

# My Retiree Health Benefit

## Lifetime Cost Sharing Plan

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Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with over 60 years' experience in delivering shared services. Serving over 130 health and health-related organizations from across Nova Scotia, we are dedicated to achieving service excellence through innovation, outstanding performance, and an exceptional customer experience. One of our core service offerings is Group Benefits Solutions. We provide a range of comprehensive and cost-effective group benefits plans, designed to help protect plan members and their families.

The Health Plan and Retiree Health Plan is a 'Self-Insured' plan of Health Association Nova Scotia. Medavie Blue Cross provides Administration Services Only (ASO).

This is a summary of the Health Association Nova Scotia **Retiree Health (Lifetime Cost Sharing) Plan**.

For more information, visit our website at [www.healthassociation.ns.ca/benefits](http://www.healthassociation.ns.ca/benefits) and select Retiree from the menu or contact us toll-free at 1-866-886-7246.

In the event of a discrepancy between publication and the contracts, the contracts will prevail.

### **ELIGIBILITY** - Who is eligible?

#### **Members of the Health Plan at retirement.**

- **Central Zone NSGEU Employees** retiring who will be in immediate receipt of monthly unreduced pension benefits prior to age 55 or at age 55 and have at least 10 years of continuous service immediately prior to retirement.
- **Public Health & Addiction Service/Continuing Care NSGEU Employees** retiring who will be in immediate receipt of monthly pension benefits from the Province of Nova Scotia Public Service Superannuation Plan immediately prior to retirement.

Your spouse and dependent children are also eligible for coverage if they meet the eligibility noted below.

- Your **spouse** is defined as someone to whom you are married legally or common law (defined as having lived with your partner for 12 months or more; the 12 month cohabitation period is waived in the event a child is born of such relationship). Includes a spouse of the same sex.
- Your **dependent children** are defined as natural, adopted, or step-children who are under 21 years of age or under 26 years of age and are attending an accredited school, college or university on a full time basis, unemployed and are unmarried (also covers a child incapable of self-support due to a mental or physical condition that occurs before the age maximums).

*Note: Dependents between the ages of 21 and 26 have the same coverage and restrictions as adults and not the same as dependents under the age of 21.*

**If your circumstances change (you get married or divorced, for example), you must notify Health Association Nova Scotia within 60 days of this change.**

## When will coverage begin?

On your date of retirement you will be immediately moved to the Retiree Health Plan. You will have no break in coverage.

Your claims history will be transferred including usage and any drug special authorizations already approved will continue to be covered.

## When will coverage end?

Your retiree health coverage ceases when you die or cancel coverage.

Note: Prescription Drug Cover for you the retiree and your spouse ceases the 1<sup>st</sup> day of the 65<sup>th</sup> birthday month.

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## COVERAGE

What is covered?

### Prescription Drugs

Retirees or spouses (plan members) who are **UNDER age 65** are **covered** for prescription drugs under this plan.

Retirees or spouses who are **OVER age 65** are **not covered** for prescription drugs under this plan effective the 1<sup>st</sup> day of the 65<sup>th</sup> birthday month.

However, residents of Nova Scotia may be eligible for prescription drug coverage under the Nova Scotia Seniors' Pharmacare Program. For more information, please call Nova Scotia Seniors' Pharmacare Program toll-free at 1-800-544-6191.

The plan covers drugs that require a written prescription, have a drug identification number and are on the Medavie Blue Cross Managed Formulary (this list is subject to change without notice). An electronic drug look-up tool is available on the Medavie Blue Cross site or mobile app [www.medaviebc.ca/app](http://www.medaviebc.ca/app)

For each prescription fill, you pay the dispensing fee up to \$492 per family per calendar year, for the lowest priced alternative (typically a generic) drug covered under the managed drug formulary. Please show your Benefits Card to your pharmacist. If you do not have a card, please contact your employer or Group Benefits Solutions at 1-866-886-7246.

Prescription drugs are the biggest cost for your group plan. We manage the drug costs using the following strategies to support the plan members prescription drug needs and the sustainability of the plan.

**Defined drug list:** The formulary is made up of a list of clinically-effective and affordable prescription drugs that are used to treat most medical conditions. For drugs that are not covered by your plan, a suitable alternative can usually be found within the formulary that offer similar, equally-effective medical results and is available at a lower cost.

