

# My Benefit Plan Booklet

**Carpentry Workers' Benefit Plan of B.C.**

Revised Effective Date: January 1, 2009





## WELCOME TO YOUR HEALTH BENEFIT PLAN

### ABOUT THIS BOOKLET

This booklet contains important information you will need about your group benefits with **Carpentry Workers' Benefit Plan of B.C.**, your plan sponsor, available through the group contract with Green Shield. It includes:

- a Table of Contents, to allow easy and quick access to the information you are looking for
- a Schedule of Benefits, listing all the deductibles, co-pay and maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- detailed benefit descriptions for each benefit in your group benefits plan
- information you need to submit a claim

You are encouraged to read this booklet carefully; please keep it in a safe place so that you may refer to it when submitting claims.

You will receive Identification Card(s) showing your Green Shield Identification Number to be used on all claims and correspondence. Your number will appear on the front of the card and end in -00, while each of your dependents with their numbers will be shown on the back.

### PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Our website will answer those questions most often asked and give you online access to the following:

- Printer friendly personalized claim forms
- Benefit eligibility information, such as the date you are eligible for your next pair of orthotics
- Explanation of Benefits information and claim history for you and your dependents
- Claim history for tax purposes or Co-ordination of Benefits
- Request your claim payments to be directly deposited into your bank account\*
- And much more

All you have to do is register online using your unique Green Shield Identification Number and provide your e-mail address. Once registered, a password will be mailed to the address Green Shield has on file for you. Register at [greenshield.ca](http://greenshield.ca) and see what our website can do for you!

\*Please note that once arrangements have been made for Direct Deposit, claims payments will be deposited directly into the bank account you have chosen. Statements will no longer be mailed to you but will be available for online viewing.

**All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.**



# TABLE OF CONTENTS

<b>SCHEDULE OF BENEFITS.....</b>	<b>1</b>
<b>DEFINITIONS .....</b>	<b>4</b>
<b>ELIGIBILITY .....</b>	<b>5</b>
<b>DESCRIPTION OF BENEFITS.....</b>	<b>6</b>
<b>HEALTH BENEFIT PLAN .....</b>	<b>6</b>
Prescription Drugs.....	6
Extended Health Services .....	7
<b>EMERGENCY TRAVEL.....</b>	<b>11</b>
<b>CLAIM INFORMATION .....</b>	<b>16</b>
<b>PREFERRED PROVIDER VISION NETWORK ARRANGEMENT .....</b>	<b>19</b>
<b>OUR COMMITMENT TO PRIVACY .....</b>	<b>20</b>



**SCHEDULE OF BENEFITS**

This schedule describes the Deductible, Co-pay and Maximums that are included in your Health Benefit Plan or Travel Benefit Plan.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are based on paid Canadian dollars. You are covered for only those specific benefits for which you have applied.

This group benefit plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

**Deductible:** \$25 per family, per calendar year

**Overall Maximum:** \$100, 000 per covered person per lifetime combined with Travel Benefit Plan

**Co-pay:** 20% co-pay or 80% reimbursement until \$1,000 in claims per family has been paid in a calendar year (combined with Travel) thereafter no co-pay required or 100% reimbursement.

<b>Your plan covers:</b>	<b>Maximum plan pays:</b>
Prescription Drugs <ul style="list-style-type: none"> <li>▪ Anti-obesity, Fertility drugs, Erectile Dysfunction agents and Smoking cessation drugs (including gum, patches and inhalation)</li> <li>▪ All other covered drugs</li> </ul> Hospital Accommodation  Audio (Hearing Aids) (dependent children age 19 and under only)	\$1,000 per calendar year for all drugs combined (limited to a maximum of \$3,000 per lifetime for Fertility drugs and \$300 per 24 months for Smoking cessation products)  Unlimited  Reasonable & customary charges up to semi-private or private room  \$400 per 5 years based on date of first paid claim

