



GROUP BENEFITS GUIDE

For Retirees of Memorial University of Newfoundland

Department of Human Resources
April 1, 2023

GENERAL INFORMATION

Introduction

This information guide has been prepared to give you an informal summary of the main features of your group benefits program.

This is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the master policies and by applicable law.

How to Claim

For other than health and dental claims, you or your beneficiary should contact Memorial University's Human Resources Department for the proper forms and instructions for completion.

For travel health insurance claims, please also refer to the travel insurance brochure. A copy is located on the Human Resources website at: <http://www.mun.ca/hr/retirees.php>

Health and dental claims may be brought to the Medavie Blue Cross Quick Pay office for payment or mailed to:

Medavie Blue Cross
The Viking Building, Suite 204
135 Crosbie Road
St. John's, NL A1B 3K3

Claims may also be submitted to the Department of Human Resources for forwarding to Medavie Blue Cross.

In addition, electronic submission of claims is available. Information on this option may be found on the Human Resources website at: <http://www.mun.ca/hr/retirees.php>

Original, paid in full receipts must be submitted with health and dental claims.

Claims for benefits must be submitted within the time-frames specified by the governing policies as follows:

- Basic life insurance: the earlier of 15 months following the date of loss and 90 days following termination of an individual's insurance;
- Health and dental: within 24 months of the date of service;
- Travel health insurance: written notice within 30 days of the loss and written proof of loss within 90 days of the loss.

For inquiries on health and dental claims, please

call 1-800-667-4511 and have your policy number and identification number ready.

Policy# 000 7355 000
ID# refer to your Blue Cross card

For general inquiries on travel health insurance please call SSQ Insurance Company at 1-800- 848-0158.

Policy# 1HZ50
ID# 427E

Assistance and Information

Inquiries or requests for additional information regarding the university's group benefits program should initially be directed to the appropriate administrative staff person in your Department or area. If further assistance is required, you may contact the Benefits and Pensions section of the Department of Human Resources by calling 864-2434 or via e-mail at myhr@mun.ca.

BASIC GROUP LIFE INSURANCE

Eligibility

All permanent, full-time employees are covered from the first day of active employment.

Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Coverage

In the event of your death while insured, the amount of your life insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to the University, subject to any policy or legal limitations. For your convenience a Change of Beneficiary form is available from the Benefits and Pensions Section of the Department of Human Resources

Amount of Insurance

The following basic term life coverage applies to:

- i) all active employees who are under age 68, and
- ii) all retired employees up to the August 31 coincident with or next following their 65th birthday:

Active employees:

1 x salary
(minimum coverage of \$70,000)

For purposes of basic life coverage, salary is defined as basic annual salary and includes pensionable stipends and pensionable temporary assignment earnings.

Retirees:

1 x pension
(minimum coverage of \$70,000)

For purposes of basic life coverage pension is defined as the annual pension payable from the Memorial University Pension Plan, the 1996 Voluntary early retirement incentive plan and the supplementary retirement income plan

The amount of basic life insurance is reduced to \$7,000 for all active employees between the ages of 68 and 72 and for retirees from the August 31 coincident with or next following their 65th birthday to age 72. Coverage ceases upon attainment of age 72.

Evidence of insurability will not be required.

Conversion Privilege

If your basic life insurance terminates or reduces due to reaching an age threshold, and you are under age 72 or have just attained age 72, you may be eligible to convert your life insurance to an individual policy, without medical evidence.

Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your life insurance. If you die during this 31-day period, the amount of life insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

The premium rate will be determined from your age and class of risk at the time of conversion. The individual policy upon conversion may be: i) non-convertible term insurance to age 65 (if applicable); ii) a permanent plan that Manulife offers to the public at the time of conversion; or, iii) one-year, non-renewable term insurance which may be converted while it is in force to any plan described in i) and ii).

Termination of Coverage

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not

insured;

- termination of your employment;
- termination or amendment of the master policy;
- your commencing active duty in any armed forces; or
- your attainment of age 72.