**Prior Authorization:** Certain Eligible Drugs require prior or ongoing authorization by Medavie Blue Cross to qualify for reimbursement. The criteria to be met for Prior Authorization is established by Medavie Blue Cross and may include requiring the Participant to participate in a Patient Support Program. The first time you present a prescription for an Eligible Drug on the Prior Authorization list your pharmacist will indicate the need for Prior Authorization. You and your physician must complete a Prior Authorization Prescription Drug Form and submit to Medavie Blue Cross. You will receive confirmation in writing regarding the decision and if approved, this confirmation will include the effective date and duration of your approval.

**Mandatory Drug Substitution (Lowest Cost Alternative):** Your plan will pay up to the cost of the lowest-cost alternative, typically the generic drug, even if a brand name medication is dispensed. This means the Medavie Blue Cross Substitution Provision applies and an Interchangeable Drug has been prescribed, Medavie Blue Cross will reimburse to the lowest ingredient cost Interchangeable Drug. In the case of biologic drugs, Medavie Blue Cross reserves the right to reimburse to a less expensive biosimilar drug. Participants may request a higher cost Interchangeable Drug; however, they will be responsible for paying the difference in cost between the Interchangeable Drugs. For Participants with an adverse reaction to the Interchangeable Drug dispensed, Medavie Blue Cross will consider reimbursement to another Interchangeable Drug on a case by case basis only through the Prior Authorization process.

**Step Therapy:** For many conditions, such as high blood pressure, diabetes, gout, high cholesterol and depression, there are a number of equally safe and effective treatment options to choose from. Under Step Therapy, the plan will reimburse the cost of a therapeutic substitution by your pharmacist, making it easier for you to get proven safe and effective treatments in a way that can save money for you and your drug plan. For more information call the Medavie Blue Cross Customer Information Contact Centre toll-free at 1-800-667-4511. Alternatively, you can email your questions to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca) or visit our website at [www.medaviebc.ca](http://www.medaviebc.ca)

## Exclusions and Limitations:

Expenses associated with the following categories of drugs or services are not eligible for reimbursement, even when prescribed:

- varicose vein injections;
- smoking cessation aids;
- vaccines;
- oral vitamins;
- treatments for weight management, including drugs, proteins and food or dietary supplements;
- natural health products including homeopathic products, herbal medicines, traditional medicines, nutritional and dietary supplements, unless specifically listed as covered under this benefit;
- fertility drugs;
- glucose monitoring systems;
- hair growth stimulants;
- services, treatment or supplies that:
  - are not Medically Necessary;
  - are for cosmetic purposes only;
  - are elective in nature; or
  - have experimental or investigative indication;
- procedures related to drugs injected by a Health Practitioner or Physician in a private clinic;
- drugs that Blue Cross determines are intended to be administered in hospital, based on the way they are administered and the condition the drug is used to treat;
- expenses that are covered under any government health care coverage or charges payable under a workers' compensation board/commission, any automobile insurance bureau or any other similar law or public plan;
- services, treatment or supplies the Participant receives free of charge;
- charges that would not have been incurred if no coverage existed;
- all forms of cannabis; or
- pharmacy services.

## Vision Care

**Eye Exams:** The Plan covers \$95 once every two calendar years for you and your spouse, and once every calendar year for participants under age 21.

**Lenses, Frames, and Laser Eye Surgery:** The Plan covers \$345 every two calendar years for prescribed frames and lenses, and laser eye surgery (once every calendar year for participants under age 21).

Certain approved providers may offer a pay direct arrangement. In such circumstances, the approved provider will submit the claim to Medavie Blue Cross electronically and you will only pay the provider the portion of the claim that is not covered by this benefit. If pay direct is not available, please refer to the How to Submit a Claim section of this document.

For more information call the Medavie Blue Cross Customer Information Contact Centre toll-free at 1-800-667-4511. Alternatively, you can email your questions to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca) or visit the website at [www.medaviebc.ca](http://www.medaviebc.ca)

Also, download the Medavie Blue Cross Mobile App by visiting [www.medaviebc.ca/app](http://www.medaviebc.ca/app)

## Paramedical Practitioners

Services are reimbursed at the insurers Usual, Customary and Reasonable level. Any amount over this is not covered.

