



## **IBEW 1555 Health and Welfare Plan**

**Class C - Non-Active Members with Banked hours**

**Class D - Non-Active Members without hour bank (Self Pay)**

**Class E - Retirees**

Policy #: IBEW1555

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## INTRODUCTION

Through NexgenRx your employer, IBEW Local 1555 Health, Welfare and Pension Trust is providing you with the group benefits plan as outlined in this booklet.

Group Benefits are important, not only for the financial assistance they provide, but also for the security they provide for you and your family, especially in case of unforeseen needs.

We suggest you read all sections of this benefit booklet carefully, in order to understand the benefits your Employer is providing for you.

Your Plan Administrator can answer any questions you may have about your benefits, or how to submit a claim.

**NexgenRx Inc.** administers the following benefits on behalf of IBEW Local 1555 Health, Welfare and Pension Trust

- Hospital Benefit
- Extended Health Benefit
- Drug Benefit
- Dental Benefit

### Contact Information

NexgenRx member support line is available Monday to Friday from 8:00 am to 8:00 pm E.S.T. 866-424-0257

Pharmacy and Dental office support for electronic submissions 866-394-3648

**This booklet replaces any previously issued booklet.**

## Definitions

Here are the definitions of some terms that appear in this employee booklet. Other definitions that describe specific benefits appear in the benefit sections.

**Calendar year:** 12 consecutive months January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Co-Insurance:** The amount or percentage of expenses the plan covers under a group plan. For example, if a plan covers 80% of the cost of eligible prescription drugs, the remaining 20% is paid by the plan member.

**Co-pay:** The eligible allowed amount that must be paid by you or your dependent before reimbursement of an expense will be made.

**Convalescent Care Facility:** A licensed, extended hospital care facility or institution, or chronic care facility or institution, which is regularly engaged in the care of sick persons during the convalescent stage of an illness or Injury. Such institution must provide 24-hour nursing service and regular medical supervision. The term, convalescent care facility, shall not include a home for the aged, health spa or hotel, an establishment providing Custodial Care, or an institution for the care and treatment of alcoholism, drug addiction, or mental illness.

**Covered person:** The plan member who has been enrolled in the plan or his or her enrolled dependents.

**Emergency:** An emergency means any sudden, unexpected illness or injury for which the insured person needs immediate treatment.

**Fee Guide:** The Dental Association Fee Guide for General Practitioners of the Province in which the client is a resident.

**Hospital:** An institution operated pursuant to law for the care and treatment of sick and injured persons. The term hospital, as used in this Summary of Benefits, shall not include a rest home, nursing home, convalescent home, chronic care facility, health spa, a place for Custodial Care, a home for the aged or an institution used primarily for the confinement or treatment of alcoholism, drug addiction, or mental illness.

**Immediate Family Member:** Any person who is the Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the employee.

**Member in Good Standing:** A member whose dues are not more than three months in arrears and who is not in violation of the IBEW constitution.

**Physician:** Legally qualified medical practitioner lawfully entitled to practice medicine in the *jurisdiction* where the medical services are provided.

**Provincial Plan:** Any plan that provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

**Prior Authorization:** The prior authorization (PA) program applies to a limited number of drugs, where you must get approval in advance for coverage under the program. In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be covered for these drugs if the information you and your doctor provide meets our medical criteria. If not, your claim will be declined.

**Reasonable and Customary Charge:** A charge made by the provider of health care services or supplies that does not exceed the general level of charges made by other providers of similar standing in the locality or geographic area where the charges were incurred when furnishing like or comparable treatment, services or supplies to individuals.

## Eligibility

### To be eligible the Member must also meet the following criteria:

- Member must be in good standing of IBEW 1555: has not been suspended or removed for unpaid dues
- Member must be working the minimum required amount of hours and drawing from their hour bank at 140 hours per month. The Member's hour bank will be credited when the hours worked are reported by the employer and contributions have been remitted. (minimum required amount of hours is greater than 40)
- Member must be under 75 years of age
- Be a permanent member who is a resident of Canada
- Be insured under a provincial government health insurance plan in the province in which you reside

### *Definition of Dependents*

Your dependents are:

- Your spouse, who is the person to whom you are married, or the person that you introduce as your spouse and with whom you have been living in a relationship for at least one year.
- Your unmarried children who are your financial dependents and
  - are under 19 years of age, or
  - are under 25 years of age if full-time students attending an institute providing instruction at a secondary, college or university level, as a duly registered student or
  - regardless of their age, if they live with you and have become totally and permanently disabled before age 19 (or age 25 if a student).

### **Waiting Period for Coverage for New Members**

A waiting period is a specific period of time that must be completed before your coverage will begin. You and your eligible dependents will become covered on the first day of the month after the Plan Administrator has received remittance and a report showing total hours worked from an ECANB contractor or another IBEW local, and the combined total hours in your hour bank has reached 280 hours.

## **Termination of Insurance**

Insurance will terminate on the earliest of the following dates:

- a) the first day of the next month following the date on which the Member has less than 125 hours credited in their "Hour Bank" account, unless the member decides to self-pay as described below under Eligibility for Self-Pay,
- b) the date on which you are no longer a Member in good standing with IBEW Local 1555,
- c) the date on which the master Group Insurance contract is cancelled.

## **Reinstatement**

If the Member's coverage has previously terminated because of insufficient hours in the Member's hour bank account, the Member will again become insured on the first day of the next month following accumulation of 140 hours in the Member's hour bank account.