Insurance Company

Your basic life insurance benefits are underwritten by Manulife Financial (Policy No. 50233)

SUPPLEMENTARY HEALTH INSURANCE

Government Coverage

All residents of Newfoundland are entitled, upon satisfaction of certain residency requirements, to a comprehensive government-sponsored medical services plan (M.C.P.) which covers all necessary physician's services. Persons taking up residence in Newfoundland from another province in Canada must complete a 90-day waiting period to be eligible for M.C.P. coverage. Those persons taking up residence in Newfoundland from outside of Canada may be covered immediately upon entrance into Newfoundland provided they have landed immigrant status. However, new residents should contact M.C.P. upon arrival to determine the eligibility requirements then applicable for the government-sponsored medical plan.

Eligibility

All permanent, full-time employees are covered from the first day of active employment.

Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Retired employees and their surviving principal beneficiaries are eligible for coverage provided they are in receipt of a pension from the Memorial University Pension Plan or other retirement savings plan contributed to by the University.

Coverage terminates on termination of employment. Retiree/surviving principal beneficiary coverage terminates on the death of the retiree/surviving principal beneficiary.

Eligible dependents meeting the definitions of spouse and unmarried dependent children may also be covered under the supplementary health program.

The term "spouse" means a person who is either legally married to the employee/retiree or has resided with the employee/retiree in a conjugal relationship for at least 12 consecutive months. The term "conjugal relationship" includes relationships between persons of the same sex.

"Child" means a person who is a resident of Canada and is the natural, adopted or step child of the retiree or spouse and is financially reliant on the retiree or spouse for care, maintenance and support, is not married or in a common law relationship and meets one of the following criteria:

- i) is under age 21;
- ii) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis; or
- iii) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

The definition also includes a child over whom the retiree or spouse has been appointed as guardian with parental authority.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the retiree for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

Eligible participants are considered late applicants if coverage is applied for more than 45 days after becoming eligible for benefits. In the case of late applicants, coverage is subject to the submission and approval of evidence of health.

Prescription Drug Benefits

All prescription drug products included in the Medavie Blue Cross HealthWise List MA are eligible benefits. The program pays the ingredient cost for each eligible prescription drug item; the employee pays the pharmacy dispensing fee and any mark-up, if applicable.

Medavie Blue Cross reserves the right, on an on-going basis, to add, delete or amend the

prescription drug products on the list of eligible drug benefits, at its discretion and without notice.

Certain prescription-requiring drugs are eligible benefits on an individual basis based on specific medical needs and when approved by Blue Cross under the Special Authorization process.

Claims for refills of prescription drugs beyond one year from the original prescription date are not eligible. A new prescription order must be obtained for any item beyond the one year period.

Hospital Room

The policy covers charges incurred for semi-private room accommodation in a hospital.

Extended Health Benefits

Blue Cross will pay the reasonable and customary charges for the following eligible expenses on a reimbursement basis. Payment is 80% of the eligible expense, subject to an annual calendar year deductible of \$25.00.

Drugs and Supplies - Charges for drugs and supplies available without a prescription and required as a result of a colostomy or ileostomy and/or the treatment of cystic fibrosis, diabetes and parkinsonism.

Health Care Facilities - Hospital charges for medical or surgical treatment incurred by a person on an out-patient basis (excluding physicians' and special nurses' fees).

Ambulance Services - Charges for transportation to or from the nearest hospital or licensed medical facility able to provide treatment, limited to a maximum payment of \$2,000 per person per calendar year. Expenses incurred for the following are eligible:

- transportation by any form of a licensed ambulance, including an air ambulance;
- transportation by any vehicle normally used for public transportation, provided the attending physician certified in writing that such transportation was medically necessary.

The distance from the facility must be 250 kilometres one way or 500 kilometres return and the patient must be receiving active treatment, in the opinion of Medavie Blue Cross.