Your plan covers:	Maximum plan pays:
<p>Medical Items and Services</p> <ul style="list-style-type: none"> <li>• Footwear                             <ul style="list-style-type: none"> <li>▪ Custom made or stock item orthopaedic boots or shoes or custom made foot orthotics</li> </ul> </li>   <li>• Electric wheelchair or hospital bed</li>   <li>• Bra (mastectomy)</li>   <li>• Stump sock</li>   <li>• Compression Stockings</li>   <li>• Wigs</li>   <li>• Other items and services – See the Description of Benefits section for details</li> </ul> <p>Paramedical Services</p> <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Podiatrist</li> <li>• Naturopath</li> <li>• Speech Therapist</li> <li>• Acupuncturist</li>   <li>• Physiotherapist</li> <li>• Registered Massage Therapist</li> </ul>	<p>One pair every 12 months for participants 18 years of age and under or one pair every 5 years for participants 19 years of age and over</p> <p>1 per lifetime, if replacement is required the medical provider must provide a letter outlining the reason for replacement.</p> <p>2 per lifetime</p> <p>\$250 per calendar year</p> <p>2 pairs per calendar year</p> <p>\$500 per lifetime</p> <p>Reasonable and customary charges for services up to \$500 per practitioner per calendar year</p> <p>Reasonable and customary charges for services with no calendar year maximum</p>

## SCHEDULE OF BENEFITS

## TRAVEL BENEFIT PLAN

This schedule describes the Deductible, Co-pay and Maximums that are included in your Travel Benefit Plan or Health Benefit Plan.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are based on paid Canadian dollars. You are covered for only those specific benefits for which you have applied.

This group benefit plan is intended to supplement your provincial health insurance plan. Hospital and medical services are eligible only if your provincial health insurance plan provides payment toward the cost of incurred services. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

Reimbursement of eligible benefits for emergency services will be made only if the services were required as a result of emergency illness or injury that occurred while you were vacationing or traveling for other than health reasons.

**The patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.** Failure to notify us within 48 hours may result in benefits being limited to only those expenses incurred within the first 48 hours of any and each treatment/incident or the plan maximum, whichever is the lesser of the two.

**Deductible:** Does not apply

**Overall Maximum:** \$100,000 per covered person per lifetime combined with Health Benefit Plan

<b>Your Co-pay:</b>	<b>Your plan covers:</b>	<b>Maximum plan pays:</b>
There is no Co-pay for the Travel Benefit	Maximum Number of Days per Trip	Active: 180 days Retiree: 30 days

**For a full description of the Travel Benefit, refer to the Benefit Description section.**

## DEFINITIONS

Unless specifically stated otherwise, the following definitions will apply throughout this booklet.

**Calendar year** means the 12 consecutive months January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Co-pay** is the rendered amount that must be paid by you or your dependent before reimbursement of an expense will be made.

**Covered person** means the plan member who has been enrolled in the plan or his or her enrolled dependents.

**Custom made foot orthotics** means a device made from a 3-dimensional model of an individual's foot and made from raw materials. (This device is used to relieve foot pain related to biomechanical misalignment to the feet and lower limbs.)

**Custom made orthopaedic shoes** means footwear used for an individual whose condition cannot be accommodated by existing footwear products. The fabrication of the footwear involves making a unique cast of the covered person's feet and the use of 100% raw materials. (These shoes are used to accommodate the bony and structural abnormalities of the feet and lower legs resulting from trauma, disease or congenital deformities).

**Deductible** is the amount that must be paid by or on behalf of you and your dependent in any calendar year before reimbursement of an eligible expense will be made.

**Dependent** means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 1 year. Only one spouse will be considered at any time as being covered under the group contract;
- b) your unmarried child under age 21;
- c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
- d) your unmarried child any age, if totally disabled by reason of mental or physical disability and remains continuously so disabled and is considered a dependent as defined under the Income Tax Act.

Your child (you or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province or country, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan. (Please note that the limitations of the Travel plan still apply).

**Emergency** means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your dependent is medically able to return to your province of residence.

**First paid claim** means the actual date the initial or a prior claim is paid by Green Shield.

## DEFINITIONS/ELIGIBILITY

**Injury** means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

**Plan member** means you, when you are enrolled for coverage.

**Private room for hospital accommodation** means a room having only one treatment bed.

**Reasonable and customary** means in the opinion of Green Shield, the usual charge of the provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**Rendered amount** means the amount charged by a provider for a service and submitted for payment of a claim.

**Semi-private room for hospital accommodation** means a room having only two treatment beds.

**Stock item footwear** means any mass-produced foot care item that is sold over-the-counter and is readily available without any modifications.

## ELIGIBILITY

**As determined by the Carpentry Worker's Benefit Plan of B.C. Administration office. Please call the office at 604.438.2434 or 1.877.411.2806 for details.**

### **Group Conversion - PRISM CONTINUUM® Program**

The PRISM CONTINUUM Program offers three plans that are focused on providing coverage for you if you are leaving a group plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost group health benefits within the last 60 days and are looking for guaranteed coverage.

