



**Benepac® Insurer**

Green Shield Canada

**Benefit Details**

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

Eligible Services shown below will not be eligible unless they are usual, reasonable and customary taking all factors into account, and are medically necessary for the treatment of an illness or injury. Drug benefits may be subject to a different co-payment. Refer to the Schedule of Benefits for details.

**Schedule of Eligible Services**

*Drugs*

Identified in the Green Shield computerized drug file as eligible at benefit level "9", provided they have been prescribed by an authorized medical practitioner, including:

- All medication which requires a prescription by law, including oral contraceptives.
- Syringes and needles, diabetic testing agents, insulin, and all other approved injectibles.
- Digitalis, digoxin, digitoxin, lanatoside, quinidine, erythrol tetranitrate, isosorbide dinitrate and nitroglycerin.

Green Shield's Conditional Formulary can be included with all Benepac® Drug Plans. Please contact your BBD marketing representative for additional information.

*Accidental Dental Coverage*

For the repair or replacement of natural teeth by a licensed dental practitioner, which were damaged as the result of an accident which occurred when this Agreement was in force. Treatment must commence within 180 days following the accident and be completed within one year from such date. This benefit is limited to one set of artificial teeth when natural teeth have been damaged and excludes periodontic or orthodontic treatments and/or the repair or replacement of artificial teeth. Reimbursement will be made up to the fees set out in the General Practitioners Fee Guide in effect on the date of treatment.

A Dental Accident Report Form and your dental x-rays must be submitted to Green Shield for prior approval. Failure to comply may result in non-payment.



## Extended Health Care

*Ambulance Transportation* Including licensed land ambulance or air ambulance service when you are being transported from the location where you suffered bodily injury, sickness or disease to the nearest hospital where adequate treatment is available, or when you are being transported from one hospital to another hospital, or when you are being transported from a hospital to your residence.

*Audio* Reimbursement for standard hearing aids, repairs or replacement parts up to a maximum of \$500.00 every 5 years. Standard hearing aids are eligible if an Otologist or an Otolaryngologist has determined that you have a loss of hearing acuity which can be compensated for by a standard hearing aid, and an Audiologist, subsequent to performing hearing aid evaluation tests, prescribes a standard hearing aid.

*Blood and Blood Products* When required for transfusions.

*Laboratory and Diagnostic Services* When done for the diagnosis of an illness.

*Optometrist Eye Examinations* When performed by a licensed Optometrist are limited to one exam every 24 months (subject to the Extended Health Services deductibles and co-payments).

### *Paramedical Services*

- **Physiotherapist or Certified Athletic Therapist** - up to a maximum of \$500.00 per calendar year.
- **Clinical Psychologist or Master of Social Work** - up to a \$500.00 maximum per practitioner per calendar year.
- **Registered Dieticians** – up to a maximum of \$500.00 per calendar year. A certificate must be provided to Green Shield by your attending physician indicating the medical necessity of the treatment.
- **Speech Therapist/Pathologist** - up to a maximum of \$500.00 per calendar year.
- **Registered Massage Therapist, Chiropractor, Osteopath, Podiatrist, Chiropodist, Acupuncturist or Naturopath** - up to a maximum of \$500.00 per calendar year per practitioner.

Please Note: \$300 per calendar year per practitioner coverage is an available option.



Legislation in certain provinces prohibits Green Shield from providing reimbursement until the provincial government health plan has been exhausted. Contact Green Shield for specifics related to your coverage.

### *Private Duty Nursing*

For the services of a registered nurse (R.N.), a registered nursing assistant (R.N.A.) or a licensed practical nurse (L.P.N.) in the home only on a full or part shift basis. The services must require the expertise of an R.N., R.N.A. or L.P.N. and must be certified medically necessary by the attending physician.