- transportation required to return a registered nurse or practical nurse, who was in attendance with the participant while such person was being transported, to the place where the nurse began such attendance. Expenses to return a person other than a

registered nurse or practical nurse to the place where such person began attending the insured person will be considered if the attending physician certified that such person would be a more suitable attendant than a nurse. Expenses of a parent escort will be allowed, provided the child is less than 18 years of age.

The plan will reimburse transportation claims based on the most economical means available unless an alternate more expensive means was necessary because of the patient's medical condition. Where a private vehicle is used, a maximum of \$0.15 per kilometre will be paid.

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

Prosthetic Appliances - Charges for the following remedial prosthetic appliances:

- artificial limbs (limited to one prosthetic appliance to each limb per lifetime);
- breasts (limited to a left and a right prostheses per calendar year);
- mastectomy bras (limited to two per calendar year);
- eyes (limited to one left and one right prosthesis per lifetime);
- crutches;
- splints;
- casts;
- support hose/elastic stockings (limited to a maximum eligible expense of \$25 per calendar year);
- stump socks (limited to a maximum of six pairs per person per calendar year);
- trusses (limited to one truss per five consecutive calendar years);
- braces (limited to one cervical collar per calendar year, all other braces are limited to one per lifetime);
- a cane (limited to one per lifetime); and,
- hair, when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$300 per lifetime. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

Replacement of any of these items is not a benefit unless replacement is required due to a pathological or physiological cause.

Oxygen - Charges for oxygen.

Orthopaedic Footwear - Charges for orthopaedic footwear and supplies, including repairs are eligible for any and all medical conditions when prescribed by a Medical Doctor, Podiatrist, Chiropractor, Rheumatologist or Orthopaedic Surgeon approved by Medavie Blue Cross. To find out if a provider is approved plan members must contact Blue Cross at 1-800-667-4511. Coverage includes charges for shoe modification, adjustment supplies, and/or moulded arch supports.

The maximum combined payment for orthopaedic footwear and supplies, including repairs is \$200 per participant in a calendar year.

Equipment Purchase / Rental - Charges for the purchase or rental of a wheelchair (or a scooter in lieu of a wheelchair), hospital-type bed (including mattress and safety side rails), patient lifter, maxi mist or respirator/ventilator, aerochamber and equipment for the administration of oxygen, when prescribed by a licensed physician.

If, due to extended illness or disability, it is felt that the need for these items will be long term, the insurer, at its sole discretion, may approve the purchase of these items. Repairs to wheelchairs are eligible based on the reasonable and customary guidelines established by the insurer. Once the original equipment purchase is approved, the rental or approved purchase of another piece of similar equipment will be limited to once every five consecutive calendar years.

Diabetic Equipment - Charges for glucometers used for the treatment and control of diabetes to a maximum payment of \$300 for one unit per person every five calendar years.

Insulin pumps are eligible once every five consecutive calendar years when pre-approved by Medavie Blue Cross.

Glucose Monitoring Systems - charges for continuous glucose monitoring (CGM) receivers, transmitters or sensors for Participants prescribed insulin for the treatment of diabetes. The maximum will be limited to \$4,000 in a Calendar Year.

Diabetic Supplies - Charges for insulin syringes, clintest and similar home chemical testing supplies for diabetics.

Chronic Disease Management - Charges for services rendered by a Medavie Blue Cross Approved Provider, specialized in chronic disease management. Services must be delivered by the Medavie Blue Cross Approved Provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes: initial assessment, counselling and follow up sessions; education relating to symptom management, medication usage; and development of action plans. The maximum will be limited to \$500 in a Calendar Year.

Intrauterine Contraceptive Devices - Purchase of an intrauterine contraceptive device (IUD). The maximum will be limited to \$300 every 2 Calendar Years.

Burn Pressure Garments - Charges for the purchase of burn pressure garments and jobst sleeves for lymphoedema following mastectomy and jobst support hose.