Paramedical practitioners must be licensed and certified within their respective fields of expertise and validated/registered with Medavie Blue Cross. If your provider is not registered please contact us, Health Association Nova Scotia, and we can give direction to the paramedical practitioner.

The Plan covers \$500 per practitioner, per calendar year for the services of a:

- Acupuncturist
- Chiropractor
- Chiropodist or Podiatrist
- Homeopath
- Massage Therapist
- Naturopath
- Occupational Therapist
- Osteopath
- Physiotherapist
- Psychologist
- Speech Therapist

The Plan does not cover charges for any treatment performed in a hospital or covered under your provincial health plan.

X-rays for Chiropractor, Osteopath, Naturopath, Chiropodist/Podiatrist are reimbursed at the insurers Usual and Customary level.

### **Note:**

**Usual, Customary and Reasonable:** Charges incurred by the Participant that are:

- consistent with the amount typically charged by Health Practitioners or Approved Providers for similar services or supplies in the province in which the services or supplies are being purchased; and
- in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition.

## Other Eligible Supplies and Services

- Hospitalization: Semi-private hospital room coverage if you are receiving acute care in an “acute care” facility. Convalescent Care/Physical Rehab cover of \$50/day to a maximum of 120 day/calendar year.
  - Ambulance transportation to a maximum of \$500 per incident.
  - Nursing care to a maximum of \$10,000 in a calendar year. Benefit payment amounts for approved nursing care services are based on the provincial payment schedule established by Blue Cross. Includes foot care services to a maximum of 1 visit/4 weeks.
  - Accidental dental treatment. Predetermination of claim required.
  - Diabetic supplies covered (including insulin pump supplies)
  - Diabetic equipment, including insulin pumps
  - Ostomy supplies (can use benefits drug card).
  - Prosthetic/Remedial appliances or supplies. This coverage is limited to one each per limb per lifetime. Some maximums and limits may apply. Repairs and adjustments are subject to a maximum of \$300 in a calendar year. Replacement requires a pathological or physiological change in order to be eligible.
  - Hearing aids (one for each ear) to a maximum of \$600 per hearing aid over three calendar years (includes repairs, excludes batteries).
  - Stock item orthopaedic shoes which have been modified (recommendation of a physician or podiatrist required) and custom-made shoes which are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item (must be constructed by a certified orthopaedic footwear specialist), up to a maximum of \$150 every 24 months for adults, and every 12 months for dependent children under age 21.
  - Casted, custom-made orthotics, up to a maximum of \$150 every 24 months for adults, and every 12 months for dependent children under age 21. (recommendation of a physician or podiatrist required).
  - Allergy serums/Over the Counter Antihistamines: \$50 deductible per person per calendar year (maximum \$150 per family). Allergy Serums only – maximum of \$1,000 per person per calendar year.
  - Sexual dysfunction medication: \$250 in a calendar year
  - Gender Affirmation Benefits: \$6,500 per calendar year with a \$20,000 lifetime maximum. This benefit provides supplemental coverage to government funded programs. The program provides coverage for masculinization or feminization treatments and procedures following gender transitioning surgery.
- For more information call the Medavie Blue Cross Customer Information Contact Centre toll-free at 1-800-667-4511.

## Medical Services and Supplies

**Ambulance Transportation:** Charges for emergency transportation of a stretcher patient by a licensed ambulance to and from the nearest Hospital equipped to provide the emergency care needed by the Participant. This includes air or rail transportation.

This coverage excludes inter-Hospital transfers.

**Nursing Care:** Charges for the services of a registered nurse, registered nursing assistant or licensed practical nurse where such services are provided at the Participant's home and are not primarily for custodial care or midwifery.

Nursing care services may require pre-approval from Blue Cross to be eligible for payment in whole or in part. Benefit payment amounts for approved nursing care services are based on the provincial payment schedule established by Blue Cross.

Charges for the services of a personal support worker to a maximum of 4 hours per day in the Participant's home may also be eligible if the Participant is under the active care of a nurse or requires home care for recuperation after a discharge from Hospital. Personal support workers offer essential services related to the Activities of Daily Living.

This coverage excludes expenses for custodial care, homemaking duties, shopping, transportation, respite care and services not related to the Activities of Daily Living.

