

HEALTH AND TRAVEL PROGRAMS - Judges

ELIGIBILITY

Health and Travel Programs eligibility information is included in the General Information Pamphlet.

EXCLUSIONS AND LIMITATIONS

Any health care services and supplies administered in a hospital are not eligible for reimbursement under this Health Program, unless otherwise specified in this pamphlet.

Any services and supplies provided by a relative are not eligible for reimbursement under the Health, Travel & Dental programs. This includes: Physicians; Pharmacists; Dentists and other Health Care Professionals approved by Medavie Blue Cross.

HOSPITAL BENEFITS (Paid at 100%)

Private room accommodation.

EXTENDED HEALTH BENEFITS (Paid at 80% of maximum eligible expense)

Accidental Dental - Charges for dental treatment, when natural teeth have been damaged by a direct accidental blow to the mouth, or a fractured or dislocated jaw requiring setting services within 180 days of accident.

Aerochamber spacing device - an extension device; primarily for use with asthma medication inhalers. Purchase is limited to the usual and customary expense.

Artificial larynx – Purchase is limited to the usual and customary expense. Repairs and adjustments are limited to a maximum expense of \$300 per calendar year.

Burn Pressure Garments/Lymphadema sleeves - Charges for special made-to-measure dressings, when prescribed by a physician, to a maximum eligible expense of \$500 in a calendar year.

Clinical Psychologist and Social Worker – Charges for treatment by a licensed clinical psychologist and social worker up to a maximum eligible expense of \$500 in a calendar year.

Diabetic Equipment (i.e., glucometers and precijets) - Maximum eligible expense is \$700 in a 5 calendar year period. **Insulin pumps** when prescribed by a physician and deemed reasonable by the insurer, to a maximum eligible expense of \$6,500 / 5 calendar years. **Transmitters**, purchase is limited to a maximum eligible expense of \$200 in a calendar year. **Sensors**, purchase is limited to the usual and customary expense to a maximum eligible expense of \$2,280 in a calendar year.

Diagnostic and X-ray Services - Charges for diagnostic and X-ray services, when carried out by a laboratory approved by the insurer, outside a hospital setting.

Elastic Support Stockings – Charges for elastic support stockings when prescribed by a physician are limited to a maximum eligible expense of \$200 in a calendar year.

Equipment Rental - Charges for rental of a wheelchair, hospital-type bed (including mattress and safety rails) and equipment for administration of oxygen. If the need for these items is long term, the insurer, at their discretion, may approve the purchase of these items.

Medical Garments - Charges for compression (minimum compression of 20 mmHg) and/or surgical garments, when prescribed by a physician and dispensed by a provider approved by the insurer, to a maximum of 2 pairs in a calendar year. **Surgical bra** – purchase is limited to 2 in a calendar year.

Medical Supplies and Services – Charges for: oxygen; shoulder harness; and slings when prescribed by a physician are limited to the usual and customary expense. Manual wheelchair repair is limited to the usual and customary expense.

Music Therapy - Charges of a music therapist when ordered by the attending physician to promote communication for dependents up to 18 years of age who have conditions such as learning disabilities, speech impairments, behavioural problems, emotional disturbances. The maximum eligible expense is \$250 in a calendar year.

Orthosis - Charges for custom made orthopedic orthosis shoes made from sculptured form for deformed feet to a maximum eligible expense of \$800 in a calendar year.

Orthopedic Shoes – Charges for custom made or prefabricated orthopedic shoes (permanently modified) that have been branded as an orthopedic shoe by the manufacturer. The shoes must be medically necessary due to congenital, or post-traumatic deformities, or severe foot abnormalities or defects and they must be prescribed by a physician, podiatrist or chiropodist (excluding Quebec). The shoes must be dispensed by an approved podiatrist, chiropodist, pedorthist, orthotist or prosthetists / orthotists. **Does not include** prefabricated shoes with minor alterations, shoes purchased to accommodate orthotics or shoes required for general support and comfort, such as extra-depth shoes, Birkenstock, Nike, Brooks and Rockport.

Orthotics –. charges for orthotics that are custom made from a cast impression of the foot using a technique approved by the insurer. The orthotics must be medically necessary due to Pes Planus, Plantar Fasciitis, mechanical foot defects or other foot abnormalities that require custom made orthotics, and must be prescribed by a physician, podiatrist, or chiropodist (excluding Quebec). The orthotics must be dispensed by an approved podiatrist, chiropodist, pedorthist, orthotist or prosthetists. **Does not include** prefabricated orthotics that are purchased off the shelf. The maximum combined eligible expense for orthopedic shoes and orthotics is \$300 in a calendar year.

Ostomy Supplies - Charges for essential ostomy supplies.

Other Practitioners - Charges for treatment by a registered chiropractor, osteopath, acupuncturist, chiropodist/podiatrist, speech therapist, occupational therapist, dietician, homeopath, audiologist and naturopathic doctor of medicine .The maximum eligible expense for each type of practitioner is \$250 in a calendar year, which may include an X-ray charge of \$25.