Accidental Dental - Charges for the dental treatment required as a result of accidental injury to natural teeth. This dental treatment must be rendered or reported and approved for payment by Medavie Blue Cross within 180 days of the accident and dental work must be completed within 24 months from the date of the accident. Eligible expense will be the dentist's usual and customary fee up to the "Dental Fee Guide" for General Practitioners in effect where services are rendered. All deferred dental treatment must be completed and approved for payment by Medavie Blue Cross no later than the last day of the month in which the person turns 21 years of age unless otherwise prescribed by statute, in which case the statutory provision applicable in the province where the participant resides shall apply. When such dental treatment must be deferred because of the age of the patient, or other factors which are justified, in the opinion of Medavie Blue Cross, the claim may be approved for later payment. To meet the payment criteria, the participant must have been covered by Medavie Blue Cross for accidental dental at the time the accident occurred, and must still be covered by Medavie Blue Cross at the time the services are rendered. The only exception to this criterion is when the participant is uninsured for dental benefits at the time the service is rendered, in which case the claim may be approved. The subscriber must submit to Medavie Blue Cross within 180 days

of the accident complete details of the required services from the dentist and reason for deferment.

Physician Services - The usual, customary and reasonable charges of a physician licensed to practice where the services are rendered in Canada, where permitted by law, whether inside or outside the claimant's province of residence. Eligible expense will be based upon the charges less the allowance under the participant's provincial government health care program.

Payment of up to \$30 for one annual check-up will be eligible provided the employee has been insured for at least one year.

Psychiatrist - Charges of a licensed psychiatrist only while the patient is not confined to a hospital, subject to a maximum payment of \$20 per visit.

Private Duty Nurse / Personal Care - Charges for home nursing care performed by a private duty nurse at the participant's residence (other than a convalescent or nursing home) on the written authorization of the attending physician and subject to pre-approval by Medavie Blue Cross.

If a registered nurse is not available when required, expenses incurred for the services of a registered nursing assistant, a licensed practical nurse or a certified nursing assistant, will be considered eligible to the extent that such persons are qualified to provide the required nursing services.

Services of approved personal home care workers are eligible for up to four hours per day, when pre-approved by Medavie Blue Cross. Personal care services must be medically necessary and include bathing, dressing, toileting, feeding and mobilization. Services that are **not** eligible under this benefit include: custodial care, light housekeeping, meal preparation, shopping, transportation and respite care (patient care provided in the home intermittently in order to provide temporary relief to the family home caregiver).

Pre-Approval Process:

- i) Call **1-800-667-4511** in the Atlantic region and **1-800-355-9133** in Ontario and ask for a **Nursing/Personal Care Pre-approval Claim Form**. A family member or friend can call on your behalf. The inquiry centre will ensure a form is mailed or faxed to you, or you can pick one up at your nearest Medavie Blue Cross office.
- ii) When you receive the form, you and your physician must complete it. Once completed, the

form must be returned to Medavie Blue Cross.

- iii) A Medavie Blue Cross Nursing Coordinator will review your form. You will be contacted and informed if a nursing assessment is required.
- iv) If an assessment is required, the assessment will be completed by a registered nurse from an independent nursing agency.
- v) Once the pre-approval process is complete, you will be advised of the results of the assessment by Medavie Blue Cross. This process normally takes four to seven working days. However, in cases where your condition may require immediate services, the Nursing Coordinator may approve eligible nursing care for up to a maximum of seven days. Also, as part of this assessment, the Nursing Coordinator will advise you of community resources you may be eligible to receive.

Although you may use the services of the nursing agency conducting the assessment, your choice for nursing services is not limited to that agency. The amount of coverage for each plan participant will be limited to a maximum of \$10,000 in a calendar year. Payment for eligible expenses will be based on the payment schedule for private duty nurses established by the insurer for the participant's province of residence.