Eligible Services do not include and reimbursement will not be made for:

- charges in excess of the fee level set by the largest nursing registry in your province of residence
- agency fees, commissions or overtime fees
- charges for an R.N., an R.N.A. or L.P.N. who is related to you by birth or marriage, and/or who normally resides in your home
- charges for a homemaker, or any person who is not an R.N., an R.N.A. or L.P.N.
- services which are custodial and/or services which do not require the skill level of an R.N., R.N.A. or L.P.N.
- charges incurred while confined in a hospital, LTC Facility, home for the aged, rest home or retirement home

A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to Green Shield. Failure to comply may result in non-payment.

### *Prosthetic Appliances and*

### *Durable Medical Equipment*

When your attending physician provides Green Shield with a written description of the required medical equipment, as well as the reason for use and/or the diagnosis. Eligible Services include myo-electric prostheses and standard external prostheses which replace all or part of a body organ or the functions of a permanently inoperative or a malfunctioning body organ. Also included are the replacement, repair, fittings and adjustments of such devices.

Eligible Services include but are not limited to the following:

- prosthetic glasses and/or contact lenses eligible once per lifetime



## Extended Health Care

- braces for the legs, arms, neck or back
- custom made boots or shoes or adjustments to stock item footwear, orthopaedic shoes as an integral part of a brace
- custom made foot orthotics up to a maximum of \$300.00 per calendar year when prescribed by your attending physician or a podiatrist
- colostomy and ileostomy supplies
- catheterization equipment
- decubitus (ulcer) care equipment, dialysis equipment, dry heat and ice application devices, intermittent pressure units, neuromuscular stimulants and traction equipment
- diabetic supplies, insulin injectors, blood glucose monitors when prescribed with evidence of poor diabetic control, lancets for diabetic patients
- sleep apnea and heart rate monitors
- radium and radioactive isotope treatments
- durable medical equipment such as manual hospital beds, crutches, canes, patient lifts, walkers, manual wheelchairs, bedpans, commodes (if patient is bed confined), urinals and oxygen

Confirm eligibility prior to purchasing or renting equipment by submitting a Pre-Authorization Form to Green Shield. Failure to comply may result in non-payment.

### Limitations

1. The maximum amount dispensed for oral contraceptives shall not exceed a three month supply, and not more than 13 months supply in any 12 consecutive months.
2. Air ambulance services will only be eligible if:
  - there is a medical need for you to be confined to a stretcher or for a medical attendant to accompany you during the journey, and
  - you are admitted directly to a hospital in your province of residence
  - medical reports or certificates from the dispatching and receiving physicians are submitted to Green Shield, and
  - proof of payment including air ticket vouchers or air carrier invoices are submitted to Green Shield.
3. Reimbursement for eligible audio benefits will be allowable once in any consecutive 5 year period up to a maximum of \$500.00. Commencement of your allowable period is based on the initial date you receive hearing aid benefits. Contact Green Shield to confirm eligibility prior to purchasing any audio benefits.



## Extended Health Care

4. Reimbursement for prosthetic glasses and/or contact lenses will only be made if you have aphakia (congenital absence of the lens of the eye) or have had cataract surgery and have not had a lens implant.
5. Durable medical equipment must be appropriate for use in the home, able to withstand repeated use and generally not useful in the absence of illness or injury.
6. The rental price of durable medical equipment shall not exceed the purchase price. Green Shield's decision to purchase or rent shall be based on the physician's estimate of the duration of need as established by the original prescription. Rental authorization may be granted for the prescribed duration.
7. When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for you to effectively operate yourself. Items that are not primarily medical in nature or that are for comfort and convenience are not an Eligible Service.
8. Charges for custom made footwear are only eligible when medical documentation is provided indicating that stock item footwear cannot adequately treat the medical condition.