Coverage also includes services for foot care rendered in a clinic.

**Health Practitioners:** Eligible Expenses for Treatment provided by any Health Practitioner specified in the Benefits. Coverage is limited to:

- Treatment within the scope of the Health Practitioner's practice; and
- 1 Treatment by the same Health Practitioner per day Unless otherwise specified in the Summary of Benefits, a physician referral is not necessary for Treatment to be eligible for coverage.

This coverage excludes:

- products provided by a Health Practitioner (unless specified as a benefit under this group benefits plan);
- comprehensive health assessments;
- charges for services obtained in Hospital; and
- group treatment sessions.

**Durable Medical Equipment:** Charges for rental of the following medical equipment:

- manual or electric wheelchair, including rechargeable batteries, cushions and inserts;
- manual or electric hospital bed, including mattress, trapeze bars and safety side rails;
- equipment for the administration of oxygen, nebulizer, percussor, drainage board, sputum stand, tracheostomy tube, suction pump, bi-level positive air pressure (BiPAP), continuous positive airway pressure (CPAP) and ventilator;
- BiPAP and CPAP supplies to a maximum of \$150 per calendar year;
- insulin pump for the Treatment of type 1 diabetes;
- compression pump, traction equipment;
- prone stander; and
- patient lifter.

The purchase of durable medical equipment requires pre-approval from Blue Cross, otherwise it may be ineligible for payment in whole or in part.

If there is a long-term need for equipment due to extended illness or disability, Blue Cross may, at its discretion, approve the purchase of these items. If such purchase is approved, the rental or approved purchase of a second piece of similar equipment is limited to once every 5 consecutive calendar years.

Two pieces of equipment are similar if they serve the same purpose (for example, facilitate breathing, provide mobility, deliver insulin).

This coverage excludes charges for special mattresses and air conditioning or air purifying equipment.

**Mobility Aids and Orthopedic Appliances:** Charges for the purchase or rental:

- crutches or canes to a maximum of 2 per lifetime;
- walking aids to a maximum 1 per 5 calendar years;
- casts or splints to a maximum of \$300/calendar year, \$400/calendar year for a Participant under age 21;
- braces to a maximum of \$300/calendar year, \$400/calendar year for a Participant under age 21. Repairs and adjustments are limited to a maximum of \$300/calendar year, \$400/calendar year for a Participant under age 21;
- trusses to a maximum of \$300 per 1 every 60 consecutive months; \$400 per 1 every 60 consecutive months for a Participant under age 21. Repairs and adjustments are limited to a maximum of \$300/calendar year, \$400/calendar year for a Participant under age 21;
- cervical collars to a maximum of \$300 per 1 every calendar year; \$400 per 1 every calendar year for a Participant under age 21; and
- shoulder harness to a maximum 1 per 5 calendar years.

**Prostheses:** Charges for the following prosthetic appliances:

- standard artificial limbs to a maximum of 1 per limb per 5 calendar years;
- myoelectric limbs to a maximum of \$10,000 per 1 limb per lifetime;
- residual limb socks to a maximum of 1 limb per 60 consecutive months;
- artificial eyes to a maximum of 1 per eye per 5 calendar years;
- artificial nose to a maximum of 1 per lifetime;
- breast prosthesis when needed following a mastectomy to a maximum of 1 per breast per 2 calendar years; and
- wigs when hair loss is due to an underlying pathology or its Treatment to a maximum of \$200 per calendar year.

Repair or adjustments of eligible prosthetic appliances are covered to a maximum of \$300 per calendar year, \$400 per calendar year for a Participant under age 21.

This coverage excludes:

- microprocessor knees;
- wigs when hair loss is not due to an underlying pathology or its treatment, hair replacement therapy and other procedures for physiological hair loss (for example, male pattern baldness); and
- replacement of prostheses unless due to pathological or physiological change.

**Diabetic Equipment:** Charges for glucometer, pressurized insulin injector, insulin dosing systems or other equipment approved by Blue Cross that performs similar functions. The equipment must be used for the Treatment and control of diabetes.

Insulin pumps are eligible under the durable medical equipment benefit.

Diabetic supplies are eligible and can be purchased under the drug benefit using the Medavie Blue Cross Card at the pharmacy. After age 65 you must submit a claim for reimbursement.