Call 416.601.0429 in the Toronto area or toll-free at 1.800.667.0429 for an information package or visit our website at [greenshield.ca](http://greenshield.ca). Coverage is guaranteed if you apply within 60 days of losing your Green Shield group benefits.

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## DESCRIPTION OF BENEFITS

### HEALTH BENEFIT PLAN

The benefits shown below will be eligible, up to the amount shown in the Schedule of Benefits, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

#### Prescription Drugs

Prescription drug benefits, up to the amount shown in the Schedule of Benefits, that

- a) are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law; and
- b) legally requires a prescription;

This plan includes insulin and all other approved injectibles, as well as related supplies such as diabetic syringes, needles and testing agents.

Certain drugs may require prior approval, your Pharmacist can help you verify the drugs that fall into this category.

In no event will the amount dispensed exceed a three-month supply (six months if a vacation supply is required) of a prescription at any one time.

#### **Note:**

Drug Benefit over age 65: The Drug Benefit co-pay and the deductible (where applicable) in your province of residence **is** an eligible benefit.

Quebec residents only: Legislation requires Green Shield to follow the RAMQ (The Regie de l'assurance maladie du Quebec) reimbursement guidelines for all residents of Quebec. If you are younger than age 65, you must enroll for the Green Shield Prescription Drugs benefit plan and Green Shield will be the only payor. If you are age 65 or older, enrollment in RAMQ is automatic, enrollment in the Green Shield Prescription Drugs benefit plan is optional, and RAMQ would be first payor.

If any provisions of this plan do not meet the minimum requirements of the RAMQ plan, adjustments are automatically made to meet RAMQ requirements.

Eligible benefits do not include and no amount will be paid for:

1. Products 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, excluding smoking cessation products;
2. Ingredients or products which have not been approved by Health Canada 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;
3. Mixtures, compounded by a pharmacist, that do not conform to Green Shield's current Compound Policy.

**Extended Health Services**

1. **Hospital Accommodation:** Reimbursement, as shown in the Schedule of Benefits, for accommodation in a public general hospital, or a convalescent or rehabilitation hospital or a convalescent or rehabilitation wing in a public general hospital, or a public chronic hospital or chronic care in a public general hospital, provided your provincial health insurance plan has accepted or agreed to pay the ward or standard rate.
2. **Audio (Hearing Aids):** Reimbursement for hearing aids, repairs or replacement parts for children only up to age of 19, if recommended or approved by the attending legally qualified medical practitioner, up to the amount shown in the Schedule of Benefits. No amount will be paid for batteries.
3. **Medical Items and Services:** Reimbursement for reasonable and customary charges for:
  - a) Aids for daily living: such as hospital style beds, including rails and mattress; bedpan; urinal; standard commode; decubitus supplies; IV stand; trapeze; portable patient lift, up to the amount shown in the Schedule of Benefits. If the medical provider determines that an electric hospital bed requires replacement, they must provide a letter outlining the reason for the replacement, and be subject to Green Shield approval;
  - b) Footwear: custom made foot orthotics, custom made or stock item orthopaedic boots or shoes, adjustments to stock item footwear, or orthopaedic shoes as an integral part of a brace (when prescribed by your attending physician, podiatrist or chiropodist and subject to a medical pre-determination), up to the amount shown in the Schedule of Benefits;
  - c) Braces, casts;
  - d) Diabetic supplies, such as blood glucose monitors, lancets, insulin pumps and supplies;
  - e) Medical services, such as diagnostic tests, x-rays and laboratory tests;
  - f) Incontinence/Ostomy, such as catheter supplies, ostomy supplies;
  - g) Mobility aids, such as cane, crutch, walker and wheelchair, up to the amount shown in the Schedule of Benefits. If the medical provider determines that an electric wheelchair requires replacement, they must provide a letter outlining the reason for the replacement, and be subject to Green Shield approval;
  - h) Prosthetics, such as arm, hand, leg, foot, breast, eye and larynx, up to the amount shown in the Schedule of Benefits;
  - i) Respiratory/Cardiology, such as compressor, inhalant devices, tracheotomy supplies and oxygen;
  - j) Compression stockings, up to the amount shown in the Schedule of Benefits;
  - k) Wigs, for covered person's with temporary or permanent hair loss as a result of a medical condition, up to the amount shown in the Schedule of Benefits.

