



## Extended Health Care

### **Benepac® Insurer**

Green Shield Canada

### **Benefit Details**

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

Eligible Services shown below will not be eligible unless they are usual, reasonable and customary taking all factors into account, and are medically necessary for the treatment of an illness or injury. Drug benefits may be subject to a different co-payment. Refer to the Schedule of Benefits for details.

### *Survivor Benefits*

Survivor benefits are 24 months.

### **Schedule of Eligible Services**

#### *Prescription Drugs*

Will be eligible, up to the amount shown in the Schedule of Benefits, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury, and:

1. Are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law;
2. Legally require a prescription; and
3. Are paid on a Pay Direct basis.

If approved by Green Shield, this plan includes drugs that do not legally require a prescription, including insulin and all other approved injectibles, as well as related supplies such as diabetic syringes, needles and testing agents.

Certain drugs may require prior approval. Pharmacists are aware of the drugs that fall into this category.

In no event will the amount dispensed exceed a three month supply (six months if a vacation supply is required) of a prescription at any one time and not more than a 13 month supply in any 12 consecutive months.

#### *Initial Days Supply*

Limits the dispensing of "new" prescription drugs. All new prescriptions for drugs which have not been claimed in the previous 12 months are limited to an initial supply of 30 days or less. Limiting the initial dispensing quantity reduces wastage that may be due to drug intolerance, the drug not mixing well with other existing medication or the drug causing a severe or adverse reaction.

The Initial Days Supply will not limit the dispensing to a 30 days supply if:

- The main ingredient in the new drugs is the same as in the old drug
- The prescription is for insulin or a few select drugs that only come in a 90 day supply



## Extended Health Care

- The new medication is a change in strength/dose of a medication already taken by the participant within the past 12 months.

### *Mandatory Generic*

This plan will cover generic drugs, therefore substituting brand-name drugs with a generic equivalent. Brand-name drugs are not covered unless they do not have a generic equivalent. If a brand name drug is prescribed:

- It will be replaced with a generic drug that is therapeutically identical to the brand-name drug,

OR

- The plan member can choose to pay the difference between the generic drug and the brand-name drug to receive the brand name.

Green Shield's Conditional Formulary can be included with Benepac® Drug Plans. Please contact your BBD Regional Director, Partnership Development for additional information.

### *Accidental Dental Coverage*

For the repair or replacement of natural teeth by a licensed dental practitioner, which were damaged as the result of a direct blow to the mouth, and not by an object wittingly or unwittingly placed in the mouth, when this plan was in force. Treatment must commence within 180 days following the accident and be completed within one year from such date. This benefit is limited to one set of artificial teeth when natural teeth have been damaged and excludes periodontic or orthodontic treatments and/or the repair or replacement of artificial teeth. Reimbursement will be made up to the fees set out in the current Provincial General Practitioners Fee Guide in effect on the date of treatment.

A Dental Accident Report Form and the covered person's dental x-rays must be submitted to Green Shield, immediately following the accident, for prior approval. Failure to comply may result in non-payment.

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

### *Ambulance Transportation*

Professional land or air ambulance to the nearest hospital equipped to provide the required treatment, when medically required as the result of an injury, illness or acute physical disability.

### *Audio*

Reimbursement for standard hearing aids, repairs or replacement parts up to a maximum of \$500.00 every 5 years. Standard hearing aids are eligible if an Otologist or an Otolaryngologist has determined that the covered person has a loss of hearing acuity which can be compensated for by a standard hearing aid, and an Audiologist, subsequent to performing hearing aid evaluation tests, prescribes a standard hearing aid. Batteries are not eligible.



## Extended Health Care

### *Blood and Blood Products Laboratory and Diagnostic Services*

When required for transfusions.  
When done for the diagnosis of an illness.