**Hearing Aids:** Charges for the purchase and repair of hearing aids when prescribed by an otorhinolaryngologist or otologist or recommended by an audiologist are covered up to \$600 (each ear) every three calendar years.

This coverage excludes batteries and exams.

**Custom Orthopedic Shoes and Foot Orthotics:** Charges for:

- the purchase and repair of custom made orthopedic shoes or prefabricated orthopedic shoes with permanent modifications to accommodate, relieve or remedy a mechanical foot defect or abnormality provided that:
  - the shoes have been prescribed by an attending physician, orthopedic surgeon, physiatrist, rheumatologist or chiropodist/podiatrist;
  - the Participant provides a copy of the biomechanical or gait analysis from the prescribing Health Practitioner; and
  - the shoes are dispensed by an Approved Provider of orthopedic shoes.
- custom made foot orthotics to accommodate, relieve or remedy a mechanical foot defect or abnormality providing that:
  - they have been prescribed by an attending physician, an orthopedic surgeon, physiatrist, rheumatologist or chiropodist/podiatrist; and
  - they are dispensed by an Approved Provider of custom made foot orthotics.

This coverage excludes the purchase and repair of pre-fabricated orthopedic shoes without permanent modifications and extra-depth shoes.

**Other Medical Services and Supplies:** Charges for the following medical services and supplies:

- apnea monitor;
- blood pressure monitor;
- breast feeding pumps;
- burn pressure garments to a maximum of \$500 per calendar year;
- cleft palate obturators;
- commodes, raised toilet seats, bathtub rails and shower chairs;
- feeding pump, supplies and food substitutes;
- FM system (excluding auditory training) to a maximum of \$1,000 per lifetime for a Participant under age 21;
- graduated compression garments (including stockings) to a maximum of 2 pairs per calendar year;
- intrauterine contraceptive device (IUD) to a maximum of 1 per calendar year;
- catheters and catheterization supplies;
- mist tent;
- oxygen;
- speech aid equipment for persons who do not have oral communication ability, when approved by a qualified speech therapist and authorized by the attending physician, to a maximum of \$500 per lifetime;
- sleeves for lymphedema to a maximum of 2 per calendar year;
- surgical brassieres to a maximum of 2 per calendar year;
- transcutaneous electrical nerve stimulator (TENS) device to a maximum of \$300 per 5 calendar years;
- visual training and remedial eye exercises performed by an ophthalmologist or optometrist to a maximum of \$20 per visit; and
- contact lenses due to ulcerative keratitis, severe corneal scarring, keratoconus, aphakia or marginal degeneration of the cornea to a maximum of \$200 per 24 consecutive months. The contact lenses must improve sight to at least 20/40 and this level of improvement must not be possible with eyeglass lenses.

**Accidental Dental:** Charges for dental Treatment when required to repair or replace a sound natural tooth. A tooth is considered sound if, before the accident:

- it was free from injury, disease or defect;
- it did not need further restorations to remain intact or hold secure; and
- it had no breakdown or loss of root structure or loss of bone.

To be eligible for coverage, Treatment must be:

- required as a result of a direct accidental blow to the mouth or a fractured or dislocated jaw that requires setting;
- incurred while covered for accidental dental benefits with the employer;
- initiated within 180 days of the accident or dislocation or a detailed Treatment plan satisfactory to Blue Cross must be submitted for approval within that period; and
- performed within 2 years of date of the accident or dislocation, unless the Participant has been approved by Blue Cross for deferred Treatment due to Participant's age.

This coverage excludes accidental damage to teeth that occurs while eating.

### **What are the health exceptions?**

Exclusions and Limitations: No payment will be made (or payment will be reduced) for:

- services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
- health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;
- health care that was covered under any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan, when this benefit was issued but has since been modified, suspended or discontinued;
- services, treatment or supplies that the Participant receives free of charge;
- charges that would not have been incurred if no coverage existed;
- services, treatment or supplies that are:
  - not Medically Necessary;
  - for cosmetic purposes only;
  - elective in nature; or
  - experimental or investigative.
- all services relating to family planning (unless specifically listed as covered), including artificial insemination, laboratory fees or other charges incurred in relation to infertility treatment, regardless of whether or not infertility is considered to be an illness;
- services or supplies normally intended for recreation or sports;
- extra supplies that are spares or alternates;
- charges for missed appointments or the completion of forms;
- medical examinations or routine general check-ups;
- Treatment related directly or indirectly to full mouth reconstruction, to correct vertical dimension or TMJ (temporomandibular joint)/myofascial pain dysfunction;
- mileage or delivery charges to or from a Hospital or Health Practitioner; or
- services or expenses incurred as a result of:
  - insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion; or
  - participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained.

