

Appendix A

SUMMARY OF BENEFITS

ST. JOSEPH'S CARE GROUP

MANAGEMENT/NON-UNION

GROUP NUMBER: 2438 Divisions: 008, 009, 010, 011, 015

EFFECTIVE DATE: REFER TO MASTER CONTRACT

ELIGIBILITY PERIOD: As stipulated by your Employer.

UPDATED: November 2011

SUMMARY OF BENEFITS

Benefits Underwritten By Claimsecure

EXTENDED HEALTH BENEFITS (EHB)

Single Deductible - \$22.50 per benefit year

Family Deductible - \$25 per benefit year

100% reimbursement of eligible charges in excess of the deductible amount with the exception of the following:

- prescription drug dispensing fee cap of \$9 per prescription;
- mandatory generic drug substitution

Paramedical Services - maximum amounts allowed subject to the EHB Plan deductible and percentage reimbursement shown above.

a) Clinical Psychologist:

- First visit - up to \$35
- Subsequent visits - up to \$20 per hour
- Maximum amount allowable - \$200 per person per benefit year.

b) Massage/Physiotherapy/Chiropractic: Maximum \$300 per calendar year for each of these services per insured person; effective April 1/08 maximum increased to \$350.

c) Speech Pathologist: Maximum amount allowable - \$ 2 0 0 per person per benefit year.

d) Private Duty Nursing: Calendar year maximum \$50,000.

e) Out of Country Coverage: \$5,000,000 per trip up to 90 days (see brochure for eligibility)

f) Naturopath/homeopath, podiatrist or chiropodist and osteopaths:
\$12 per visit/12 visits per year per eligible person

Semi-Private Hospital Accommodation

Deductible - Nil.

100% reimbursement of the charge made by a hospital for semi-private room accommodation, which is in excess of the standard ward rate.

Hearing Aids - Subject to the EHB deductible.

100% reimbursement up to a maximum of \$500 per 36 consecutive months.

Vision: Subject to the EHB deductible

100% reimbursement up to a maximum of \$300 per 24 consecutive months – can be used towards the cost of laser eye surgery. Reimbursement for eye exams max. of \$100 once every 24 months.

Insulin Pumps: to a maximum of \$1,000 per insured person every 4 years

EHB Overall Lifetime Maximum - Unlimited.

DENTAL BENEFITS

Plan 9, Riders 2, 3, 4

Deductible - Nil.

100% reimbursement of eligible charges, up to the amount specified in the applicable Fee Guide, with the exception of the following:

Riders 2, 3, 4: 50% copayment.

Dental Maximums

Rider 2 (Dentures)- \$1,000 per person per calendar year.

Rider 3 (Orthodontics) - \$1,500 lifetime maximum per person; Eff. April 1/08 increase max. to \$2,000.

Rider 4 (Restorative) - \$1,500 per person per calendar year.

Dental Overall Maximum (excluding Riders 2, 3 and 4) - Unlimited.

Fee Guide - Current Ontario Dental Association Fee Guide for General Practitioners.

Predetermination of Benefits and Alternate Benefit Provision - Crowns, Bridgework, Dentures

Prior to beginning dental treatment which will involve the use of crowns, bridges and/or dentures and which is expected to cost \$300 or more, you should obtain from your dentist and submit to Claimsecure a treatment plan outlining the procedures and charges. Your dentist may be requested to submit any relevant x-rays.

Approval of the treatment plan should be obtained from Claimsecure prior to commencement of treatment. After reviewing the plan, you will be advised of the amount payable by Claimsecure. Where a range of fees, individual consideration or laboratory charges are included, Claimsecure will determine the amount payable. The approved estimate will be honoured for a period of twelve months from the date of approval.

There are many ways to treat a particular dental problem or condition and the cost of different procedures, services, courses of treatment and materials may vary considerably. Claimsecure may determine that payment for a less expensive procedure which will provide satisfactory results, may be made towards the cost of a procedure selected by you and your dentist. The difference between the amount payable by Claimsecure and the dentist's charge is your responsibility. If you do not submit a treatment plan, Claimsecure reserves the right to pay benefits based on the less expensive procedure which will provide satisfactory results.

Note:

Smoking cessation aids are limited to a maximum of \$500 per person per year.

A benefit year is January 1 to December 31 of each calendar year.

Your group health and dental benefit plan is underwritten by Claimsecure.

ELIGIBLE DEPENDENTS

Dependents (if applicable) include:

- i) your legally married spouse, or a person of either sex with whom you have continuously cohabited in a common-law or similar relationship;
- ii) unmarried, unemployed children under the age of 22 years, including newborns; or to their 26th birthday if they are full-time students
- iii) unmarried, unemployed dependent children to any age who are incapable of self sustaining support or employment by reason of mental or physical disability.