### *Paramedical Services*

Up to a maximum of \$500 per practitioner per person per calendar year:

- Chiropractor
- Chiropodist or Podiatrist
- Registered Massage Therapist
- Physiotherapist or Certified Athletic Therapist
- Clinical Psychologist or Master of Social Work or Clinical Counsellor. Only the services of a *Registered Psychologist* are eligible.
- Speech Therapist - Physician (M.D.) recommendation is required.
- Naturopath
- Osteopath
- Registered Dieticians - Physician (M.D.) recommendation is required. Dieticians must be registered with their Provincial Association and a provider number is required for all claims. Registered Nutritional Consultants (RNC) and Registered Nutritional Consulting Practitioners (RNCP) are not eligible.
- Acupuncturist – physician/surgeon or anyone licensed through the Acupuncture Foundation of Canada to perform acupuncture.

Legislation in certain provinces prohibits Green Shield from providing reimbursement until the provincial government health plan has been exhausted. Contact Green Shield for specifics related to your coverage.

Paramedical services are only eligible when the practitioner rendering the service is licensed by their provincial regulatory agency or a registered member of a professional association and that association is recognized by Green Shield.

Note: \$300 per practitioner per person per calendar year is an option. As well, Green Shield offers \$500 or \$300 per calendar year combined paramedical practitioner maximums.

### *Private Duty Nursing*

For the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a full or part shift basis, up to the amount shown in the Schedule of Benefits. NO amount will be paid for services which are custodial and/or services which do not require the skill level of a R.N. or R.P.N./L.P.N.

A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to Green Shield. Failure to comply may result in non-payment.

### *Prosthetic Appliances and*

When the attending physician provides Green Shield with a written description of the



## Extended Health Care

### *Durable Medical Equipment*

required medical equipment, as well as the reason for use and/or the diagnosis. Eligible Services include myo-electric prostheses and standard external prostheses which replace all or part of a body organ or the functions of a permanently inoperative or a malfunctioning body organ. Also included are the replacement, repair, fittings and adjustments of such devices.

Eligible Services include but are not limited to the following:

- prosthetic glasses and/or contact lenses eligible once per lifetime, as a result of surgery.
- custom made boots or shoes means footwear used by an individual whose condition cannot be accommodated by existing footwear products. The fabrication of the footwear involves making a unique cast of the covered person's feet and the use of 100% raw materials. These shoes are used to accommodate the bony and structural abnormalities of the feet and lower legs resulting from trauma, disease or congenital deformities.
- custom made foot orthotics means a device made from a 3-dimensional model of an individual's foot and made from raw materials. This device is used to relieve foot pain related to biomechanical misalignment to the feet and lower limbs.
- decubitus (ulcer) care equipment, dialysis equipment, dry heat and ice application devices, intermittent pressure units, neuromuscular stimulants and traction equipment.
- diabetic supplies, insulin injectors, blood glucose monitors when prescribed with evidence of poor diabetic control, lancets for diabetic patients. Manual pumps only.
- sleep apnea and heart rate monitors.
- radium and radioactive isotope treatments.
- durable medical equipment such as manual hospital beds, crutches, canes, patient lifts, walkers, manual wheelchairs, bedpans, commodes (if patient is bed confined), urinals and oxygen.
- wigs and hairpieces as a result of medical treatment or injury, up to a maximum of \$500 once per lifetime.

Confirm eligibility prior to purchasing or renting equipment by submitting a Pre-Authorization Form to Green Shield. Failure to comply may result in non-payment.

### **Limitations**

1. The maximum amount dispensed for oral contraceptives shall not exceed a three month supply, and not more than 13 months supply in any 12 consecutive months.
2. Reimbursement for eligible audio benefits will be allowable once in any consecutive 5 year period up to a maximum of \$500.00. Commencement of the allowable period is based on the initial date the covered person receives hearing aid benefits. Contact Green Shield to confirm eligibility prior to purchasing any audio benefits.
3. Reimbursement for prosthetic glasses and/or contact lenses will only be made if you have aphakia (congenital absence of the lens of the eye) or have had cataract surgery and have not had a lens implant.