### Exclusions

In addition to the General Exclusions found under the General Information, Eligible Services do not include and reimbursement will not be made for:

1. Vitamin products, smoking cessation products, fertility drugs, patent medicines, contraceptive devices, foams or gels, atomizers and first aid supplies.
2. Antacids, laxatives, shampoos, cosmetics, acne preparations and medicines which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required.
3. Ingredients or products which have not been approved by the Health Protection Branch for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage.
4. Mixtures, compounded by the pharmacist, which do not contain one or more eligible ingredient(s) under your prescription plan or which do not conform to the current extemporaneous compound policy.
5. Food and nutritional systems.
6. Delivery and transportation charges.
7. Video instructional kits, informational manuals or pamphlets.
8. Batteries for hearing aids.
9. Replacement of hearing aids that are lost or broken unless at the time of such replacement you are eligible under the limitations stated within the audio benefit.
10. Medical examinations, audiometric examinations or hearing aid evaluation tests.



## Extended Health Care

11. Medical or surgical audio treatment.
12. Aniseikonic lenses.
13. The replacement of lost, missing or stolen items, or items which are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required.
14. A duplicate prosthetic device or appliance.
15. Devices which are used solely for recreational or sporting activities and are not medically necessary for regular activities.



## Semi-Private Hospital Plan

### Benepac® Insurer

Green Shield Canada

### Benefit Details

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

Eligible Services shown below will be reimbursed based on usual, reasonable and customary charges in the area where they were received, provided your provincial government health plan has accepted or agreed to pay the ward or standard rate.

### Schedule of Eligible Services

Reimbursement for the difference in cost between standard ward charges and semi-private accommodation in a public general hospital when you have occupied an active treatment bed.

Reimbursement up to a maximum of \$3.00 per day for 120 days per calendar year for the difference in cost between standard ward charges and semi-private accommodation in a public chronic hospital or chronic wing facility of a public general hospital when you have occupied a chronic treatment bed.

Reimbursement for the difference in cost between standard ward charges and semi-private accommodation in a convalescent or rehabilitation hospital or a convalescent or rehabilitation wing in a public general hospital when you have occupied an active convalescent or rehabilitation bed.

### Exclusions

In addition to the General Exclusions found under the General Information, Eligible Services do not include and reimbursement will not be made for semi-private accommodation in a LTC Facility.



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**Benefit Details**

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

Eligible Services shown below will be reimbursed based on usual, reasonable and customary charges in the area where they were received, less the amount payable by your provincial government health plan.

Reimbursement will be made in Canadian Funds at the rate of exchange in effect on the date your claim is processed.

Out of country claims are first dollar pooled.

**Schedule of Eligible Services**

Reimbursement of all Eligible Benefits up to a maximum stated in the Schedule of Benefits will be made only if the services were required as a result of emergency illness or injuries which occurred while you were vacationing or travelling for other than health reasons.

Eligible benefits are limited to a maximum of 60 days per trip commencing with the date of departure from your province of residence. If you are hospitalized on the 60th day, benefits will be extended until the date of discharge.

*Hospital services and  
Accommodation*

Up to a standard ward rate in a public general hospital.

*Medical/surgical services*

Rendered by a legally qualified physician or surgeon.

*Emergency Transportation*

-Land ambulance, to the nearest qualified medical facility.  
-Air ambulance, the cost of air evacuation (including a medical attendant when necessary) between hospitals and for hospital admission into Canada when approved in advanced by your provincial health care plan or to the nearest qualified medical facility.



*Referral services*

Include hospital services and accommodation up to a standard ward rate in a public general hospital, and/or medical surgical services rendered by legal qualified physician or surgeon.

You must receive pre-authorization from your provincial government health plan and Green Shield **prior to the commencement of any referral treatment**. Your Provincial Government Health Plan may cover this referral benefit entirely. You must provide Green Shield with a letter from your attending physician stating the reason for the referral, and a letter from your provincial government health plan outlining their liability. Failure to comply in obtaining pre-authorization may result in non-payment.

*Services of a Registered Private Nurse*

Up to a maximum of \$5,000.00 (Canadian Funds) at the usual and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. You must contact Green Shield for approval.

*Diagnostic laboratory tests and x-rays*

When prescribed by the attending physician. Except in emergency cases, Green Shield must pre-approve cardiac catheterization or angiogram, angioplasty and bypass surgery.

