

**NOVA SCOTIA EDUCATION COMMON SERVICES BUREAU
STRAIT REGIONAL CENTRE FOR EDUCATION**



Plan Number: 6778-000 & 6778-001

Updated Effective Date: June 1, 2018

PRIVACY PROTECTION PRACTICES

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross acquires and stores certain personal information about its clients and their dependents. The purpose of this document is to keep you informed about privacy protection practices at Medavie Blue Cross.

Protecting personal information is not new to Medavie Blue Cross. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff takes the privacy policies and procedures we have in place to ensure that confidentiality very seriously.

What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

How is your personal information used?

Your personal information is necessary to allow Medavie Blue Cross to process your application for coverage under its health, life and travel plans. Your personal information is used:

- to provide the services outlined in your contract or the group contract of which you are an eligible member
- to understand your needs so that we can recommend suitable products and services, and*
- to manage our business

*not applicable in Ontario and Quebec

To whom could this personal information be disclosed?

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in your contract:

- other Canadian Blue Cross organizations in order to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario
- specialized health care professionals when necessary to assess benefit or product eligibility
- government and regulatory authorities in an emergency situation or where required by law
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's contract, and
- the plan member of any contract under which you are a participant

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your dependents is not released to a third party without permission unless necessary to fulfill the services Medavie Blue Cross is contracted to provide to you.

PRIVACY PROTECTION PRACTICES

To whom could this personal information be disclosed? (Cont'd)

To ensure Medavie Blue Cross is able to provide you with the best possible service, it is important that the personal information we use is accurate and up to date. You can help by keeping us informed of changes of address, marital status and the addition or deletion of dependents. Should you become aware of errors in our information about you, please contact our customer service personnel and we will ensure the data is corrected.

By becoming a Medavie Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our Web site or write to us at the address provided.

Please note that not allowing Medavie Blue Cross to use information about you may mean we may not be able to provide you with certain products or services that may be of use to you.

For more information on Medavie Blue Cross's privacy policy, contact us using one of the following:

www.medavie.bluecross.ca

1-800-667-4511 or 1-800-355-9133 (in Ontario)

Chief Privacy Officer
Medavie Blue Cross
Risk Management Group
644 Main Street
PO Box 220
Moncton, NB E1C 8L3

or

privacyofficer@medavie.bluecross.ca

If the issue is not resolved to your satisfaction, you may file a complaint in writing to:

Office of the Privacy
Commissioner of Canada
112 Kent Street
Ottawa, Ontario K1A 1H3

ABOUT THIS BOOKLET

Medavie Blue Cross administers the following benefits on behalf of Nova Scotia Education Common Services Bureau:

- Extended Health Benefit
- Vision Benefit
- Drug Benefit
- Dental Benefit

Medavie Blue Cross provides the following benefits:

- inConfidence - Employee & Family Assistance Program

Blue Cross Life Insurance Company of Canada underwrites the following benefits:

- Basic and Optional Group Life Insurance
- Dependent Life Insurance
- Long Term Disability Benefit

The information contained in this booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefit program are described in the group policy held by your employer.

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to the Company as evidence of your health. You may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Medavie Blue Cross.

Every action or proceeding against an insurer (i.e. Medavie Blue Cross) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This booklet replaces any previously issued booklet.



To access a wealth of savings on medical, vision care and many other products and services, visit www.blueadvantage.ca.

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EXTENDED HEALTH BENEFIT

If you (or your dependents, if applicable) incur charges in Canada for any of the following while insured, Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

Co-insurance: 100%

OXYGEN

Charges for oxygen.

PRIVATE DUTY NURSING

Maximum: \$10,000 in a calendar year

Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or certified nursing assistant at your residence (other than a convalescent or nursing home) on the written authorization of the attending physician. In addition, services provided by an approved personal care worker are eligible under this benefit for up to four hours per day. Personal care workers offer essential services such as bathing, dressing, toileting, feeding and mobilization. The covered person may be eligible for services in his/her home if under the active care of a nurse or if requiring home care during the recuperation period after a discharge from the hospital.

All nursing services must be pre-approved by Medavie Blue Cross in order to be considered for reimbursement.

PROFESSIONAL AMBULANCE

Maximum: \$1,000 in a calendar year

Professional ambulance to and from the nearest facility able to provide essential care. Air transportation, on the written authorization of the attending physician, for a stretcher patient, up to three economy seats on a regularly scheduled flight.

