical condition during your trip, if the medical advisors

of Medavie Blue Cross/CanAssistance determine that you are able to return to Canada and you choose not to return.

14. Any emergency transplants including but not limited to organ transplants and bone marrow transplants.
15. Cardiac procedures, including cardiac catheterization, or surgery unless approved by Medavie Blue Cross prior to being performed, except in extreme circumstances where surgery is performed on an Emergency basis immediately following admission to Hospital. or
16. Expenses incurred where it is determined the coverage was purchased specifically to obtain hospital and/or medical treatment outside your province of residence whether or not recommended by your physician.
17. Any pre-existing condition as defined in this booklet.
18. This Policy excludes loss, damage, cost, or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:  
By any act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of, or in connection with any organization(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons, including the intention to influence any government and/or to put the public, or any section of the public, in fear.

19. Medavie Blue Cross will not cover expenses in excess of \$2 million Canadian per covered Participant, per incidence outside the province of residence.

A maximum amount of \$5 million will be paid by Medavie Blue Cross for all claims incurred due to any one occurrence. If the total claims payable exceeds \$5 million Canadian, Medavie Blue Cross will pro-rate the payment.

Any one occurrence as used herein means each and every loss, or series of losses, arising out of one accident or cause, regardless of the number of policies or covered persons involved.

### **Co-ordination of Benefits**

Benefits payable under this policy shall be coordinated with any other coverage(s) and are payable in excess of all other benefits in effect on the Insured Person's behalf, so that payment under this policy and any other plan, including but not limited to the Insured Person's Provincial Health Insurance Plan, individual or group policy, credit card coverage or other insurance, shall not exceed 100% of the eligible charge incurred.

### **How to Enroll**

Complete the enclosed Enrollment Form, indicating the coverage required and mail it to Johnson Inc.

If you need help in choosing the right coverage, a Johnson Service Supervisor will be pleased to assist you.

Your Base Plan coverage begins the day Johnson Inc. receives your completed and signed enrollment information. Your Supplemental Plan\* will commence on the first day of travel. Shortly after, you will receive written confirmation of your

coverage, your individual policy and a Claims Card with the toll-free telephone number of the Emergency Helpline.

### **Premium Deduction**

In the first year, for first time MEDOC® members only, the Base Plan premiums are pro-rated from the date your coverage is effective until the policy renewal date, which is September 1<sup>st</sup>.

The Plan automatically renews each year on September 1<sup>st</sup>. You will receive written notification in advance. Your coverage will continue at renewal for the next policy year, unless you provide Johnson Inc. with written notice of termination within thirty (30) days of the renewal date. Premiums are deducted monthly from your Nova Scotia Teachers' Pension cheque. Premiums under the Base Plan are non-refundable and non-cancellable.

\*Supplemental Plan premiums for any of the single trip options includes coverage for any other trips of 30 days or less duration. Premiums are deducted monthly during the period remaining from the date coverage begins until the next policy renewal, which is September 1<sup>st</sup>. No portion of the Supplemental Plan premiums will be pro-rated.

### **Extension of Coverage- Supplemental Plan**

The agreement may be extended for one further period, providing benefits were not used during the preceding period. If benefits were used, extension is at the option of Medavie Blue Cross. Application for extension must be received before expiry of the first period of coverage. The total period of coverage may not exceed one (1) year.

Please contact Johnson Inc. for current rates.  
Phone 453-9543 or 1-800-453-9543.

# Directory

## Administration

For all other inquiries, correspondence and information, contact Johnson Inc. This Plan is administered for the Nova Scotia Teachers Union by:

### Johnson Inc.

## Important Addresses and Telephone Numbers

Nova Scotia Teachers Union  
3106 Joseph Howe Drive  
Halifax, Nova Scotia  
B3L 4L7

Medavie Blue Cross  
Box 2200  
Halifax, Nova Scotia  
B3J 3C6

Local - 477-5621  
Toll-free - 1-800-565-6788  
Fax - 902-477-3517

Local - 468-9700  
Toll-free - 1-800-565-8785  
Fax - 902-468-3967

Johnson Inc. Regional Office  
Box 9620  
Halifax, Nova Scotia  
B3K 5S4  
(2727 Joseph Howe Drive, Suite 400)



# Directory

## Johnson Inc. Telephone and Fax #'s:

LOCAL      TOLL-FREE

### NSTU Group Insurance

Inquiries (Halifax)	453-9543/1-800-453-9543
Home/Auto Inquiries (Halifax)	453-1010/1-800-588-3885
Fax (Halifax)	902-455-8229

### Johnson Inc. e-mail address for NSTU members:

[nstu@johnson.ca](mailto:nstu@johnson.ca)

### NSTU Group Insurance Trustees email address:

[insurance@nstu.ca](mailto:insurance@nstu.ca)

The Plan Administrator, Johnson Inc., maintains a Members-Only website at [www.johnson.ca](http://www.johnson.ca) which contains your individual coverage. A confidential password is required to access your personal information at the Johnson website and may be obtained by contacting the Plan Administrator, Johnson Inc.

# Nova Scotia Teachers Union Travel Plan ENROLLMENT FORM - Member Information

**Please Print Clearly**

First Name(s)	Initials Last Name
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Address – Street/Apt.  

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City/Town  

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Province	Postal Code
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Sex	Date of Birth	Provincial Health Card No.	NSTU Prof. No.
Male Female	Day Month Year		
<input type="checkbox"/> <input type="checkbox"/>			

Daytime Telephone Number  

	<input type="checkbox"/> RETIRED
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**I WOULD LIKE TO APPLY FOR COVERAGE AS INDICATED BELOW FOR THE**

SINGLE OR  FAMILY PLAN:

**Check appropriate boxes and complete the details as required:**

Base Plan (unlimited trips up to 30 days duration).

**OR**

Supplemental Plan (includes Base Plan). Check appropriate trip option

45 days    60 days    75 days    90 days    105 days

120 days    135 days    150 days    165 days    180 days

**Complete the following only if you have elected the Supplemental Plan:**

Trip 1 Depart: \_\_\_ / \_\_\_ / \_\_\_ Return: \_\_\_ / \_\_\_ / \_\_\_ Destination \_\_\_\_\_

Trip 2 Depart: D / M / Y Return: D / M / Y Destination CITY STATE COUNTRY

D M Y D M Y CITY STATE COUNTRY

Destination address and telephone number if known:

Street/Apt. #  

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City/Town	Province/State
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Country	Postal Code/Zip Code	Telephone Number
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**IMPORTANT - YOU MUST COMPLETE AND SIGN THE REVERSE SIDE FOR COVERAGE TO BE IN FORCE.**

**IF YOU HAVE SELECTED FAMILY COVERAGE, PLEASE COMPLETE THE FOLLOWING:**

	LAST NAME	FIRST NAME	PROVINCIAL HEALTH CARD NUMBER	DATE OF BIRTH D / M / Y
SPOUSE				

I authorize and direct the Insurer of Record and its appointed provider of Travel Assistance Services to recover claim expenses from my Provincial Health Insurance Plan and any other insurance plans.

I agree that my premium for this insurance, including any mid policy year adjustments, arrears and renewals, will be deducted in monthly amounts from my salary/pension. I understand coverage will begin on the day Johnson Inc. receives my completed enrollment information. I also understand that unless I advise Johnson Inc. to the contrary, the coverage I have selected will remain in effect each policy year thereafter. Johnson Inc. will provide me with notification of my renewal before the beginning of the next policy year, which is September 1.

**SIGNATURE OF MEMBER**

X \_\_\_\_\_ Date \_\_\_\_\_



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