Paramedical Practitioners - Charges for the services of certain paramedical practitioners operating within their recognized fields of expertise are reimbursed at 80% of the eligible expense, up to a maximum of \$500 per person per calendar year for each paramedical practitioner, subject to an overall annual maximum of \$1,500 per calendar year. In addition, reimbursement of up to \$35 per calendar year will be available for X-rays. Eligible expenses include the services of the following licensed, certified or registered paramedical practitioners:

- Speech Therapist
- Chiropractor
- Massage Therapist
- Osteopath
- Podiatrist
- Chiropodist
- Physiotherapist / Athletic Therapist *
- Naturopath
- Acupuncturist
- Audiologist

* For the physiotherapist and athletic therapist benefits the maximum reimbursement is \$500 for both practitioners combined, not \$500 for each.

Mental Health Practitioners – Charges for treatment, except when performed in a Hospital, by a licensed psychologist, social worker and clinical counsellor. The overall maximum will be limited to \$1,000 in a Calendar Year.

A physician's referral or prescription will not be required for paramedical and mental health practitioners. Medavie Blue Cross will adjudicate claims based upon the usual and customary fees for each type of service.

Walkers - Charges for waist high, aluminum, four legged, square framed walking aids equipped with handgrips. The benefit includes purchase, rental or repair with coverage at 80% of the eligible expense to a maximum reimbursement of \$1,200 per calendar year. A prescription from a Medical Doctor is required for every purchase, repair and initial rental. In the case of purchases greater than or equal to \$800, a pre-authorization from Medavie Blue Cross is required.

Hearing Aids - Charges for hearing aids (excluding batteries and exams), up to a total payment of \$1,000 per ear per plan participant in any 24 consecutive months, when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist.

Vision Care Benefits

Medavie Blue Cross will pay the usual, customary and reasonable charges for the following eligible expenses on a reimbursement- plan basis when recommended by a physician or optometrist. Payment is at 80% of the eligible expense.

Lenses/Frames - Charges for lenses, frames and the fitting of any type of prescription glasses (including contact lenses). The maximum reimbursed is \$250 every 24 consecutive months.

Laser Eye Surgery - Charges for laser eye surgery to a maximum reimbursement of \$250 every 24 consecutive months. The laser eye surgery benefit is paid in lieu of the lenses and frames benefit - not in addition to it.

Contact Lenses - Charges for contact lenses when prescribed by a licensed ophthalmologist for ulcerated keratitis; severe corneal scarring, keratoconus (conical cornea) or aphakia, provided sight can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses. The total maximum reimbursed \$250 in any 24 consecutive months.

Visual training - Charges of a registered, licensed optometrist for visual training.

Ocular Examinations - Charges for ocular examination, including refraction, limited to one in any 12 consecutive months for dependent children and not more than one in any 24 consecutive months for any other person.

Coordination of Benefits

Benefit payments will be coordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines, so that the total amount received from all sources will not be greater than the actual expense incurred.

Insurance Company

Your hospital and extended health benefits are provided by Medavie Blue Cross.

Special Authorization Appeals Subcommittee

The University Benefits Committee has established a Special Authorization Appeals Subcommittee to review appeals from health plan members on coverage declined by Medavie Blue Cross for special authorization drugs.

This Subcommittee which is comprised of employee representatives and medical professionals within the University community, will, on a strictly confidential basis, consider individual requests for coverage of prescribed medications that have been officially denied coverage by Blue Cross through the special authorization process.

The Subcommittee will consider appeals made by employees/retirees, on an individual basis, provided the following conditions have been met:

- i) an official request for "special authorization" has been declined by Medavie Blue Cross;
- ii) the medication bears a Drug Identification Number (DIN);
- iii) the medication is prescribed by a licensed physician and enables the individual to engage in their normal daily activities, including attendance at work, which would otherwise be impeded without the prescribed treatment;
- iv) if a medication does not have official recognized approval for treatment of the condition for which it is being prescribed, sufficient published data supporting its use must be provided to the Subcommittee.