SPECIAL AMBULANCE ATTENDANT

Maximum: \$500 in a calendar year

Travel expenses of a Registered Nurse (not a relative) when medically necessary and approved by Medavie Blue Cross.

FOOT CARE CLINIC

Maximum: \$250 in a calendar year

Charges for services performed by a registered nurse or licensed practical nurse at a foot care clinic.

EXTENDED HEALTH BENEFIT

If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below, less the amount allowed under any government health program. Benefit maximums are applied on a per person basis.

Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

Co-insurance: 100%

ACCIDENTAL DENTAL

Dental treatment when natural teeth have been damaged by a direct accidental blow to the mouth or jaw. Services must be rendered or approved for payment by Medavie Blue Cross within 180 days of the accident. Benefits will be paid up to the usual and customary fee of the current Dental Association Fee Guide for general practitioners in your province of residence at the time of treatment.

DIABETIC EQUIPMENT

Maximum: \$700 in five consecutive calendar years

Charges for the following equipment used for treatment and control of diabetes: preci-jet, glucometer or equipment approved by Medavie Blue Cross that performs similar functions.

Charges for an insulin pump when approved by Medavie Blue Cross up to the established Usual, Customary and Reasonable fee. Plan members will be responsible for any amount over the Usual, Customary and Reasonable fee.

HEARING AIDS

Maximum: \$600 in three consecutive calendar years. Dependent children less than 21 years of age, requiring a hearing aid for each ear, are eligible for two hearing aids (one for each ear) to a maximum eligible expense of \$600 for each hearing aid in three (3) consecutive calendar years.

Charges for hearing aids (excluding batteries and exams) when prescribed by an otolaryngologist, otologist and/or registered audiologist.

INTRAUTERINE CONTRACEPTIVE DEVICES

Maximum: \$75 in 24 consecutive calendar months

Purchase of an intrauterine contraceptive device (IUD).

EXTENDED HEALTH BENEFIT

Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

MEDICAL SUPPLIES AND EQUIPMENT

Charges for the purchase of burn pressure garments, charges for rental (or purchase, if approved by Medavie Blue Cross) of a wheelchair, hospital-type bed, compression pump, equipment for the administration of oxygen and transcutaneous electrical nerve stimulator (TENS machine) on the written authorization of a physician. The TENS machine is limited to a maximum eligible expense of \$3,000 in a lifetime.

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.

ORTHOPEDIC FOOTWEAR & SUPPLIES

Maximum: \$300 in a calendar year (\$400 for dependent children less than 21 years of age)

Charges for orthopedic footwear when customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, when prescribed by an orthopedic surgeon, physiatrist, rheumatologist or the attending physician. Also, charges for shoe modification, adjustments supplies, and/or molded arch supports when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality

OSTOMY SUPPLIES

Charges for essential ostomy supplies.

OTHER PRACTITIONERS

Maximum: \$750 per practitioner in a calendar year
 \$35 for X-rays in a calendar year per practitioner

Usual, Customary and Reasonable charges for treatment, except when performed in a hospital, by a licensed speech therapist, massage therapist, clinical psychologist, chiropractor, osteopath, chiropract/podiatrist, physiotherapist, acupuncturist or naturopath.

PROSTHETIC APPLIANCES

Remedial appliances or supplies including artificial limbs, breasts, eyes, crutches, canes, splints, casts, trusses and braces and excluding myoelectric prostheses. Replacement must be due to pathological or physiological change. Repairs and/or adjustments are provided to a maximum eligible expense of \$500 in a calendar year.

Hair prosthetics (wigs), when hair loss is due to an underlying pathology or its treatment, to a maximum eligible expense of \$500 per lifetime. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are excluded (i.e., male pattern baldness).

EXTENDED HEALTH BENEFIT

SPEECH AIDS

Maximum: \$500 in a lifetime

Speech aid equipment, (approved by a qualified speech therapist and the attending physician), for persons who do not have normal oral communication ability.

TERMINATION

Extended Health Benefit ceases at the earlier of retirement, termination of employment or age 70.

WHEN AND HOW TO MAKE A CLAIM

Extended Health Benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer, your plan administrator, Johnson Inc. or provider of service as appropriate.

To make a claim, complete the claim form that is available.

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Extended Health Benefit.

VISION BENEFIT

If you (or your dependents, if applicable) incur charges for any of the following while insured, Medavie Blue Cross will pay the Usual, Customary and Reasonable charges for these eligible expenses, based on any deductible, co-insurance or maximum amount shown below. Benefit maximums are applied on a per person basis.

Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

Co-insurance: 100%

CONTACT LENSES DUE TO DISEASE

Maximum: \$200 in two (2) consecutive calendar years

When medically necessary for ulcerated keratitis, severe corneal scarring, keratoconus or aphakia, provided sight can be improved to at least the 20/40 level.

LENSES, FRAMES AND CONTACT LENSES

Maximum: \$150 in two (2) calendar years for adults and every calendar year for dependent children less than 18 years of age

Charges for corrective eyeglasses, including lenses, frames and contact lenses, but excluding safety glasses or glasses/contacts for cosmetic purposes.

EYE EXAMINATIONS

Maximum: Frequency of one occurrence every two (2) calendar years for adults and every calendar year for dependent children less than 18 years of age

Charges of a licensed optometrist or ophthalmologist for eye examinations.

VISUAL TRAINING

Maximum: \$150 in a lifetime

Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises.

TERMINATION

Vision Benefit ceases at the earlier of retirement, termination of employment or age 70.

WHEN AND HOW TO MAKE A CLAIM

Vision benefit is reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer, your plan administrator, Johnson Inc. or provider of service as appropriate.

To make a claim, complete the claim form that is available.

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Vision benefit.

DRUG BENEFIT

If you (or your dependents, if applicable) incur charges for drugs legally requiring a prescription in order to be dispensed, the eligible drug may be subject to quantity maximums and dollar maximums. All eligible expenses are considered less the amount allowed under any government health program or as approved by Medavie Blue Cross. Benefit maximums are applied on a per person basis.

Co-payment: 20% to a maximum of \$10 for each eligible drug on the prescription

Co-insurance: 100% of the remaining eligible expense

Method of payment: paid directly to the pharmacy

Includes prescription drug items approved by Medavie Blue Cross and certain over-the-counter items that are considered life-saving in nature and that are approved by Medavie Blue Cross.

Includes diabetic supplies, prescription drug items approved by Medavie Blue Cross and certain over-the-counter items which are considered life-saving in nature and which are approved by Medavie Blue Cross.

Eligible drug expenses include medically necessary items that, by law, can only be obtained with a prescription of a physician or dentist, that are authorized as benefits by Medavie Blue Cross, and are dispensed by an approved provider.

DIABETIC SUPPLIES

Charges for needles, syringes, swabs, test tapes, lancets and insulin pump supplies prescribed by a physician.

TERMINATION

Drug Benefit ceases at the earlier of retirement, termination of employment or age 65.

WHEN AND HOW TO MAKE A CLAIM

The Medavie Blue Cross Identification Card should be shown and the provider will arrange to bill Medavie Blue Cross directly.

DENTAL BENEFIT

Your dental program covers you and your dependents for a wide range of dental services including the following benefits. Dental benefits are based on the Usual, Customary and Reasonable charges up to the current Dental Fee Guide for general practitioners in effect in the covered person's province of residence.

Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

BASIC BENEFITS

Co-insurance: 90%

Maximum: \$1,000 in a calendar year

Diagnostics - clinical oral examinations (one recall exam in a calendar year), Tests, laboratory examinations and treatment planning, X-ray examinations include: full mouth or panoramic films (one of each type in a calendar year), single films, cephalometric films (up to five in two calendar years) and bitewings (one occurrence every calendar year). Occlusal, extraoral and temporomandibular joint films are limited to four of each type in a calendar year.

Preventive Services - cleaning, polishing and fluoride treatments (one of each in a calendar year), nutritional counselling, oral hygiene instruction, pit and fissure sealants, space maintainers, maintenance and repairs, protective athletic appliance (one appliance in a calendar year).

Restorative Services - caries, trauma and pain control, silver and plastic fillings, plastic veneer applications and prefabricated stainless steel crowns.

Endodontic Services - diagnosis and treatment of the pulp (nerve) and tissue which supports the end of the root, root canal therapy and emergency procedures.

Periodontic Services - diagnosis and treatment of disease which affects the supporting tissue of the teeth, such as the gums and bones surrounding the teeth, periodontal appliances.

Prosthodontic Services - denture adjustments (after three months of the initial insertion), repairs and additions as well as one upper and one lower complete or partial denture rebase, reline, or remake (using existing framework) in two consecutive calendar years and tissue conditioning.

Surgical Services - extraction of teeth, control of hemorrhage, post-surgical care.

General Services - emergency treatment of pain, local anaesthesia (not in conjunction with operative or surgical procedures) as well as conscious sedation.