Peak Flow Meter - Charges for a peak flow meter to measure the breathing, when ordered by the attending physician, to a maximum eligible expense of \$45 in any two consecutive calendar years.

Physician Services - Charges outside the participant's province of residence (but within Canada) in excess of the allowance under a Government Health Plan.

Physiotherapy/Massotherapy/AthleticTherapist – Charges for physiotherapy, massotherapy and athletic therapy treatment when rendered by a licensed physiotherapist, a certified athletic therapist, or a certified massotherapist (not a relative) approved by Medavie Blue Cross. Physiotherapy treatment is limited to the usual and customary expense. The combined maximum eligible expense for physiotherapy, athletic therapy and massotherapy is \$600 in a calendar year, with a maximum eligible expense of \$600 in a calendar year for physiotherapy/athletic therapy and a maximum eligible expense of \$500 in a calendar year for massotherapy.

Private Duty Nursing - Charges for home nursing care (other than convalescent or nursing home) on the written authorization of the physician. Focused nursing support includes a nursing assessment to determine the most efficient manner to utilize services to maximize the benefit and a wider range of health care professionals who are authorized to deliver these services. The maximum eligible expense will be \$10,000 per calendar year.

Professional Ambulance - Services charges for professional ambulance services, or air transportation if necessary for a stretcher patient, to a maximum eligible expense of \$500 per calendar year.

Prosthetic Appliances - Charges for the following remedial prosthetic appliances or supplies: artificial limbs, breasts or eyes, crutches, splints, casts and trusses. Rental of braces is an eligible expense. Replacement after two years will be an eligible benefit. Replacement within 2 years will be a benefit if replacement is due to pathological change. Repairs and/or adjustments are provided to a maximum eligible expense of \$300 in a calendar year.

Special Ambulance Attendant - Charges for travel expenses of an accompanying Registered Nurse (not a relative) where medically necessary and approved by insurer. Maximum eligible expense is \$300 in a calendar year.

Speech Aids - Charges for speech aid equipment, when approved by a qualified speech therapist and authorized by the physician, for persons who do not have oral communication ability, to a lifetime maximum eligible expense of \$500.

Wigs – when hair loss is due to an underlying pathology or its treatment (e.g., cancer) and not for natural pattern baldness - limited to a maximum expense of \$300 per lifetime.

VISION CARE BENEFITS (Paid at 100% of maximum eligible expense)

Maximum eligible expense for lenses and frames, laser corrective surgery, implants, intraocular lenses and contact lenses, where applicable, is \$225 in a two consecutive calendar year period.

Eye Examination – Charges for eye examinations are limited to the usual and customary expense one every two consecutive calendar years.

Frames / Lenses – Charges of a registered, licensed optometrist or ophthalmologist for eye examinations, plus charges for lenses and frames when prescribed by an optometrist / ophthalmologist. Prescribed safety glasses are a benefit.

Laser corrective surgery, implants and intraocular lenses and Contact Lenses are also a benefit, when desired as a personal preference, and not a medical necessity.

Contact Lenses - Charges for contact lenses when medically necessary for ulcerated keratitis; severe corneal scarring, keratoconus 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. Maximum eligible expense is \$200 in 2 consecutive calendar years.

Visual Training - Visual training and remedial eye exercises, limited to a lifetime maximum eligible expense of \$150 per person.

HEARING AID BENEFITS (Paid at 100% of maximum eligible expense)

Hearing Aids – Charges for hearing aids (excluding batteries) up to a maximum eligible expense of \$800 for each ear in any 5 consecutive calendar year period for adults and in any 3 consecutive calendar year period for dependent children. Must be prescribed by an otologist and/or clinical audiologist. Hearing aid repairs to a maximum eligible expense of \$400 in any five consecutive years.

PRESCRIPTION DRUG BENEFITS and DIABETIC SUPPLIES Direct Payment (20% Co-Pay, \$15 maximum per prescription item)

Prescription Drugs include drugs which by law may only be obtained with the written prescription of a physician or dentist, authorized by insurer and dispensed by a pharmacist. Coverage is limited to a Defined Benefit Formulary and claims are assessed using the Mandatory Generic Substitution (MGS) approach. Under this approach, claims will be reimbursed up to the cost of the generic drug. Prescription

drugs that do not appear on the Defined Benefit Formulary or for which there is a medically adverse reaction may be considered under a Special Authorization Process by application directly to the insurer.

Diabetic Supplies – charges for needles; disposable needles and tubes used with insulin pumps; swabs; lancets; syringes; test tapes, and infusion sets.

Smoking Cessation – charges for nicotine replacement therapy patches, nicotine gums, oral medications and lozenges. All smoking cessation products must be prescribed by a Physician or Health Practitioner who is licensed to prescribe under applicable provincial legislation. The maximum eligible expense is \$800 every five years.