*Reimbursement of prescriptions*

By Green Shield for drugs, serums and injectables which require a prescription by law and are prescribed by an authorized medical practitioner (vitamins, patent and proprietary drugs are excluded).

Submit to Green Shield the original paid receipt from pharmacist, physician or hospital outside your province of residence showing name of prescribing physician, prescription number, name of preparation, date, quantity and total cost.

*Medical appliances*

Including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair when deemed medically necessary and required due to an accident which occurs, and when the devices are obtained outside your province of residence.



- Treatment by a dentist* Only when required due to a direct accidental blow to the mouth up to a maximum of \$2,000.00 (Canadian Funds). Treatments (prior to and after return) must be provided within 90 days of the accident. Details of the accident must be provided to Green Shield along with dental x-rays.
- Coming Home* When your emergency illness or injury is such that:
- The Assistance Medical Team specifies in writing that you should immediately return to your province of residence for immediate medical attention, reimbursement will be made for the extra cost incurred for the purchase of a one way economy airfare, plus the additional economy airfare if required to accommodate a stretcher, to return you by the most direct route to the air terminal nearest the departure point in your province of residence. Benefit assumes that you are not holding a valid open-return air ticket. Upgrading charges, departure taxes, cancellation penalties, and airfares for accompanying family members or friends are not included.
  - The Assistance Medical Team or commercial airline stipulates in writing that you must be accompanied by a qualified medical attendant, reimbursement will be made for the cost incurred for one round trip economy airfare and the usual and customary fee charged by a medical attendant who is not your relative by birth or marriage and is registered in the jurisdiction in which treatment is provided, plus overnight hotel and meal expenses if required by the attendant.
- Cost of returning your vehicle* Either private or rental, to your residence or nearest appropriate vehicle rental agency when you are unable to do so due to sickness or physical injury up to a maximum of \$1,000.00 (Canadian Funds). Requires original receipts for costs incurred, ie. gasoline, accommodation, airfares.
- Meals and accommodation* Up to \$1,500.00 (Canadian Funds) (\$150.00 per day for 10 days) will be reimbursed for the extra costs of commercial accommodation and meals incurred by you when you remain with a travelling companion or a person included in the "family" coverage, when the trip is delayed or interrupted due to an illness or accident to a travelling companion. Must be verified in writing by the attending physician and supported with original receipts from commercial organizations.



## Deluxe Travel

- Transportation to the bedside* Including round trip economy airfare by the most direct route from your province of residence, for any one spouse, parent, child, brother or sister, and up to \$150 per day for a maximum of five days accommodation will be paid for that family member to:
- be with a covered person confined in hospital. Benefit requires that the covered person must eventually be an in-patient for at least 7 days outside your province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit.
  - identify deceased prior to release of the body.

*Return of Vehicle* If your private vehicle is stolen or rendered inoperable due to an accident, reimbursement will be made for the cost of one way economy airfare to return you by most direct route to your departure point in your province of residence. An official report of the loss or accident is required.

*Return of deceased* Up to a maximum of \$5,000.00 (Canadian Funds) toward the cost of preparation (including cremation) and homeward transportation of a deceased covered person when death is caused by illness or accident. Body will be returned to the point of departure in your province of residence. Benefit excludes the cost of a burial coffin.

**Limitation** Benefits will be eligible only if existing or pre-diagnosed conditions are completely stable and you are fit to travel (in the opinion of Green Shield Canada and/or their Assistance Medical Team) at the time of departure from your province of residence. Green Shield reserves the right to review your medical information at the time of claim.