DENTAL BENEFIT

MAJOR RESTORATIVE SERVICES

Co-insurance: 50%

Maximum: \$1,000 in a calendar year

Lowest Cost Alternative Benefit:

If one or more forms of alternative treatment exist, payment is limited to the cost of the least expensive treatment that will meet the participant's basic dental needs. This limitation applies to:

- inlays and crowns
- bridgework

Extensive Restorative Procedures – inlays, onlays, crowns: for teeth damaged due to caries or traumatic injury (does not include pre-fabricated steel restorations). Inlays, onlays and crowns are eligible to a combined maximum of one per tooth every five consecutive calendar years.

Other Restorative Services - cast post, prefabricated metal post, recementation of inlays, onlays or crowns and removal of inlays, onlays or crowns.

Prosthodontic Services - complete dentures (limited to one complete upper and one complete lower denture in any five consecutive calendar years). Partial dentures (limited to one upper and one lower in any five consecutive calendar years). Acrylic, bridgework (limited to one per tooth in any five consecutive calendar years), implants (limited to one per tooth in any 10 consecutive calendar years), restorations on implants (i.e. crowns, bridgework and dentures) (limited to one per tooth in any 10 consecutive calendar years), implant related services, construction and insertion of an initial permanent denture or bridgework if necessary due to the extraction of at least one natural tooth while covered under this benefit. Replacement of an existing denture or bridge with a permanent denture or bridge so long as:

- the appliance is necessary due to the extraction of at least one natural tooth that occurred
- while covered under this benefit; and
- the existing appliance is at least five years old.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits is made more than 60 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$125 per covered person during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

TERMINATION

Dental Benefit ceases at the earlier of retirement, termination of employment or age 70.

WHEN AND HOW TO MAKE A CLAIM

Dental benefits are reimbursed to the employee. The employee must pay the provider of service, obtain an official paid in full receipt and submit to Medavie Blue Cross for processing. Some services may require a completed claim form to accompany the receipt. You may obtain claim forms from your employer, your plan administrator, Johnson Inc. or provider of service as appropriate.

To make a claim, complete the claim form that is available.

Claims must be submitted within four (4) months and no later than 24 months of receiving services or supplies or the end of your Dental benefit.

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Medavie Blue Cross

INCONFIDENCE[®] EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

inConfidence[®] is a confidential, comprehensive Employee and Family Assistance Program offering counselling and support over the telephone, in person and online to address issues including but not limited to:

- Personal well-being
- Relationships and family
- Legal assistance
- Financial assistance
- Child and elder care resources
- Workplace challenges
- Addiction and recovery

The *inConfidence* program offers bilingual services 24 hours a day, seven days a week to you and your eligible family members. For more information or to access *inConfidence* resources log on to www.myinconfidence.ca (user ID: NSSBA, password: inconfidence), phone 1-877-418-2181 or refer to your *inConfidence* brochure.

HEALTH AND DENTAL EXCLUSIONS AND LIMITATIONS

Medavie Blue Cross does not cover the following expenses:

1. Medical examinations or routine general checkups required for use by a third party.
2. Elective services obtained outside the covered person's province of residence.
3. Charges which normally would not be made if the covered person were not covered under the plan.
4. Any item or service not listed as a benefit in this plan.
5. Medications restricted under federal or provincial legislation.
6. Registration charges or non-resident surcharges in any hospital.
7. Services performed by an unqualified practitioner.
8. Charges for missed appointments or the completion of forms.
9. Services that are normally paid for directly or indirectly by the employer.
10. Charges for health care planning assessments.
11. Any health care services and supplies that are not provided by a Medavie Blue Cross approved provider.
12. Convalescent, custodial or rehabilitation services.
13. Conditions not detrimental to health.
14. Services that are not medically required, that are given for cosmetic purposes or that exceed the ordinary services given in accordance with current therapeutic practice.
15. Services or supplies normally provided by the covered person's government health plan.
16. Benefits the covered person receives or is entitled to receive from Workers' Compensation.
17. Mileage or delivery charges.
18. Services as a result of self-inflicted injuries or any suicide attempt, whether the covered person is sane or not.
19. Any injury or illness resulting from the covered person's active participation to civil unrest, riot, insurrection, or war.
20. Participation in the commission of a criminal offense.
21. A service or supply that is experimental or investigative in nature.
22. A service or supply that is not medically necessary or proven effective.
23. Services for which the government prohibits the payment of benefit.
24. Services provided without charge or paid for by the employer.
25. Services for which the employee or dependent is entitled to indemnity from any government plan, or any plan or arrangement.
26. Splinting for periodontal reasons, where cast, crowns or inlays are used for this purpose, with or without onlays.
27. Veneers for cosmetic purposes.
28. Dental services eligible under the accident and sickness insurance forming part of the Extended Health Benefits portion of the booklet.
29. Services rendered by a dental hygienist who is not under the supervision of a dentist.
30. Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension.