Some items may require pre-authorization, such as hospital beds, mobility aids or oxygen. If a claim is expected to be over \$300 or, to confirm eligibility prior to purchasing or renting equipment, it is recommended you complete and submit a Pre-Authorization Form to Green Shield.

**Limitations**

- a) The rental price of durable medical equipment will not exceed the purchase price. Green Shield's decision to purchase or rent will 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. Equipment that has been refurbished by the supplier for resale is not an eligible benefit;
- b) 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;

- c) When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for the covered person to effectively operate the equipment. Items that are not primarily medical in nature or that are for comfort and convenience are not eligible.
4. **Emergency Transportation:** Reimbursement for professional land or air ambulance to the nearest hospital equipped to provide the required treatment, when medically required as the result of an injury, illness or acute physical disability.
5. **Private Duty Nursing in the Home:** Reimbursement for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home or hospital on a full or part shift basis. No amount will be paid for services which are custodial and/or services which do not require the skill level of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.).
6. **Paramedical Services:** Reimbursement for practitioners included, up to the amount shown in the Schedule of Benefits, when the practitioner rendering the service is licensed by their provincial regulatory and/or professional association and that association is recognized by Green Shield.

**NOTE:**

- If applicable in your province of residence, some paramedical services are eligible in coordination with the provincial health insurance plan.
7. **Accidental Dental:** Reimbursement for the services of a licensed dental practitioner for dental care when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident must occur while the coverage is in force. When natural teeth have been damaged eligible services are limited to one set of artificial teeth. You must notify Green Shield immediately following the accident and the treatment must commence within 180 days of the accident.

Green Shield will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.

**Health Exclusions**

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

1. services or supplies received as a result of disease, illness or injury due to:
  - a) intentionally self-inflicted injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. services or supplies provided while serving in the armed forces of any country;
3. failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. the completion of any claim forms and/or insurance reports;

5. any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) will be administered in a hospital, excluding Private Duty Nursing;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs benefit;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
  
6. services or supplies that:
  - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
  - b) are legally prohibited by the government from coverage;
  - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
  - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
  - e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
  - f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
  - g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
  - h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
  - i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
  - j) are a replacement of lost, missing or stolen items, or items that 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;
  - k) are video instructional kits, informational manuals or pamphlets;
  - l) are for medical or surgical audio and visual treatment;
  - m) are delivery and transportation charges;
  - n) are for Insulin pumps and supplies (unless otherwise covered under the plan);
  - o) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
  - p) are batteries, unless specifically included as an eligible benefit;
  - q) are a duplicate prosthetic device or appliance;
  - r) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
  - s) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
  - t) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;

## DESCRIPTION OF BENEFITS

## HEALTH BENEFIT PLAN

- u) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
- v) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
- w) relates to treatment of injuries arising out of a motor vehicle accident;  
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–
  - i) the service or supplies being claimed is not eligible; or
  - ii) the financial commitment is complete;A letter from your automobile insurance carrier will be required;
- x) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

**EMERGENCY TRAVEL**

Eligible travel benefits will be reasonable and customary charges in the area where they were received, less the amount payable by your provincial health insurance plan.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian funds or U.S. funds for both providers and plan members, based on the country of the payee. For payments that require currency conversion, the rate of exchange used will be the rate in effect on the date of service of the claim.

Reimbursement of eligible benefits for emergency services will be made only if the services were required as a result of emergency illness or injury that occurred while you were vacationing or travelling for other than health reasons.

Upon notification of the necessity for treatment of an accidental injury or medical emergency, **the patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.**

**Emergency means** a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your dependent is medically able to return to your province of residence.

Any invasive or investigative procedures must be pre-approved by our Green Shield Canada Assistance Medical Team.