## Extended Health Care

4. Durable medical equipment must be appropriate for use in the home, able to withstand repeated use and generally not useful in the absence of illness or injury.
5. The rental price of durable medical equipment shall not exceed the purchase price. Green Shield's decision to purchase or rent shall be based on the physician's estimate of the duration of need as established by the original prescription. Rental authorization may be granted for the prescribed duration. Equipment that has been refurbished by the supplier for resale is not an eligible benefit.
6. When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for the covered person to effectively operate the equipment. Items that are not primarily medical in nature or that are for comfort and convenience are not eligible.
7. Charges for custom made footwear are only eligible when medical documentation is provided indicating that stock item footwear cannot adequately treat the medical condition.

### Exclusions

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

1. Services or supplies received as a result of disease, illness or injury due to:
  - a) intentionally self-inflicted injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) will be administered in a hospital;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs benefit;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
6. Services or supplies that:
  - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
  - b) are legally prohibited by the government from coverage;
  - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
  - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional



## Extended Health Care

- association has been suspended or revoked;
- e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
  - f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
  - g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
  - h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
  - i) are provided by your employer and/or a practitioner employed by your employer, other than as part of an employee assistance plan; are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
  - j) are video instructional kits, informational manuals or pamphlets;
  - k) are for medical or surgical audio and visual treatment;
  - l) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
  - m) are delivery and transportation charges;
  - n) are for Insulin pumps and supplies (unless otherwise covered under the plan);
  - o) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
  - p) are batteries, unless specifically included as an eligible benefit;
  - q) are a duplicate prosthetic device or appliance;
  - r) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
  - s) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
  - t) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as a result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
  - u) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - v) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
  - w) relates to treatment of injuries arising from a motor vehicle accident;

Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–

- i. the service or supplies being claimed is not eligible; or
- ii. the financial commitment is complete;



## Extended Health Care

- iii. A letter from your automobile insurance carrier will be required;
- iv. Are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

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

1. Smoking cessation products and drugs for the treatment of erectile dysfunction and infertility;
2. Contraceptives, other than oral;
3. Vitamins, other than injectable/oral;
4. Products which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required;
5. Ingredients or products which have not been approved by Health Canada for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage;
6. Mixtures, compounded by a pharmacist, that do not conform to Green Shield's current Compound Policy;.
7. Medical or surgical audio treatment
8. Insulin infusion pumps



## Semi-Private Hospital Plan

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**Benefit Details**

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

Eligible Services shown below will be reimbursed based on usual, reasonable and customary charges in the area where they were received, provided your provincial government health plan has accepted or agreed to pay the ward or standard rate.

**Schedule of Eligible Services**

Reimbursement for the difference in cost between standard ward charges and semi-private accommodation in a public general hospital when the covered person has occupied an active treatment bed.

Reimbursement up to a maximum of \$3.00 per day for 120 days per calendar year for the difference in cost between standard ward charges and semi-private accommodation in a public chronic hospital or chronic wing facility of a public general hospital when the covered person has occupied a chronic treatment bed.

Reimbursement for the difference in cost between standard ward charges and semi-private accommodation in a convalescent or rehabilitation hospital or a convalescent or rehabilitation wing in a public general hospital when the covered person has occupied an active convalescent or rehabilitation bed.

**Exclusions**

In addition to the General Exclusions found under the General Information, Eligible Services do not include and reimbursement will not be made for semi-private accommodation in a LTC Facility or home for the aged.

Please Note: Private Hospital coverage is available as an option.





**Benepac Insurer**

Green Shield Canada

**Benefit Details**

Refer to the Schedule of Benefits for maximums, deductibles, limitations and general exclusions which may apply.

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

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

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

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

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

Out of country claims are first dollar pooled.

**Schedule of Eligible Services**

Eligible benefits are limited to a maximum of 60 days per trip commencing with the date of departure from the province of residence. If hospitalized on the 60th day, benefits will be extended until the date of discharge. Maximum Benefit for Emergency Services is \$5,000,000 per covered person per incident.

*Hospital services and Accommodation*

Up to a standard ward rate in a public general hospital

*Medical/surgical services*

Rendered by a legally qualified physician or surgeon to relieve the symptoms of, or to cure an unforeseen illness or injury.

*Emergency Transportation*

Land ambulance, to the nearest qualified medical facility.

Air ambulance - the cost of air evacuation (including a medical attendant when necessary) between hospitals and for hospital admission into Canada when approved in advanced by the provincial health care plan or to the nearest qualified medical facility.