**Note:** If you are a retiree under age 65 with Prescription drug coverage under this plan, a co-pay will not be charged when using your benefits card for some extended health benefits (e.g. diabetic or ostomy supplies), However, if you are a retiree over age 65 covered under Pharmacare your benefit card is not valid for payment at the pharmacy. You must submit a claim for reimbursement.

## **PLAN MEMBER RESOURCES**

### **Plan Member Secure Website**

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- Coverage inquiry: Detailed information about your group benefits plan;
- Forms: Printable versions of Medavie Blue Cross forms;
- Requests for new identification cards;
- Addition/updating of banking information for direct deposit of claim payments;
- Member statements: view claims history for you and your Dependents;
- Record of payments: view transactions issued to yourself or the service provider;
- Submit claims electronically

To register for the plan member website, visit [www.medaviebc.ca](http://www.medaviebc.ca) and log in.

### **Medavie Blue Cross Mobile App**

Plan members can download the Mobile App for iOS and Android devices.

- Submit a claim just by taking a photo
- Use and share a mobile ID card
- Search benefit/coverage details
- View past claims
- Find a health professional near you
- Get reminders on when to take and refill your medications

To download the mobile app, visit [www.medaviebc.ca/app](http://www.medaviebc.ca/app)

### **My Good Health®**

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources. Medavie Blue Cross is proud to help point your way to healthier living. Go to [medaviebc.mygoodhealth.ca](http://medaviebc.mygoodhealth.ca) and simply follow the instructions to register for your free account!

Savings are available to Medavie Blue Cross Members across Canada. To take advantage of these savings, simply present your Medavie Blue Cross identification card to any participating provider and mention the Blue Advantage® program. A complete list of providers and discounts is available at [www.blueadvantage.ca](http://www.blueadvantage.ca).

## **CLAIMING How do I make a claim?**

### **Pharmacy Submit:**

You typically do not have to submit claims for prescription drugs. You need to present your pharmacist with your benefit card to pay your "co-pay" amount at the pharmacy. The pharmacy submits for the remainder of the claim. For prescription drug claims not processed by the pharmacy, you submit directly to Medavie Blue Cross. If you choose not to use your benefit card at the pharmacy and you submit to Medavie Blue Cross a paid-in-full prescription drug receipt, despite the fact pay direct was offered, Medavie Blue Cross will only reimburse the amount that would have been paid to the Approved Provider if the claim had been submitted electronically.

At age 65, your Medavie Blue Cross card cannot be used to pay for Ostomy supplies, Diabetic supplies, or vaccines; you must submit a claim for reimbursement.

### **Provider eClaims**

For Approved Providers who have registered to submit claims to Medavie Blue Cross through electronic claims submission service, e-claim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Medavie Blue Cross and means you only pay the amount not covered under your group benefits plan (if any).

### **Member eClaims**

You can quickly and easily submit your health, drug and dental claims (as applicable) through MBC secure plan member website. Simply take or scan a digital image of your paid-in-full receipts and submit it through the applicable link on the plan member website.

### **Mobile App**

Filing a claim has never been quicker or easier! Submit your claims through the Medavie Mobile app and have your reimbursement deposited directly to your bank account. Visit [www.medaviebc.ca/app](http://www.medaviebc.ca/app) for more information or to download the app.

### **Medavie Benefits (kiosk)**

Located in Scotia Square at 1894 Barrington Street  
Check with Medavie Blue Cross for service hours.

- Chat with a Medavie Benefits Speciality
- Benefit/coverage inquiries
- Onsite assistance/support self service tools (mobile app, submit a claims)

### **By Mail**

You can also mail your completed claim form to the nearest Medavie Blue Cross office  
Medavie Blue Cross, Barrington Tower, Scotia Square, 1894 Barrington St, Halifax, Nova Scotia B3J 2A8

Note:

Time Limit to Submit a Claim: Medavie Blue Cross must receive proof of claim within 18 months of the date the Eligible Expense was incurred.