HEALTH AND DENTAL INFORMATION

TERMINATION OF BENEFITS

Coverage for you and your dependents will cease on the earliest of:

- the date you terminate employment,
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc.,
- the termination date of the Group Contract.

CO-ORDINATION OF BENEFITS

In the event that benefits may be claimed under more than one section of the health care plan, the claim will be assessed in a manner that provides the greatest benefit to the employee.

If you are eligible for similar benefits under another group benefit plan the amount payable through this plan shall be co-ordinated with all benefit plans and will not exceed 100% of the eligible expense. Where both spouses of a family have coverage through their own employer benefit plans, the first payer of each spouse's claim is their own employer's plan. Any amount not paid by the first payer can then be submitted for consideration to the other spouse's benefit plan (the second-payer).

Claims for dependent children should be submitted first to the benefit plan of the spouse who has the earlier birth month in the calendar year, and then to the other spouse's benefit plan. When submitting a claim to a second payer, be sure to include payment details provided by the first payer.

Benefit payments will be co-ordinated with any other plan or arrangement, in accordance with the Canadian Life and Health Insurance Association (CLHIA) guidelines.

CONVERSION PRIVILEGE

If you should terminate employment, you may convert to an Individual Health and Dental plan currently issued by Blue Cross provided that application is made within 31 days following your date of termination. This conversion privilege is also available to the surviving spouse and/or dependents in the event of your death.

BASIC AND OPTIONAL GROUP LIFE INSURANCE

AMOUNT OF BASIC INSURANCE

Benefit Formula: two times annual earnings
Benefit Maximum: \$250,000

All amounts of insurance are rounded up to the next higher \$1,000 amount.

Benefit ceases at the earlier of retirement, termination of employment or age 70.

AMOUNT OF OPTIONAL INSURANCE

Coverage may be purchased, subject to evidence of insurability, by you and/or your covered Spouse in units of \$5,000 to a maximum of \$250,000 per insured. The combined Basic Group Life Insurance plus Optional Life cannot exceed \$500,000.

Evidence of Insurability is required for all amounts of insurance.

Benefit ceases at the earlier of retirement, termination of employment or age 70.

DEATH BENEFIT

The death benefit provides for payment to your designated beneficiary for the amount of Life Insurance in force on the date of death.

OPTIONAL LIFE INSURANCE

Optional Life Insurance benefits are payable to you, if living, otherwise to your designated beneficiary.

TERMINAL ILLNESS

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request. A medical certificate will be required. The payment must be requested in writing and will be the lessor of \$50,000 or 50% of your Basic Group Life Insurance. This payment will be deducted from the Basic Group Life Insurance benefit otherwise payable upon your death.

BASIC AND OPTIONAL GROUP LIFE INSURANCE

WAIVER OF PREMIUM

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of six (6) consecutive months, insurance coverage is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Total Disability means a state of incapacity due to accidental bodily injury or illness which prevents you from engaging in any occupation for which you are reasonably qualified by education, training or experience and you are unable to perform work for remuneration or profit. However, if you are entitled to receive any Long Term Disability benefits under this plan, you will be considered to be totally disabled for the waiver of premium benefit.

In the event you recover from a total disability and become disabled again due to the same or related cause, the second period of disability will be considered a continuation of the first disability; unless, the periods of disability are separated by an interval of at least six (6) months during which you returned to work on a permanent basis.

If a period of total disability is considered to be a continuation of a previous total disability, then premiums will be waived without the application of another six (6) months of total disability.

If you are eligible for the Early Retiree Plan, the total disability waiver of premium benefit will reduce to \$10,000.

EXTENSION OF COVERAGE

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any individual plan issued under the conversion privilege is surrendered.

CONVERSION PRIVILEGE

If your Basic or Optional Group Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then the employee may purchase an individual plan of the type then being offered by Blue Cross Life in an amount not to exceed \$200,000 or higher where applicable by provincial legislation.