1. **Hospital services and accommodation** up to a standard ward rate in a public general hospital;
2. **Medical/surgical services** rendered by a legally qualified physician or surgeon to relieve the symptoms of, or to cure an unforeseen illness or injury;
3. **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 advance by your provincial health insurance plan or to the nearest qualified medical facility
4. **Referral services** – (a) hospital services and accommodation, up to a standard ward rate in a public general hospital, and/or (b) medical surgical services rendered by a legally qualified physician or surgeon;
  - **Prior to the commencement of any referral treatment, written pre-authorization** from your provincial health insurance plan and Green Shield Canada **must be obtained**. Your provincial health insurance plan may cover this referral benefit entirely. You must provide Green Shield Canada with a letter from your attending physician stating the reason for the referral, and a letter from your provincial health insurance plan outlining their liability. **Failure to comply in obtaining pre-authorization will result in non-payment.**

5. **Services of a registered private nurse** up to a maximum of \$5,000 per calendar year, at the reasonable and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. You must contact Green Shield Canada Travel Assistance for pre-approval;
6. **Diagnostic laboratory tests and x-rays** when prescribed by the attending physician. Except in emergency situations, Green Shield Canada Travel Assistance must pre-approve these services (i.e. cardiac catheterization or angiogram, angioplasty and bypass surgery);
7. **Reimbursement of prescriptions** for drugs, serums and injectables which require a prescription by law and are prescribed by a legally qualified medical practitioner (vitamins, patent and proprietary drugs are excluded). Submit to Green Shield Canada Travel Assistance the original paid receipt from the pharmacist, physician or hospital outside your province of residence showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;
8. **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;
9. **Treatment by a dentist** only when required due to a direct accidental blow to the mouth up to a maximum of \$2,000. 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 Canada Travel Assistance along with dental x-rays;
10. **Coming Home** - when your emergency illness or injury is such that:
  - our 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 major air terminal nearest the departure point in your province of residence

This benefit assumes that you are not holding a valid open-return air ticket. Charges for upgrading, departure taxes, cancellation penalties or airfares for accompanying family members or friends are not included.

- our 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 reasonable and customary fee charged by a medical attendant who is not your relative by birth, adoption or marriage and is registered in the jurisdiction in which treatment is provided, plus overnight hotel and meal expenses if required by the attendant
11. **Return of deceased** up to a maximum of \$5,000 toward the cost of embalming or cremation in preparation for homeward transportation in an appropriate container of yourself or your covered dependent when death is caused by illness or accident. The body will be returned to the major airport nearest the point of departure in your province of residence. The benefit excludes the cost of a burial coffin or any funeral-related expenses, makeup, clothing, flowers, eulogy cards, church rental, etc

**GREEN SHIELD CANADA TRAVEL ASSISTANCE SERVICE**

The following services are available 24 hours per day, 7 days per week through Green Shield Canada's international medical service organization.

**These services include:**

- Access to Pre-trip Assistance (prior to departure): Canada Direct Calling Codes; information about vaccinations; government issued travel advisories; and VISA/document requirements for entry into country of destination
- Multilingual assistance
- Assistance in locating the nearest, most appropriate medical care
- International preferred provider networks
- Our Assistance Medical Team's 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
- Monitoring of progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of coverage 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 consular 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 disrupted 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 a stranded personal use motor vehicle 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 payments in excess of \$200

**How Travel Assistance Service Works**

For assistance dial **1.800.936.6226** within Canada and the United States or call collect **0.519.742.3556** when traveling outside Canada and the United States. These numbers appear on your Green Shield Canada Identification card.

Quote the Green Shield Canada travel assist group number and your Green Shield Canada Identification Number, found on your Green Shield Canada Identification card, and explain your medical emergency. **You must always be able to provide your Green Shield Canada Identification Number and your provincial health insurance plan number.**

A multilingual Assistance Specialist will provide direction to the best available medical facility or legally qualified physician able to provide the appropriate care.

Upon admission to a hospital or when consulting a legally qualified physician or surgeon for major emergency treatment, we will guarantee the provider (hospital, clinic or physician), that you have both provincial health insurance plan coverage and Green Shield Canada travel benefits as detailed above.

The provider may then bill Green Shield Canada Travel Assistance directly for these approved services for amounts in excess of \$200.

Our Assistance Medical Team 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.

When calling collect while travelling outside Canada and the United States, you may require a Canada Direct Calling Code. In the event that a collect call is not possible, keep your receipts for phone calls made to Green Shield Canada Travel Assistance and submit them for reimbursement upon your return to Canada.