All purchases and acquisition of services must be made in Canada. The only exception is the online purchase of glasses or contact lenses.

## **COORDINATION OF BENEFITS**

What if I have coverage under more than one health plan?

Canadian insurance companies follow a process called Coordination of Benefits (CoB) when a plan member is covered under more than one plan. CoB ensures you receive the maximum benefit available from your policies.

If you need help determining the order claims should be submitted, call the Medavie Blue Cross Customer Information Contact Centre toll-free at 1-800-667-4511. Alternatively, you can email your questions to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca) or visit [www.medaviebc.ca](http://www.medaviebc.ca)

If you are covered by more than one plan, please call Health Association Nova Scotia toll-free at 1-866-886-7246 regarding any changes or updates to your Coordination of Benefits information.

## **CONTINUATION OF COVERAGE**

### **Continuing Coverage for Your Spouse and Dependents**

Your coverage under this plan stops in the event of your death or if you are no longer paying premiums. However, following your death, your spouse and any eligible dependents can continue their coverage for 30 days premium free.

Be sure to notify Health Association Nova Scotia if your address changes. If your circumstances change (you get married or divorced, for example), you must notify the Health Association within 60 days of this change.

## PHARMACY PARTNERSHIPS

Group Benefits Solutions has partnered with **MHCSI (Lawtons/Sobeys)** to offer savings to employees and retirees of member organizations enrolled in the Health Plan. If you are in our **health plan and have drug coverage** you are automatically enrolled. Pharmacy arrangements do not preclude you from using other pharmacies.

- **The MHCSI Supplementary Pharmacy Benefit Program coverage is available to those with drug coverage under the HANS Health plan.** It gives you up to \$3.00 against your out-of-pocket expenses per prescription filled at Lawtons Drugs or Sobeys Pharmacy and \$0.75 per prescription filled with Sobeys Pharmacy by Mail. This benefit is applied automatically when you use your Prescription Drug Card (Medavie Blue Cross).
- The Lawtons Drugs Partner Discount Card Program (orange card) offers you savings on regular & sale priced items when you present your discount card at Lawtons Drugs (some exceptions apply). **Please contact MHCSI (Managed Health Care Services Inc.) directly at 1-888-686-6427 if you need to replace a (orange front store) card.**
- Retirees who are in our health plan with no drug coverage (over age 65), can also sign up themselves. Enroll for the programs on-line by visiting [www.mhcsi.ca/enroll/](http://www.mhcsi.ca/enroll/) and entering the Group Name: HANS NON-HEALTH and the Group Password: HNH69122.

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## QUESTIONS...PLEASE CONTACT

If you have questions regarding your coverage or claims please contact Medavie Blue Cross Customer Information Contact Centre toll-free at 1-800-667-4511.

If you have questions regarding your retiree benefits or need to update your information, please contact Health Association Nova Scotia toll-free at 1-866-886-7246.

**Group Benefits Solutions  
Health Association Nova Scotia  
2 Dartmouth Road, Bedford, Nova  
Scotia B4A 2K7**

More information about our benefits program is available at [www.healthassociation.ns.ca/benefits](http://www.healthassociation.ns.ca/benefits)

To quickly access information on retiree benefits, select Retiree from the menu

***If you are unable to access information electronically, please contact us and we can forward you the information by mail.***

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The information contained in this document is provided for general information purposes only and does not constitute a contract or legal or other professional advice. It is accurate and up-to-date at the time of publication. If any discrepancies exist between this document and the Official Plan Text/Contract, the Plan Text/Contract and applicable legislation will govern in all cases.

Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program without prior notice. All information is subject to change.

As the Plan Sponsors for the Health & Dental Benefits, Health Association Nova Scotia are liable for the payment of all Covered Benefits, notwithstanding any insurance policy which may be attached to this Employee Benefit Plan.

*Note: This plan may be referred to as Health or Extended Health. The reference to "extended" refers to the fact that it is health benefits over what a Canadian would be covered for under their provincial health plan.*

MyRetireeHealthLifetimeCostSharingPlan- 03/2026