TERMINATION OF BENEFITS

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

- the last day of the month for which premiums have been paid;
- the last day of the month in which you cease to be eligible due to termination of employment, retirement, death, age limitation, change in classification, etc.;
- the termination date of the Group Contract
- **CLAIMING BENEFITS Assignment of**

Benefits to the Provider

In cases where your group benefit plan permits direct payments to providers, you may wish to assign benefits to the provider of the service (e.g. hospital, pharmacist, dentist, optician). If assignment is acceptable to the provider, present your Identification Certificate and the provider will bill Claimsecure directly. No claim forms are necessary.

Direct Claims Submission

Claims submitted directly to Claimsecure must include original receipts and a completed claim form including the following: your name and complete address; your group and identification numbers; group name; claimant's date of birth; dependent's name (if claim is on behalf of a dependent or spouse) plus relationship to you. Drug claims must indicate the prescription number, name, strength and quantity of the drug plus the drug identification number.

Claims should be submitted to: Claimsecure, 43 Elm Street, Suite 200, Sudbury, ON P3C 1S4

Written proof of claim must be received by Claimsecure not later than the end of the calendar year following the year in which the claim was incurred. On termination of a person's coverage for any reason, written proof of claim must be received not later than 90 days following the date of such termination.

COORDINATION OF BENEFITS

Your Claimsecure plan includes a Coordination of Benefits provision. If you have similar benefits through any other insurer, the amount payable through this plan shall be coordinated as follows, so that payment from all benefit plans does not exceed 100 percent 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 claims 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 birthday in a calendar year, and second 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.

CONVERSION

When you or your dependent leave the group, application may be made for conversion to an individual plan. Application for conversion to an individual plan must be made within 30 days of leaving the group.

EHB (EXTENDED HEALTH BENEFIT) PLAN

The benefits described below are available to you through Claimsecure Extended Health Benefit Plan when required as a result of sickness or accidental bodily injury.

Refer to the “Summary of Benefits” for information regarding reimbursement of this benefit.

GENERAL INFORMATION

- No medical examination is required.
- Benefits apply anywhere in the world. Reimbursement will be in Canadian funds up to the reasonable and customary charges for the services received, plus the rate of exchange if any, as determined by Claimsecure from the date of the last service provided.
- Pre-existing conditions are covered from the moment the Agreement takes effect, except for dental care as a result of an accident.

BENEFITS

1. **DRUGS** - Formulary Two: Drugs, medicines and injected allergy sera, and insulin (needles, syringes and test-tape for use by diabetics) purchased on the prescription of a medical doctor and which are listed in Claimsecure Formulary Two, but not to include vitamins or vitamin preparations (unless injected), general public (G.P.) products or drugs not approved for legal sale to the general public in Canada.
2. **PRIVATE NURSING:** Charges for private nursing services which require, and can only be performed by a Registered Nurse (RN); when such services are provided in the home or hospital by a Registered Nurse who is registered in the jurisdiction in which the services are performed and is neither a relative of the patient nor an employee of the hospital. RN services must be certified medically necessary by the attending physician. Agency fees, commissions and overtime charges, or any amount in excess of the fee level set by the largest nursing registry in the province of Ontario, are not included.

An “Authorization Form for RN Services” must be completed by the attending physician and submitted to Claimsecure. When the services are extended for more than 30 days, prior approval must be obtained from Claimsecure on a monthly basis.

3. **PHYSIOTHERAPY:** Services of a licensed or registered physiotherapist who does not have an agreement with the Ontario Health Insurance Plan (OHIP) for payment of his/her services.
4. **DIAGNOSTIC SERVICE:** For provinces where diagnostic services are not covered by the provincial health plan, diagnostic services performed in a hospital or licensed medical laboratory.
5. **PRIVATE ROOM:** Difference in cost between semi-private accommodation and a private room (not a suite) in a public general hospital.
6. **ACCIDENTAL DENTAL:** Dental care necessitated by a direct accidental blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident and treatment must occur while coverage is in force. Treatment must begin within 90 days of the accident, and must be completed within one year. Claimsecure must be notified immediately. Payment will be based on the monetary rates shown in the Ontario Dental Association Fee Guide for General Practitioners in effect at the time of treatment.
7. **PRIVATE HOSPITAL:** Charges up to \$10 a day to a maximum of 120 days per person while your coverage is in force for care in a licensed private hospital.
8. **PROSTHETIC APPLIANCES:** Purchase of the following items when authorized in writing by the patient's attending physician: standard type artificial limb or eye, splints, trusses, casts, cervical collars, braces (excluding dental braces), catheters, urinary kits, external breast prostheses (following mastectomies), ostomy supplies (where a surgical stoma exists), corrective prosthetic lenses and frames (once only for persons who lack an organic lens or after cataract surgery), custom-made orthopaedic boots or shoes or adjustments to stock item footwear.
9. **DURABLE MEDICAL EQUIPMENT:** Purchase or rental of the following items when authorized in writing by the attending physician: hospital bed, crutches, cane, walker, oxygen set, respirator (a device to provide artificial respiration), standard-type wheelchair and wheelchair repairs.
10. **MEDICAL SERVICES AND SUPPLIES:** Bandages or surgical dressings, blood transfusions, plasma, radium and radioactive isotope treatments when authorized in writing by the patient's attending physician.