## Deluxe Travel

### *Referral services*

Includes:

1. hospital services and accommodation up to a standard ward rate in a public general hospital, and/or
2. medical surgical services rendered by legal qualified physician or surgeon.

Prior to the commencement of any referral treatment, written pre-authorization from the provincial health insurance plan and Green Shield Canada must be obtained. The provincial health insurance plan may cover this referral benefit entirely. Green Shield must be provided with a letter from the attending physician stating the reason for the referral, and a letter from the provincial health insurance plan outlining their liability. Failure to comply in obtaining pre-authorization will result in non-payment.

Maximum Benefit for Referral Services is \$50,000 per covered person per calendar year.

### *Services of a Registered Private Nurse*

Up to a maximum of \$5,000 per calendar year at the usual and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. Contact Green Shield Canada Travel Assistance for pre-approval.

### *Diagnostic laboratory tests and x-rays*

When prescribed by the attending physician. Except in emergency situations, Green Shield Canada Travel Assistance must pre-approve cardiac catheterization or angiogram, angioplasty and bypass surgery.

### *Reimbursement of prescriptions*

By Green Shield for drugs, serums and injectables which require a prescription by law and are prescribed by a legally qualified medical practitioner (vitamins, patent and proprietary drugs are excluded).

### *Medical appliances*

Includes casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair when deemed medically necessary and required due to an accident which occurs, and when the devices are obtained outside the covered person's province of residence.

### *Treatment by a dentist*

Only when required due to a direct accidental blow to the mouth up to a maximum of \$2,000. Treatments (prior to and after return) must be provided within 90 days of the accident. Details of the accident must be provided to Green Shield Canada Travel Assistance along with dental x-rays.

### *Coming Home*

When an emergency illness or injury is such that:

- Green Shield Assistance Medical Team specifies in writing that the covered person should immediately return to their province of residence for immediate medical attention, reimbursement will be made for the extra cost incurred for the purchase of a one way economy airfare, plus the additional economy airfare if required to accommodate a stretcher, to return them by the most direct route to the major air terminal nearest the departure point in their province of residence.



## Deluxe Travel

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

- Green Shield Assistance Medical Team or commercial airline stipulates in writing that the covered person must be accompanied by a qualified medical attendant, reimbursement will be made for the cost incurred for one round trip economy airfare and the reasonable and customary fee charged by a medical attendant who is not a relative by birth, adoption or marriage and is registered in the jurisdiction in which treatment is provided, plus overnight hotel and meal expenses if required by the attendant

### *Cost of returning a personal use motor vehicle*

to the residence or nearest appropriate vehicle rental agency when the covered person is unable to due to sickness, physical injury or death, up to a maximum of \$1,000 per trip. Original receipts for costs incurred, i.e. gasoline, accommodation and airfares, are required.

### *Meals and accommodation*

Up to \$1,500 (\$150 per day for up to 10 days) will be reimbursed for the extra costs of commercial accommodation and meals incurred by the covered person when they remain with a travelling companion or a person included in the "family" coverage, when the trip is delayed or interrupted due to an illness, accidental injury to or death of a travelling companion. Must be verified in writing by the attending legally qualified physician or surgeon and supported with original receipts from commercial organizations.

### *Transportation to the bedside*

Including round trip economy airfare by the most direct route from the covered person's province of residence, for any one spouse, parent, child, brother or sister, and up to \$150 per day for a maximum of 5 days for meals and accommodation at a commercial establishment will be paid for that family member to:

- be with the covered person or a covered dependent when confined in hospital. This benefit requires that the covered person must eventually be an in-patient for at least 7 days outside their province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit.
- identify a deceased prior to release of the body.

### *Return airfare*

If the personal use motor vehicle of the covered person or a covered dependent is stolen or rendered inoperable due to an accident, reimbursement will be made for the cost of a one-way economy airfare to return them by the most direct route to the major airport nearest the departure point in their province of residence. An official report of the loss or accident is required.