GROUP TRAVEL (included with the Health Program)

Group Travel covers a wide range of benefits which are provided as a result of an accident or unexpected illness incurred outside the participant's province of residence in Canada or outside Canada while on business or vacation. Subject to maximums, the Program pays 100% of the eligible expenses less any amount payable under any Government Health Program, to a maximum of \$2,000,000 per participant per trip.

Ambulance - Normal charges for licensed ambulance service, including air-ambulance and evacuation to and from the nearest qualified medical facility.

Coming Home - Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the patient must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. If returning on a commercial aircraft, this coverage includes:

- two economy seats by most direct route to the patient's home city in Canada - one for the covered patient and one round trip fare for a medical attendant; or
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip for a medical attendant.

Dental Services - Charges for dental treatment to a maximum of \$1,000 in all when, as the result of accidental injury (direct accidental blow to the mouth), natural teeth have been damaged; or a fractured or dislocated jaw requires setting. Such dental treatment must be rendered or reported and approved for payment by the insurer within 180 days of the accident and be supported by details of the accident.

Diagnostic Services - Charges for laboratory services for diagnostics and X-rays when ordered by the attending physician.

Hospital - The cost of hospital room accommodations (not a suite) and medically necessary inpatient/outpatient services.

Meals and Accommodations - Up to \$1,200 Canadian (\$150 per day for 8 days) per trip for extra costs of commercial accommodation and meals incurred by the Judge, or by a covered dependent remaining with a travelling companion when the trip is delayed due to illness or accident to a travelling companion or a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

Nurse - Charges for private duty nursing, when ordered by an attending physician.

Paramedical Services - Charges made by a licensed chiropractor, osteopath, chiropodist, podiatrist or physiotherapist, up to the usual and customary fee, excluding X-rays.

Physicians and Surgeons - Customary charges of physicians and surgeons for services rendered.

Prescriptions - Charges for drugs, serums and injectables in a quantity sufficient for the period of travel, as purchased on the prescription of a physician in accordance with the Health Program drug eligibility.

Return of Deceased - Up to \$3,000 Canadian toward the cost of preparation and homeward transportation of the deceased (excluding the cost of a coffin) to the point of departure in Canada by the most direct route, in the event of death of the covered person.

Vehicle Return - An allowance of up to \$500 Canadian for the cost of driving the patient's vehicle, either private or rental, by commercial agency to the patient's residence or nearest appropriate vehicle rental agency when the patient is unable to return it due to sickness or accident.

Wheelchairs, Crutches, Canes - Rental of wheelchairs, crutches, canes when required as a result of a sudden illness, when ordered by a physician. These items must be obtained outside the province of residence to qualify as benefits.

ADDITIONAL PROGRAM BENEFITS

Transportation to Visit the Covered Person - Return economy fare by most direct route for transportation costs (air, bus, train), when the covered person has been confined to hospital, or has died, and the attending physician advised the necessary attendance of a family member or close friend of the covered person.

Out of Country Referral - Coverage is provided, on a referral basis only, for services out of the Country, which are **medically required**, and not available in Canada. The Program pays 100% of the eligible expense up to a lifetime maximum payment of \$500,000 per person. Prior approval of the insurer is required.

Emergency and Payment Assistance - The services of a 24-hour emergency hotline are available to participants who need assistance while travelling. By telephoning the appropriate number on your 'World Assistance Card' when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the participant.

CLAIMS – GROUP TRAVEL

LIMITATIONS AND EXCLUSIONS

Under the Group Travel Program, no benefits are available or will be paid as a result of:

- Traveling to seek medical advice or treatment, even if it is recommended by your physician;
- Traveling contrary to medical advice;
- Elective (non-emergency) surgery;
- Suicide, attempted suicide; criminal acts, war or other hostilities;
- Abuse of medication, drugs or alcohol;
- Pregnancy, miscarriage, childbirth or complications within nine (9) weeks of the expected date of birth;
- Parachuting, Skydiving, Gliding; or
- Bungee jumping and Mountaineering.

No benefits will be paid if you receive the same benefits from a third party.

When not using the Emergency and Payment Assistance services, obtain detailed receipts in duplicate for any expenses incurred outside your province of residence. Upon your return, send one of the receipts to your Provincial Government Health Program for their consideration and payment. When a reply has been received from them, send proof of their payment together with appropriate receipts to Medavie Blue

Cross Claims Department for payment of the remaining eligible benefits. Always provide your Identification Number when submitting a claim.

Claims for services outside of Canada are paid by Medavie Blue Cross in Canadian currency based on the rate of exchange in effect at the conclusion of the services.

No rights are conferred by this pamphlet. For more or updated information, contact a Pensions and Benefits Specialist at Vestcor Pension Services Corporation at 506-453-2296 or toll free at 1-800-561-4012 and *identify that you have the Judges' coverage.*

Or visit the website at: www.gnb.ca/employee_benefits



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