### Green Shield Canada Travel Assistance Service

- The following services are available 24 hours per day, 7 days per week through Green Shield's international medical service organization. These services include:
- Multilingual Assistance
  - Assistance in locating the nearest, most appropriate medical care
  - International preferred provider networks



- Program Medical Advisors (Physician) consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care
- Assistance in establishing contact with family, personal physician and employer as appropriate
- Monitor progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of insurance coverages facilitating entry and admissions into hospitals and other medical care providers
- Special assistance regarding the co-ordination of direct claims payment
- Co-ordination of Embassy and Consulate services
- Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary
- Management, arrangement and co-ordination of repatriation of remains
- Special assistance in making arrangements for interrupted and disputed travel plans resulting from emergency situations to include:
  - the return of unaccompanied travel companions
  - travel to the bedside of a stranded person
  - rearrangement of ticketing due to accident or illness and other travel related emergencies
  - the return of stranded motor vehicles and related personal items
- Knowledgeable legal referral assistance
- Co-ordination of securing bail bonds and other legal instruments
- Special assistance in replacing lost or stolen travel documents including passports
- Courtesy assistance in securing incidental aid and other travel-related services
- Emergency and payment assistance for major health expenses which would result in payment of over \$200.00 Canadian.

### **How the Travel Assistance Service Works**

For assistance dial 1-800-936-6226 within Canada and the United States or call collect 519-742-3556 when travelling outside Canada and the United States. These numbers



appear on your Green Shield Identification card. Quote your group number and patient number, found on your Green Shield Identification Card, and explain your medical emergency. You must always be able to provide your Green Shield patient number and your Provincial Health Insurance Plan number.

As we are not able to guarantee assistance services in areas of political or civil unrest please contact Green Shield for pre-travel or claims inquiries.

A multilingual Assistance Specialist will provide direction to the best available medical facility or physician which can provide the appropriate care.

Upon admission to a hospital or when attending a physician for major emergency treatment, we will guarantee the provider (hospital, clinic, or physician), that you have both Provincial Health Insurance, and Green Shield Out-of-Province/Country benefits as detailed in your Employee Benefit Booklet. The provider may then bill Green Shield directly for these approved services eliminating out of pocket expenses in excess of \$200.00 Canadian.

Our physicians will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in constant communication with your family physician and your family, depending on the severity of your condition.

## **Limitations**

1. The Eligible Services must be required for the immediate relief of acute pain or suffering. Eligible Services will not be reimbursed for treatment or surgery which could reasonably be delayed until you return to your province of residence.
2. Reimbursement for Eligible Services will be made only if your provincial government health plan provides payment toward the cost of the services received.
3. Coverage becomes effective at the time you or your eligible dependent crosses the provincial border and terminates upon crossing the border into the province of residence on the return home. If travelling by air,



coverage becomes effective at the time the aircraft takes off in the province of residence and terminates when the aircraft lands in the province of residence on the return home.

4. Green Shield, in consultation with the Assistance Medical Team, reserves the right to return you or your eligible dependent to your province of residence. If any covered person is, on medical evidence, able to return to their home province following the diagnosis of, or the emergency treatment for, a medical condition which requires continuing treatment for surgery and elects to have such treatment or surgery outside the province of residence, the expense of such continuing treatment will not be an eligible benefit. The patient must contact Green Shield within 48 hours of commencement of treatment. Failure to notify us within 48 hours or refusal to be repatriated may result in benefits being limited to only those expenses incurred within the 48 hours of any and each treatment/incident or the Out-of-Province plan maximum, whichever is the lesser of the two.
5. Air ambulance services will only be eligible if:
  - pre-approved by Green Shield
  - there is a medical need for you to be confined to a stretcher or for a medical attendant to accompany you during the journey, and
  - you are admitted directly to a hospital in your province of residence, and
  - medical reports or certificates from the dispatching and receiving physicians are submitted to Green Shield, and
  - proof of payment including air ticket vouchers or air carrier invoices are submitted to Green Shield.
6. Referral services are only eligible if the required medical treatment is not readily available in your province of residence.



## **Exclusions**

In addition to the General Exclusions found under the General Information, Eligible Benefits do not include and reimbursement will not be made for:

1. Treatment or service required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the recommendation of a physician.
2. Treatment or service which you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment.
3. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy.
4. Treatment or service provided in a chronic care or psychiatric hospital, chronic unit of a general hospital, Long Term Care (LTC) Facility, health spa, or nursing home.
5. Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation.
6. Cataract surgery or the purchase of eyeglasses or hearing aids.