If you terminate employment prior to your 65th birthday, you may convert to an individual plan issued by the insurer, without evidence of insurability. Written application must be made and the required premium submitted during the 31 day period immediately following the date of termination.

This option also applies to scheduled reductions or termination of coverage which become effective at specified ages.

Limited conversion rights are available on termination of the group contract in accordance with the Superintendents of Insurance Guidelines.

BASIC AND OPTIONAL GROUP LIFE INSURANCE

CONVERSION PRIVILEGE (Cont'd)

If the life insurance on a spouse under this benefit terminates on or before attaining 65 years of age because of:

- the death of the covered employee, or
- the termination of the employee's Group Life Insurance for any reason which entitles the employee to convert this life insurance, or
- divorce or legal separation from the employee.

Then the spouse may purchase an individual life insurance plan from the insurer in an amount not to exceed the amount of Optional Group Life insurance on the spouse which terminated.

LIMITATION OF COVERAGE

In the event of the death of you or your covered spouse by suicide, while sane or insane, the payment to be made with respect to any amount of Optional Group Life Insurance, which has been in force less than two (2) consecutive years during you or your covered spouse's lifetime, will be limited to the return of premiums. This limitation is applicable to Optional Group Life Insurance on you and your covered spouse.

TERMINATION OF COVERAGE

All Group Life insurance will terminate on the earliest of:

- the date that you cease to be eligible for Group Life Insurance,
- the date of termination of this coverage,
- the day on which you attain the age limitation for this plan,
- the end of the grace period for which any premium has not been paid in full.

The Optional Group Life Insurance for your dependents will cease on the date that person ceases to be an eligible dependent or the day on which the dependent attains age 65.

WHEN AND HOW TO MAKE A CLAIM

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer or your plan administrator, Johnson Inc.

DEPENDENT LIFE INSURANCE

AMOUNT OF INSURANCE

Spouse: \$5,000
Children: \$2,500

Benefit ceases at the earlier of retirement, termination of employment or age 70.

DEATH BENEFIT

The Dependent Life Insurance benefit will be paid to you upon the death of your insured dependent.

ELIGIBLE DEPENDENTS

An eligible dependent is as defined under Additional Benefit Information.

COMMENCEMENT OF COVERAGE

Insurance on your dependent begins on the later of the date the application for dependent insurance was completed or the date you acquired the dependent, provided the dependent is not confined to a hospital. In this instance, coverage for the dependent will commence on the date the dependent ceases to be confined to a hospital. In the case of a child born while this coverage is in force, the dependent coverage on that child will become effective from 28 weeks gestation, even if confined to a hospital.

EXCEPTIONS AND LIMITATIONS

Dependents excluded from the plan:

- a spouse residing outside of Canada or the United States of America, or
- a person for whom evidence of insurability, if required, is not approved by the insurer.

WAIVER OF PREMIUM

If a claim is approved under Group Life Insurance for total disability, the Dependent Life benefit will continue for the same period without further payment of premium.

CONVERSION PRIVILEGE

Upon termination of employment you may purchase insurance on the life of your spouse in the same manner as under the Group Life benefit in an amount not to exceed the amount of insurance that terminated. The conversion privilege is available to your spouse only, and is not available to dependent children.

EXTENSION OF COVERAGE

If your spouse should die within 31 days of your termination of employment, the death benefit of your spouse will be paid, provided that any individual plan issued under the conversion privilege is surrendered.

WHEN AND HOW TO MAKE A CLAIM

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer or your plan administrator, Johnson Inc.

LONG TERM DISABILITY BENEFIT

AMOUNT OF INSURANCE

Benefit Formula:	66.67% of the first \$2,500 of monthly earnings, plus 50% of the next \$2,500, plus 40% of the remainder
Benefit Maximum:	\$5,000 per month
Non-evidence Limit:	\$3,500
Elimination Period:	150 days
Benefit Period:	to age 65

Claim payments received are non-taxable benefits.

Benefit ceases at the earlier of retirement, termination of employment or age 65.

Your coverage ceases at age 65 less the elimination period.

Long Term Disability (LTD) plans are designed to provide a monthly income to you if you are confronted with loss of income during a lengthy or permanent disability.

DISABILITY (two year own occupation - 60%/60%)

To be eligible for this benefit, you must be under the continuous care of a physician. You are not considered totally disabled during the first 24 months following the elimination period if you are deemed able, by Blue Cross Life, to do the substantial (60%) portion of the regular duties of your own occupation for any employer.