- 11. AMBULANCE:** Licensed ground and air ambulance services (the difference between the government agency allowance and the customary charge).
- 12. PARAMEDICAL SERVICES:** Services of the following registered/certified practitioners up to the maximums shown on the “Summary of Benefits” pages:
- a. Clinical Psychologist;
 - b. Masseurs - when the patient's attending physician authorizes in writing that such treatment is necessary;
Effective April 6, 2010 the requirement for massage therapy services will be as follows;
For members, an attending physician's authorization is no longer required.
Dependants covered under the member's plan will still require an attending physician's authorization for such treatment.
 - c. Speech Pathologists - when the patient's attending physician or dentist authorizes in writing that such treatment is necessary.

No payment will be made for completion of reports, assessments, tests or evaluations.

- 13. EXTRA MEDICAL FEES:** When charges are incurred for the emergency services of a licensed physician, while travelling or temporarily residing outside your province of residence, payment will be made for the reasonable and customary charges which are in excess of the amount listed in the provincial Medical Association Fee Schedule.

LIMITATIONS

Extended Health Benefits are not payable for:

- services covered by any provincial government plan or the Workers' Compensation Board.
- any care, services or supplies which are not medically necessary, as determined by Claimsecure.
- care, services or supplies utilized as treatment of lifestyle choices, as determined by Claimsecure.
- services or supplies which are primarily for cosmetic purposes.
- rest cures, travel for health reasons or examinations for the use of a third party.
- services or supplies provided in a health spa, psychiatric or chronic care hospital or chronic care unit of a general hospital.
- services or supplies provided while confined in a nursing home or home for the aged.
- charges for dental care due to an accident which occurred prior to the effective date of coverage.
- drugs or medicines, services or supplies which have been self prescribed, or prescribed by or for family members.
- drugs, injectables, supplies or appliances which are experimental or which are not approved by the Health Protection Branch of Health & Welfare Canada for use in Canada.
- charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.

- additional, duplicate or replacement appliances or devices, except where the replacement is required because the existing appliance can no longer be made serviceable due to normal wear and tear, or as the result of a pathological change, unless prior approval in writing is obtained from Claimsecure.
- vaporizers.
- charges incurred as a result of self-inflicted injury or while committing, or attempting to commit, a criminal offence.
- charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- expenses incurred for benefits or that part of benefits which cease to be payable under any government program.

SEMI-PRIVATE HOSPITAL ACCOMMODATION

BENEFITS

Semi-Private Hospital Accommodation - if you are hospitalized in a public general or convalescent hospital or in a contracted private hospital in accordance with the formal agreement between the hospital and Claimsecure, payment will be made for room and board charges in excess of those payable by your provincial health plan, up to the difference in amount between the hospital standard ward charge and the semi-private room charge.

Chronic Care - if you are confined in a chronic hospital or chronic care unit of a public general hospital, payment will be made to a maximum of \$3 per day for semi-private accommodation for a total of 120 days per 12 consecutive months. Benefits are not payable for accommodation in psychiatric hospitals or nursing homes.

Out of Province

When semi-private hospital accommodation charges are incurred outside Ontario, Claimsecure will not pay an amount which is greater than it would pay for semi-private hospital accommodation when incurred in Ontario.

VISION

This benefit provides payment towards the purchase of new or replacement eyeglasses or contact lenses for you or an eligible dependent, when prescribed by your doctor, ophthalmologist or optometrist.

Charges to repair existing frames or lenses are also covered.

Refer to your Summary of Benefits for the amount and frequency of payment.

Benefits are not payable for the cost of industrial safety glasses or expenses covered by the Workers' Compensation Board or any government plan.

HEARING AIDS

This benefit provides payment towards the purchase of a hearing aid for you or an eligible dependent, when prescribed by a physician or hearing specialist.

Eligible charges include the cost of repairs and initial batteries.