### *Return of deceased*

up to a maximum of \$5,000 toward the cost of embalming or cremation in preparation for homeward transportation in an appropriate container of the covered person or a covered dependent when death is caused by illness or accident. The body will be returned to the major airport nearest the point of departure in their province of residence. The benefit excludes the cost of a burial coffin or any funeral-related expenses, makeup, clothing, flowers, eulogy cards, church rental, etc

### **Green Shield Canada Travel Assistance Service**

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

- Access to Pre-trip Assistance (prior to departure): Canada Direct Calling Codes; information about vaccinations; government issued travel advisories; and VISA/document requirements for entry into country of destination
- Multilingual assistance
- Assistance in locating the nearest, most appropriate medical care
- International preferred provider networks
- Green Shield Assistance Medical Team consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care
- Assistance in establishing contact with family, personal physician and employer as appropriate
- Monitoring of progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of coverage facilitating entry and admissions into hospitals and other medical care providers
- Special assistance regarding the co-ordination of direct claims payment
- Co-ordination of embassy and consular services
- Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary
- Management, arrangement and co-ordination of repatriation of remains
- Special assistance in making arrangements for interrupted and disrupted travel plans resulting from emergency situations to include:
  - the return of unaccompanied travel companions
  - travel to the bedside of a stranded person
  - rearrangement of ticketing due to accident or illness and other travel related emergencies
  - the return of a stranded personal use motor vehicle and related personal items
- Knowledgeable legal referral assistance
- Co-ordination of securing bail bonds and other legal instruments



- Special assistance in replacing lost or stolen travel documents including passports
- Courtesy assistance in securing incidental aid and other travel related services
- Emergency and payment assistance for major health expenses, which would result in payments in excess of \$200.

### How Travel Assistance Service Works

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

Quote the Green Shield Canada travel assist group number and the Green Shield Canada Identification Number, found on the Green Shield Canada Identification card, and explain the medical emergency. **The Green Shield Canada Identification Number and the covered person's provincial health insurance plan number must always be provided.**

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

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

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

Green Shield Assistance Medical Team will follow the progress to ensure that the covered person is receiving the best available medical treatment. These physicians also keep in constant communication with the covered persons family physician and family, depending on the severity of their condition.

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

### Limitations

1. Benefits will be eligible only if existing or pre-diagnosed conditions are completely stable (in the opinion of Green Shield Canada Assistance Medical Team) at the time of departure from the covered person's province of residence. Green Shield Canada reserves the right to review the covered person's medical information at the time of claim;
2. The eligible benefits must be required for the immediate relief of acute pain or suffering as recommended by a legally



qualified physician or surgeon. Eligible benefits will not be reimbursed for treatment or surgery that could reasonably be delayed until the covered person returns to their province of residence;

3. Reimbursement for eligible benefits will be made only if the provincial health insurance plan covers and provides payment toward the cost of the services received;
4. Coverage becomes effective at the time the covered person or covered dependent crosses the provincial border departing from their province of residence and terminates upon crossing the border returning to their province of residence on the return home. If traveling by air, coverage becomes effective at the time the aircraft takes off in the province of residence and terminates when the aircraft lands in the province of residence on the return home;
5. Upon notification of the necessity for treatment of an accidental injury or medical emergency, Green Shield Canada's Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patient's medical condition will require immediate or scheduled care. Such repatriation is mandatory, where the Assistance Medical Team determines that the patient is medically fit to travel and appropriate arrangements have been made to admit the patient into the provincial government health care system of their province of residence. Repatriation will ensure continued coverage under the plan. Should the patient opt not to be repatriated or elects to have such treatment or surgery outside their province of residence, the expense of such continuing treatment will not be an eligible benefit.

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

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

### Exclusions

In addition to the General Exclusions found under the General Information, Eligible Benefits do not include and reimbursement will not be made for:



## Deluxe Travel

1. Treatment or service required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the recommendation of a physician.
2. Treatment or service which you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment.
3. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy.
4. Treatment or service provided in a chronic care or psychiatric hospital, chronic unit of a general hospital, Long Term Care (LTC) Facility, health spa, or nursing home.
5. Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation.
6. Cataract surgery or the purchase of eyeglasses or hearing aids.