Thereafter, you are not considered totally disabled for the period following the first 24 months of benefits if you are deemed able, by Blue Cross Life, to perform at least 60% of the regular duties of any occupation for any employer for which you are reasonably fitted, or could so become, by education, training or experience.

Regular duties are defined as those work related activities which are considered essential to your performance in the occupation and which proportionately take the majority of time to complete.

PARTIAL DISABILITY

To be considered partially disabled, you must be deemed totally disabled throughout the elimination period. If, following the elimination period, you are only capable of returning to the workforce in a reduced capacity, Blue Cross Life will apply the regular provisions under the Long Term disability coverage.

LONG TERM DISABILITY BENEFIT

RECURRENT DISABILITY

Successive periods of total disability occurring while this coverage is in force will be considered to be one period of total disability as long as you become totally disabled from the same or related causes for which your claim for Long Term disability was previously approved by Blue Cross Life and the intervals of total disability have not been separated by a period longer than six months.

If you return to work for a new employer and you are without disability coverage, you may be eligible to claim under this provision as long as your employment with the new employer is part of a return to work program that has been pre-approved by Blue Cross Life. Your claim for disability benefits cannot be approved under any other plan and you must become totally disabled from the same or related causes within six months of returning to active employment.

ELIMINATION PERIOD

The benefit elimination period is the period of time which you must wait from the onset of the disability before the insurer begins paying Long Term Disability benefits.

When the disability is not continuous, the days you are disabled may be accumulated to satisfy the elimination period, provided coverage remains in force during the accumulation of the elimination period; no interruption is longer than 30 days; disabilities are due to the same or related causes and each period of total disability is completed within 365 days after the start of the elimination period, or as pre-approved by Blue Cross Life if longer.

PRE-EXISTING CONDITIONS (3-6-12)

A pre-existing condition means a sickness or injury for which you received medical treatment, consultation, care or services (including diagnostic measures) or have been prescribed medication, during the three (3) months immediately prior to the effective date of Long Term Disability coverage.

Long Term Disability benefits are not payable for any disability caused by or resulting from a Pre-existing condition unless:

- You have not received medical treatment, consultation, care or services (including diagnostic measures) or have not been prescribed medication for any six (6) consecutive months within the 15 month time period beginning three months before and ending 12 months after your effective date of Long Term Disability coverage, or
- The disability begins 12 consecutive months of employment from your effective date of Long Term Disability coverage.

LONG TERM DISABILITY BENEFIT

INTEGRATION OF BENEFITS

Direct Offset plan

Monthly benefits are co-ordinated with other income payments to which you become entitled as a result of the current disability. The benefit co-ordination is applied as follows:

1. The amount of monthly income otherwise payable is reduced directly by any disability benefits available from the Canada or Quebec Pension plan (primary benefits only), the Workers' Compensation Act and "income from all other sources". "Income from all other sources" includes:
 - disability benefits available under any other government program excluding secondary benefits under the Canada or Quebec Pension plan,
 - retirement benefits provided by any employer or government program,
 - income or benefits payable under any group program provided by or through the employer,
 - income or benefits payable under a plan sponsored by an association, union or fraternal organization of which you are a member,
 - income replacement benefits payable under any plan of automobile insurance, where such reduction is not prohibited by law, and
 - wages or remuneration payable from any employer or from self-employment, but excluding 50% of earnings received under an approved rehabilitation program.
2. The amount determined in "1" above is further reduced if necessary, so that the amount of monthly income, including all amounts of income mentioned in "1" above, does not exceed 85% of your pre-disability earnings.

During the period of an approved rehabilitation program, the amount of monthly income as defined above, will be further reduced if necessary, so that the amount of monthly income together with all amounts of income in "1" above, including 100% of earnings received from an approved rehabilitation program does not exceed 100% of pre-disability earnings.

Canada/Quebec Pension plan Freeze

Once the initial CPP/QPP offset has been established on a Long Term Disability claim, it will not be changed due to cost-of-living adjustments to the CPP/QPP payments.

LONG TERM DISABILITY BENEFIT

EXCLUSIONS AND LIMITATIONS

Long Term Disability benefits will not be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Long Term Disability benefits are not payable for any of the following:

1. any period of disability during which you are not under the appropriate treatment and care of a physician who is a registered medical specialist or health care practitioner in the field of medicine which is applicable to your condition,
2. any period during which you are not undergoing a course of medical treatment or participating in a program of rehabilitation which is deemed appropriate in the opinion of Blue Cross Life,
3. any period during which you are imprisoned,
4. any disability due to or resulting from self-inflicted injury or sickness, while sane or insane,
5. any disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion,
6. any disability during the period:
 - of formal maternity leave taken by you pursuant to provincial or federal law, or pursuant to mutual agreement between you and the employer, or
 - in which employment insurance maternity benefits are being paid or would be paid if you were eligible,
 - whichever is longer.