The effective date of coverage for medications approved by the Special Authorization Appeals Subcommittee is subject to the following timelines:

- i) If an appeal is received by the Department of Human Resources within 90 days of the date that the medication was first denied at the pharmacy and the Special Authorization Appeals Subcommittee subsequently approves coverage for the medication, coverage will be effective from the date it was first denied.
- ii) Otherwise, coverage for special authorization medication approved by the Special Authorization Appeals Subcommittee will be effective from the date of receipt of the appeal by the Department of Human Resources. To obtain more information or to file an appeal plan members may contact the Benefits and Pensions Office of the Department of Human Resources at (709) 864-2434 or by e-mail at myhr@mun.ca

DENTAL CARE

Government Coverage

The Newfoundland MediCare Program (MCP) provides a dental program for children 12 years of age and under, provided eligibility requirements are met. The plan covers one cleaning per year and most dental services considered essential in the prevention of dental disease and services necessary in the eradication of existing dental disease. A \$5 user fee is charged on these services. The plan also provides for certain dental surgical procedures for all residents provided such services are performed in hospital.

Eligibility

All permanent, full-time employees are covered from the first day of active employment. Contractual employees whose initial appointment is to a position of at least six months duration requiring them to work at least 20 hours per week are covered from the first day of active employment. Further, contractual employees who are members of CUPE, Local 1615 and NAPE Locals, 7405, 7801, 7804, 7803 and 7850 who are not eligible for coverage upon initial appointment are covered following completion of six months continuous employment in a position requiring them to work at least 20 hours per week.

Retired employees and their surviving principal beneficiaries are eligible for coverage provided they are in receipt of a pension from the Memorial

University Pension Plan or other retirement savings plan contributed to by the University.

Coverage terminates on termination of employment. Retiree/surviving principal beneficiary coverage terminates on the death of the retiree/surviving principal beneficiary.

Eligible dependents meeting the definitions of spouse and unmarried dependent children may also be covered under the dental program.

The term "spouse" means a person who is either legally married to the employee/retiree or has resided with the employee/retiree in a conjugal relationship for at least 12 consecutive months. The term "conjugal relationship" includes relationships between persons of the same sex.

"Child" means a person who is a resident of Canada and is the natural, adopted or step child of the retiree or spouse and is financially reliant on the retiree or spouse for care, maintenance and support, is not married or in a common law relationship and meets one of the following criteria:

- i) is under age 21;
- ii) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis; or
- iii) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

The definition also includes a child over whom the retiree or spouse has been appointed as guardian with parental authority.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the retiree for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

Eligible participants are considered late applicants if coverage is applied for more than 45 days after becoming eligible for benefits. In the case of late applicants, coverage is limited to a maximum reimbursement of \$100 per participant for the first 12 months of coverage.

Amount of Benefit

The plan provides a wide range of necessary dental treatments. Your benefit for covered expenses will consist of 80% reimbursement (no

deductible) on basic expenses (preventative and minor restorative) and endodontic and periodontic services. Major restorative services are reimbursed at the rate of 70% of the eligible expense to a maximum of \$1,200 per participant per calendar year. The plan covers all eligible dental expenses up to the amount prescribed in the current Newfoundland Dental Society Schedule of Fees and any subsequent schedules which may be approved from time to time for the operation of the Memorial plan.

To be considered as a "covered expense", your treatment must be determined as "necessarily rendered". The charge for a particular service must be reasonable and customary for the service provided in the area where the expense is incurred, and will be limited to the applicable maximum fee level of your province of residence.

The plan covers necessary dental treatment by a dentist, physician or other qualified personnel under the direct supervision of the dental or medical profession.

Treatment Plan

Before your dentist starts a course of treatment, he will, upon request, prepare a "treatment plan" - a written report describing his recommendations as to necessary treatment and cost.

You are requested to submit a "treatment plan" to Medavie Blue Cross before treatment commences for any treatment expected to cost more than \$500. This enables Medavie Blue Cross to determine in advance its share of the cost of the proposed treatment, and thus allows you to know the extent of any part of the cost you will have to pay.

If you do not submit a "treatment plan", where required, you may find that your claim, or a portion of it, may not be covered.