Refer to your Summary of Benefits for the amount and frequency of payment.

Benefits are not payable for ear examinations, tests, replacement batteries or expenses covered by the Workers' Compensation Board or any government plan.

DENTAL BENEFITS

DENTAL PLAN 9

The following provides a general description of the benefits available to you and your eligible dependents under this dental plan. A complete list of the specific procedures (and applicable limitations) can be found in the Master Contract held by your Employer.

Payment for eligible benefits will be based on the monetary rates shown in the Dental Association Fee Guide applicable to your group plan.

Refer to your Summary of Benefits for information regarding any deductible, co-payment or maximum benefit amounts.

BENEFITS

Examinations - includes complete oral examinations once every 3 years and recall oral examinations once every 9 months

Consultations - with patient (maximum 2 units every 12 months) or with a member of the profession

Radiographs - includes complete series intra oral films once every 3 years, panoramic films once every 3 years, bitewing films once every 6 months

Diagnostic Services - includes bacteriologic tests, biopsy and cytological tests

Preventive Services - includes polishing (one unit of time once every *9 months), scaling, preventive recall packages once every *9 months, fluoride treatment, oral hygiene instruction and reinstruction once every *9 months

*These services are available once every 6 months for dependent children.

Fillings

Endodontic Services - includes root canal therapy, surgical and emergency services

Periodontic Services - includes periodontal surgery, root planing and occlusal equilibration (8 units of time every 12 months)

Denture Repairs, Minor Adjustment (after 3 months from insertion), Relining/Rebasing

Surgical Services - includes extractions, surgical incision/excision and frenectomy

Anaesthesia

In-office and Commercial Laboratory Charges - when applicable to the covered benefits

Limitation on Benefits Provided Outside Ontario

When you incur expenses outside Ontario, Claimsecure will not pay an amount which is greater than it would pay for such expenses when incurred in Ontario.

Benefits are not payable for:

- Services or supplies not listed under Benefits.
- Charges for complete or partial dentures, crowns, bridgework or orthodontic services, unless included as a rider with this plan.
- Services or supplies for cosmetic purposes.
- Charges for procedures or appliances connected with implants.
- Services or supplies related to Temporomandibular Joint problems.
- Charges incurred as a result of conditions arising from war, whether or not war was declared, from participation in any civil commotion, insurrection or riot, or while serving in the armed forces.
- Charges incurred as a result of self-inflicted injury.
- Charges incurred while committing, or attempting to commit, directly or indirectly, a criminal act under legislation in the jurisdiction where the act was committed.
- Charges for the completion of claim forms or other documentation, or charges incurred for failing to keep a scheduled appointment or for transfer of medical files.
- Charges for procedures in excess of those stated in the Fee Guide for General Practitioners, as shown in your Summary of Benefits.
- Services or supplies covered by any government plan.
- Services completed after termination of coverage.

DENTAL BENEFITS

DENTAL RIDER 2

The following benefits are added to and form part of your dental coverage. A complete list of the specific procedures (and applicable limitations) can be found in the Master Contract held by your Employer.

Payment for eligible benefits will be based on the monetary rates shown in the Dental Association Fee Guide applicable to your group plan. Refer to the Summary of Benefits for information regarding any deductible, co-payment or maximum benefit amounts.

BENEFITS

Complete and/or Partial Dentures - (once every 5 years)

Major Denture Adjustments

In-office and Commercial Laboratory Charges - when applicable to the covered benefits.

DENTAL BENEFITS

DENTAL RIDER 3

Orthodontic Services: includes observation, adjustments, orthodontic appliances, major orthodontic treatment and space maintainers

In-office and Commercial Laboratory Charges: when applicable to the covered benefits

Orthodontic Treatment

Prior to the commencement of orthodontic treatment, your dentist should prepare a report outlining the details with respect to malocclusion, diagnosis, proposed treatment and applicable fees. This treatment plan should be forwarded to Claimsecure for review to establish the extent of the payable benefit.

DENTAL BENEFIT

DENTAL RIDER 4

The following benefits are added to and form part of your dental coverage. A complete list of the specific procedures (and applicable limitations) can be found in the Master Contract held by your Employer.

Payment for eligible benefits will be based on the monetary rates shown in the Dental Association Fee Guide applicable to your group plan. Refer to the Summary of Benefits for information regarding any deductible, co-payment or maximum benefit amounts.

BENEFITS

Restorative Services - (once every 5 years) - includes post/core, crowns, inlays/onlays and gold foil restorations

Fixed Prosthodontic Services - (once every 5 years) - includes bridgework and repairs

In-office and Commercial Laboratory Charges - when applicable to the covered benefits.