WAIVER OF PREMIUM

If you are totally disabled and qualify for Long Term Disability benefits, any premium due under this benefit will be waived commencing with the first full calendar month following the end of the elimination period. Premiums will be waived until you return to active permanent employment or no longer qualify for benefits.

WHEN AND HOW TO MAKE A CLAIM

To make a claim, complete the notice of claim for Long Term Disability benefits that is available from your employer or your plan administrator, Johnson Inc.

We must receive written notice of claim on the earlier of the following dates:

- within 90 days immediately following the end of the elimination period,
- within six (6) months of the termination of this Long Term Disability benefit.

ADDITIONAL BENEFIT INFORMATION

ELIGIBLE EMPLOYEES

To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your Nova Scotia Medical Services Insurance, actively at work and working a minimum of 20 hours per week on a regular basis and have completed the plan waiting period. The waiting period for your group plan is following three (3) months of continuous employment.

Employees may elect coverage, within 60 days of becoming eligible following the waiting period, by completing an application. Coverage is effective on the date of eligibility, except when: (a) the employee is not actively at work on the day that coverage would otherwise become effective, or (b) the application is made after the 60 day period.

If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a full-time basis.

All benefits described in this booklet are available to employees of the group, subject to application by the employee and underwriting approval.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below), and unmarried, unemployed dependent children including natural, legally adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee.

The term “spouse” is defined as a person of the opposite or same sex who is legally married to the employee, or has continuously resided with the employee for not less than one full year having been represented as members of a conjugal relationship (common law). In the event of divorce, legal separation, or discontinuance of cohabitation (“common law” spouse), the employee may elect to continue membership of the former spouse or to provide notice to Medavie Blue Cross to terminate coverage for the spouse. Medavie Blue Cross will at no time provide coverage for more than one spouse under the same plan.

Dependent children are eligible for benefits if they are less than 21 years of age or; if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried, unemployed children 21 years of age or older qualify if they are dependent upon the employee by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 60 days of their becoming eligible. If coverage is not applied for within this 60 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

ADDITIONAL BENEFIT INFORMATION

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 60 days of first becoming eligible. If coverage is not applied for within this 60 day period, evidence may be requested for the employee and his dependents, if any, before benefits commence.

Certain other situations may require the submission of evidence of health before coverage will be approved. The cost of obtaining evidence of health is to be provided at your own expense if you or your dependents do not apply for coverage within 60 days of becoming eligible.

ALTERNATIVE BENEFIT

Where more than one form or alternative form of treatment exists, Medavie Blue Cross, in consultation with its Health Care Consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure or supply with a lower cost, when deemed appropriate and consistent with good health management.

ONLINE BOOKLET AND CLAIMS INFORMATION

Johnson Inc. and Medavie Blue Cross are pleased to provide you with access to their respective Plan Member internet sites which will allow you to access information regarding your Group Benefit Plan in a convenient, completely private environment.

Through the Medavie Blue Cross Cardholder Site, you can access general information about your plan, view your claims and payment history, or print generic claim forms. With the Johnson Inc. “Members-Only” web site, you will be able to view your current benefit statement, including current payroll deductions and beneficiary information. There is also a link to your most up-to-date benefit booklet information.

FIRST-TIME ACCESS TO THE JOHNSON INC. “MEMBERS-ONLY” WEB SITE

For access to the Johnson Inc. Members-Only website, please contact the Johnson Plan Benefits department at (902) 453-9543 or toll free at 1-800-453-9543.

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE

To register for the Plan Member Website, visit www.medavie.bluecross.ca and log in.

Please ensure you make note of your user ID and password for future reference.

Both sites offer additional features in addition to those listed above, so we encourage you to visit and explore both sites to find those features most useful to you.

Please note that due to confidentiality and security reasons, you must access the Johnson Inc. and Medavie Blue Cross web sites separately. Fortunately for plan members, registration for both sites is relatively simple and straightforward. To gain access, simply register by following the steps outlined above.

Administered by Johnson Incorporated



1-800-453-9543