NOTE: If the proposed course of treatment does not commence within 90 days, a new treatment plan should be provided before benefits will be paid.

Coverage under the dental plan will cease when you terminate employment with the University and no benefits will be payable for treatment rendered to an employee or a dependent after the date of termination of coverage.

Plan Coverage

The following are the eligible expenses that are

covered under the plan.

Exams - Complete oral examination, periodontal exam, emergency exam, specific oral exam, and recall oral examination (limited to once every six months).

Diagnostic and Preventive Services

X-Rays - Complete series intra oral films (once every 12 months); periapical films; occlusal films*, posterior bitewing films*, extra oral films* (* four of each type every five months)

Temporomandibular joint films; panoramic film (once every 12 months); cephalometric films (five every 24 months).

Tracing of radiographs; interpretation of radiographs from another source.

Tests and Laboratory Exams - Biopsy, soft-hard tissue; diagnostic photographs; diagnostic casts.

Case Presentation - Treatment planning; consultation with patient.

Preventive Services - Polishing (2 units time every 12 consecutive months; one unit of time every 5 consecutive months for dependents under 19), Scaling (80% of the first and second scalings in a calendar year and 50% of subsequent scalings in that same calendar year), nutritional counselling, oral hygiene instruction, finishing restorations, pit and fissure sealants, protective athletic appliance (once in every 12 months), re-contouring of teeth, space maintainers, caries/trauma/pain control.

Restorative Services - Amalgam restorations; pin reinforcement, acrylic or composite restorations, porcelain repair on an existing single crown, natural tooth preparation, metal coping crown, recement crown or inlay, removal of crown or inlay.

Periodontal Services (treatment of gum disease)
Diagnosis and treatment of gum tissue: application of displacement dressing; management of acute infections and other oral lesions; desensitization of tooth surface.

Surgical Services - gingival curettage; gingivoplasty; gingivectomy/fibrotomy; osseous surgery; osseous grafts; soft tissue grafts; post surgical treatment.

Abscess or pericoronitis surgery. Occlusal equilibration.

Adjunctive Periodontal Services: provisional

splinting; periodontal scaling/root planing; special periodontal appliances including occlusal guards (excluding TMJ related problems); maintenance, adjustments and repair to periodontal appliances (excluding TMJ related problems); direct reline. Post surgical evaluation.

Prosthetic Services - Denture adjustment (after three months from insertion); denture repairs; denture rebasing and relining (once every 24 months).

Endodontic Services (Root Canal) - Pulpotomy, root canal, apexification, periapical services, root amputation, exploratory surgery, canal and/or pulp chamber enlargement.

Preparation of tooth for treatment: banding of tooth to maintain sterile operating field; hemisection; intentional removal, apical filling and reimplantation.

Surgical Services - Removal of erupted tooth - uncomplicated; removal of erupted tooth - complicated; removal of impacted tooth; alveoplasty/alveolectomy; removal of root; miscellaneous surgical services.

General Services

- Anaesthesia
- Consultation with another dentist
- Professional visits Other services:
- bleaching of vital tooth
- commercial laboratory charges
- in-office laboratory charges

Major Restorative Services

Extensive Restorative Procedures

Inlay and Onlay Restorations Inlays and onlays

- metal
- composite
- porcelain/ceramic

Retentive posts (for crowns)

- cast metal
- prefabricated

Indirect overdenture restorative services

- metal cast coping crown with or without attachment

Crowns

- acrylic/composite
- porcelain/ceramic
- cast metal

Crown made to an existing partial denture clasp

Metal/plastic transfer copings Laboratory processed veneers

- plastic
- porcelain/ceramic

Prosthodontic Services – Removable

Complete Dentures (limited to one complete upper and one complete lower denture in any five Consecutive Calendar Years)

- standard
- equilibrated
- gnathological
- overdenture

Transitional Dentures (limited to one upper and one lower in any Five Consecutive Calendar Years)

with cast frame connector, clasp and rests

- cast with precision attachments
- cast with semi-precision attachments
- cast with stress breaker attachments
- cast, overdenture, removable