### Travel Limitations

1. Benefits will be eligible only if existing or pre-diagnosed conditions are completely stable (in the opinion of Green Shield Canada Assistance Medical Team) at the time of departure from your province of residence. Green Shield Canada reserves the right to review your medical information at the time of claim;
2. The eligible benefits must be required for the immediate relief of acute pain or suffering as recommended by a legally qualified physician or surgeon. Eligible benefits will not be reimbursed for treatment or surgery that could reasonably be delayed until you return to your province of residence;
3. Reimbursement for eligible benefits will be made only if your provincial health insurance plan covers and provides payment toward the cost of the services received;
4. Coverage becomes effective at the time you or your dependent crosses the provincial border departing from their province of residence and terminates upon crossing the border returning to their province of residence on the return home. If traveling 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;
5. Upon notification of the necessity for treatment of an accidental injury or medical emergency, Green Shield Canada's Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patient's medical condition will require immediate or scheduled care. Such repatriation is mandatory, where the Assistance Medical Team determines that the patient is medically fit to travel and appropriate arrangements have been made to admit the patient into the provincial government health care system of their province of residence. Repatriation will ensure continued coverage under the plan. Should the patient opt not to be repatriated or elects to have such treatment or surgery outside their province of residence, the expense of such continuing treatment will not be an eligible benefit;

**The patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.** Failure to notify us within 48 hours may result in benefits being limited to only those expenses incurred within the first 48 hours of any and each treatment/incident or the plan maximum, whichever is the lesser of the two;

6. Air ambulance services will only be eligible if:
  - they are pre-approved by Green Shield Canada Travel Assistance
  - there is a medical need for you or your dependent to be confined to a stretcher or for a medical attendant to accompany you during the journey, and
  - you or your dependent are admitted directly to a hospital in your province of residence, and
  - medical reports or certificates from the dispatching and receiving legally qualified physicians are submitted to Green Shield Canada Travel Assistance, and
  - proof of payment (including air ticket vouchers or air carrier invoices) is submitted to Green Shield Canada Travel Assistance;
7. If planning to travel in areas of political or civil unrest, contact Green Shield Canada Travel Assistance for pre-travel advice, as we may be unable to guarantee assistance services;
8. Green Shield Canada reserves the right, without notice, to suspend, curtail or limit its services in any area in the event of political or civil unrest, including rebellion, riot, military uprising, labour disturbance or strike, act of God, or refusal of authorities in a foreign country to permit Green Shield Canada to provide service;
9. No services will be provided during any trip undertaken for the purpose of seeking medical treatment or advice unless pre-authorized as outlined in referral services.

**Travel Exclusions**

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

1. treatment or services 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 that you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment;
3. treatment or service required as a result of suicide, attempted suicide, intentionally self-inflicted injury of you, a traveling companion, or immediate family member while sane or insane;
4. amounts paid or payable under any Workplace Safety and Insurance Board or similar plan;
5. 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;
6. 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;
7. services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation;
8. cataract surgery or the purchase of eyeglasses or hearing aids;
9. Green Shield Canada does not assume responsibility for nor will it be liable for any medical advice given, but not limited to a physician, pharmacist or other healthcare provider or facility recommended by Green Shield Canada Travel Assistance.

## CLAIM INFORMATION

### Inquiries

For detailed inquiries, contact your Benefits Administrator or contact us:

- ♦ call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and Green Shield's pre-authorization requirements, or
- ♦ visit our website at [greenshield.ca](http://greenshield.ca) to e-mail your question

### Pre-authorization

For services or supplies that require **pre-authorization** forward a pre-authorization form OR a physician's prescription indicating the diagnosis and what is prescribed. As well, if a claim is expected to be over \$300 it is recommended you complete and submit a Pre-Authorization Form to Green Shield.

### Submitting Claims

When submitting a claim to Green Shield, you must show the Green Shield Identification Number for the person who has received the benefit. You can find the applicable Green Shield Identification Number for yourself and each of your dependents listed on your Green Shield Identification Card. Original itemized paid receipts are required for claims reimbursement (cash receipts or credit card receipts alone are not acceptable as proof of payment).

For **claims reimbursement** forward an original itemized paid receipt (**cash receipts or credit card receipts alone are not acceptable**) including:

- Covered person's name, address and Green Shield Identification Number
- Provider's name and address
- Date of service (this is the date of pick up)
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required
- For Audio (Hearing Aids), a copy of audiogram and details of provincial funding, if applicable
- For Hospital, admission and discharge dates; daily accommodation charges; number of days in preferred accommodation

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

**SUBMIT ALL CLAIM FORMS TO:  
GREEN SHIELD CANADA  
PO BOX 1606  
WINDSOR, ONTARIO  
N9A 6W1**

**All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.**

## **CLAIM INFORMATION**

### **Reimbursement**

Reimbursement will be made by one of the following methods:

- a) direct deposit to your personal bank account, when requested;
- b) a reimbursement cheque; or
- c) direct payment to the provider of services, where applicable. (Note: this does not include direct payment to a Pharmacy).

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

Reimbursement for Accidental Dental Benefits will be based on the dentist's reasonable and customary fee, not to exceed the current Provincial Dental Association Fee Guide for General Practitioners. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter Green Shield's liability.

### **Direct Payment to the Provider of Service (where applicable)**

Present your Green Shield Identification Card to your provider and, after you pay any applicable co-payment, they may bill Green Shield directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

### **Emergency Travel**

Green Shield Travel Assistance must be contacted by phone within 48 hours of commencement of treatment.

Call our Customer Service Centre at 1.888.711.1119 for detailed claims submission instructions.

If you have incurred out of pocket expenses, claims must be submitted together with supporting original receipts to Green Shield Travel Assistance who will then co-ordinate with the provincial health insurance plan reimbursement of those approved, eligible expenses.

To make a claim, submit the patient name, provincial health insurance plan number, address and Green Shield Identification Number with a detailed statement showing the services rendered and the fees charged for each service.

### **Subrogation**

Green Shield retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that Green Shield has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by Green Shield, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.

### **Co-ordination of Benefits (COB)**

If you are covered for extended health benefits under more than one plan, your benefits under this plan will be co-coordinated with the other plan so that you may be reimbursed **up to** 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s). Use the following guidelines to identify the primary and secondary plans:

## **CLAIM INFORMATION**

### **Green Shield Plan Member**

Green Shield coverage for you is always primary. If you are the plan member under two plans, priority goes in the following order:

- The plan where you are a full-time plan member
- The plan where you are a part-time plan member
- The plan where you are a retiree

### **Spouse**

If your spouse is a plan member under another benefit plan, this Green Shield coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

### **Children**

When dependent children are covered under both your Green Shield plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
  - The benefit plan of the parent who has custody of the dependent child
  - The plan of the spouse of the parent who has custody of the dependent child
  - The plan of the parent who does not have custody of the dependent child
  - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

### **Travel Benefits**

In the event of a travel claim, all plans equally share the cost of the claim.

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

## **PREFERRED PROVIDER VISION NETWORK ARRANGEMENT**

Although Vision benefits are not offered through Green Shield, you can still benefit from our Preferred Provider Vision Network. As a Green Shield plan member, you have access to our national preferred provider vision network arrangement where all Green Shield plan members are eligible to receive a discount on eyewear and laser eye surgery.

### **How to Submit Your Vision Claim**

Simply present your Green Shield Identification Card as proof of being a Green Shield plan member and the vision provider will apply the appropriate discount(s) to your purchase.

### **Features of this great value-added service for either eyewear or laser eye surgery include:**

1. offer applies to any Green Shield plan member, regardless of whether you have Green Shield vision benefits or not;
2. trustworthy retail chains with convenient locations;
3. the discount offer applies to everything such as all extra coatings, upgrades and accessories;
4. hundreds of the latest frame styles to choose from plus the latest lens and coating technology;
5. professional opticians to assist in selecting products;
6. offer applies to non-disposable contact lenses (excludes disposable contact lenses).

Visit our website at [greenshield.ca](http://greenshield.ca) or call our Customer Service Centre at 1.888.711.1119 for information on the vision providers.

## OUR COMMITMENT TO PRIVACY

The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service and to meet our human resource requirements. It consists of the following key principles:

### 1. We ask for your personal information for the following purposes:

- To establish your identification
- To provide you and/or your dependents with the applicable benefit coverage
- To protect you and us from error and fraud
- To provide ongoing access to other services at Green Shield

### 2. Consent

When you enrolled in your group benefit plan as a plan member, your personal information was obtained and used only with your consent. We obtained your consent before we:

- Provided benefit coverage
- Offered you other Green Shield services
- Obtained, used or disclosed to other persons, information about you unless we were obliged to do so by law or to protect our interests
- Used your personal information in any way we did not tell you about previously

Your consent can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing group and benefit plan members and their dependents, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

### 3. Withdrawal of Consent

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information, or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield website at [greenshield.ca](http://greenshield.ca).