Prosthodontic Services – Fixed Bridge

Pontics

- cast metal
- porcelain/ceramic
- acrylic/composite
- natural tooth

Abutments

- acrylic/composite
- porcelain/ceramic
- porcelain fused to metal
- cast metal
- metal, ¾ cast

Partial Dentures (limited to one upper and one lower in any Five Consecutive Calendar Years)

Acrylic

- without clasp
- with resilient clasps
- with metal wrought/cast clasp and/or rests with metal wrought palatal/lingual bar and clasp and/or rests
- overdenture with cast/wrought clasps and/or rests

Cast with acrylic base

- free end with cast frame connector, clasp and rests
- free end with swing lock/connector
- tooth borne

Other Fixed Prosthetic Services

- abutment preparation under existing partial denture clasp
- telescoping crown unit
- fixed porcelain prosthesis to replace a substantial portion of the alveolar process
- splinting, for extensive or complicated restorative dentistry
- retentive pins
- provisional coverage (in extensive or complicated restorative dentistry)

Claiming Benefits

If you are in doubt as to whether a particular course of treatment would be covered under the dental insurance plan, it would be advisable to contact Medavie Blue Cross at 1-800-667-4511 for pre-determination of coverage.

If your dentist does not allow assignment and you are required to pay the dentist for the treatment performed, submit your receipts along with the appropriate claim form to Medavie Blue Cross for reimbursement. Please include your subscriber number and policy number (active employees: 7355-000; retired Memorial employees: 7355-001; retired Marine Institute employees: 7355-002).

Exclusions

Covered expenses do not include and no payment is made for:

- self-inflicted injuries, suicide or attempted suicide, regardless of the state of mind of the insured person;
- any services to which the plan participant is entitled under any Workers' Compensation statute or any other legislation;
- dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union;
- examinations required for use of a third party;
- physicians' or dentists' charges for time spent travelling, broken appointments, transportation costs or advice given by telephone or any other means of telecommunication;
- cosmetic surgery or treatment, when determined as such by Medavie Blue Cross, unless such surgery or treatment is for accidental injury and commenced within 90 days of the accident;
- injury resulting either directly or indirectly from insurrection, war, service in the armed forces of any country or participating in a riot;
- orthodontic treatment;
- services and supplies rendered for a full mouth

reconstruction, for a vertical dimension correction, or for correction of temporomandibular joint dysfunction.

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Important Change in Coverage Effective November 15, 2007

(Applicable to residents of Newfoundland and Labrador who have dependent children under the age of 13)

Effective November 15, 2007, the dental plan will no longer provide coverage for fillings and extractions for dependent children under the age of 13. These services are covered under the Newfoundland and Labrador provincial dental program. Dentists have been advised to submit claims for these procedures to the provincial program.

Update - June, 2008

In the case of white fillings on primary teeth, the dental plan will pay the differential in the price of silver fillings versus white fillings for children under 13. In addition, fillings on primary anterior teeth, which are not covered by the government plan, will be covered by the dental plan.

TRAVEL HEALTH INSURANCE

Please refer to the SSQ (formerly AXA) travel health insurance brochure for an explanation of benefits. A copy is located on the Human Resources website at:

<http://www.mun.ca/hr/retirees.php>

Important: Pre-Existing Medical Exclusion:

Of particular note for retiree travel health insurance is the exclusion for pre-existing medical conditions.

As outlined in the travel health insurance brochure, SSQ Insurance Company Inc. will not cover any loss (fatal or non fatal) or expenses caused by or resulting from any condition for which the insured person received medical advice,

consultation or treatment within six (6) months prior to the commencement of a trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication.

“Chronic Condition” means a disease or disorder which has existed for a minimum of six (6) months.

“Stabilized” means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

Travel health insurance is limited to a maximum of 180 days per trip. Please refer to the travel health brochure for more information.