## **Survivor Benefit**

If your death occurs while you are covered by this plan, your dependents will continue to be covered without cost up to the earliest of:

- 24 months following the date of your death,
- The date they cease to be eligible dependents,
- The effective date they receive similar coverage with another insurer, or
- The termination date of this group contract.

## **Reporting General Changes**

You must report the following changes to your Union Office and NexgenRx to avoid any disruptions or issues with your benefit plan:

- changes in dependent coverage, including the birth of a child
- change of spouse
- change of name
- change from single or family status
- change of banking information (if NexgenRx is depositing your claim expenses directly into your bank account)

## **Legal Action**

No legal action may be taken until 60 days after proof of claim is given to NexgenRx or more than one year after the deadline for providing proof of claim. If you have received benefit payments but the payments end, no legal action may be taken more than one year after the last payment was made.

## **Coordinating your benefits with another plan**

If you or one of your dependents is covered under another health plan, the benefits payable under this plan and any other plan will be coordinated so that payments from all sources do not exceed the expenses actually incurred. Coordination of benefits will be done in accordance with the guidelines of the Canadian Life and Health Insurance Association (CLHIA).

The benefit payable to you or one of your dependents follows the order described below:

### ***Co-ordination of Benefits with Your Spouse's Plan***

Co-ordination with your spouse's plan is one of the advantages of group coverage. It may allow you to receive up to 100% of Health Care costs. First, you must have family coverage that includes Health Care coverage and have an eligible spouse and/or child. Second, your spouse must have the same type of coverage.

### **Claiming Your Spouse's Expenses**

If you are claiming your spouse's expenses, a claim must be sent to your spouse's plan first. Your spouse's plan will pay for the portion of the claim that is covered by them and send your spouse an explanation of payment. You can then send a copy of the explanation and a copy of the receipts, along with a completed claim form for the unpaid portion, to NexgenRx Inc.

### **Claiming Your Child's Expenses**

Claims for dependent children should be submitted to the plan of the parent who has the earlier date of birth in the calendar year (the year of birth is not considered). If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- the Plan of the parent with custody of the child;
- the Plan of the spouse of the parent with custody of the child;
- the Plan of the parent without having custody of the child;
- the Plan of the spouse of the parent not having custody of the child

You may submit a claim to the Plan of the other spouse for any amount which is not paid by the first Plan.

## Claims Submission

### *Plan Member Website*

Members have the option to submit claims on our secure website. Please note when using the web claims submission, you must be set up on our system for Direct Deposit for your claims reimbursement. You must also keep the original copies of your receipts for 18 months from the time you submit your claim on line for audit purposes.

As a plan member, NexgenRx Inc. provides you with access to our claims processing website to look-up the status of your claims anytime you wish. In order to access our secure, online administration and information website please follow these instructions:

#### **FIRST TIME ACCESS TO THE PLAN MEMBER WEBSITE**

1. Go to the following Web address: [www.nexgenrx.com](http://www.nexgenrx.com)
2. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:

Please note that **FIRST TIME USERS** must complete all steps in order to use their account and subsequently logon to the website.

Your **USERNAME** and **TEMPORARY pass phrase** are automatically generated by our system and included in your welcome kit.

- After clicking on the **ACTIVATE ACCOUNT** button under the **Activate Your Account** section, the system will take you to the Account Activation Screen.
- Read the information and click **NEXT**.
- Review the Terms of use and click the checkbox at the bottom of the screen to accept the terms; click **NEXT**.
- This will take you to the **VERIFICATION OF IDENTITY** screen.
- Fill in the fields on this screen that are noted with an asterisk, i.e., **USERNAME** and temporary **PASS PHRASE**; click **NEXT**.
- The system will take you to the **ACCOUNT SETUP** screen.
- Complete all fields. Select a **NEW** password of your choosing (**it must be at least 8 characters in length**) and confirm your newly selected password by entering it again. Complete the challenge question, challenge answer section and enter your email address. Click **NEXT**.
- The system will now confirm that your account has been activated. The next time you log in, **enter your username and pass phrase under the SIGN IN heading**.

- Click **FINISH**. This will take you back to the main login screen.
- You may now login using your username and the **NEW** password that you have selected.
- Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
- Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

### **EXISTING USERS**

1. Go to the following Web address: [www.nexgenrx.com](http://www.nexgenrx.com)
2. Click on **MEMBER LOGIN** at the top right-hand side of screen as show below:
3. Enter your pre-assigned username and *personal* secure pass phrase under the **SIGN IN** heading.
4. Once you have signed in, click on the **PLAN MEMBER** tab on the right near the top.
5. Then click on the **SUBMIT A CLAIM** option and proceed through the steps.

### **Paper claim submission**

You can also submit claims by mail. Complete the claim form which is available through your Employer or on NexgenRx Inc.'s web site, [www.nexgenrx.com](http://www.nexgenrx.com)

There are several things you can do to ensure that your claims are paid as quickly as possible:

- Answer all questions on the claim form;
- Include your Group Policy Number and your Certificate Number;
- Make sure that you have attached all **original** itemized receipts which includes:
  - the name of the person who received the service or supply (referred to as "the patient")
  - the date the service or supply was received
  - the type of service or supply received
  - **claim form is signed and dated**

**Note:** For coverage purposes, you and your dependents must be covered under the Provincial Insurance Act in your province of residence.

**Mail your claim to:** IBEW Local 1555  
305-96 Norwood Ave. Moncton NB E1C 6L9

## SUMMARY OF BENEFITS

### Extended Health Benefit

**Benefit Period: August 1<sup>st</sup> to July 31<sup>st</sup>**

**Deductible: Nil**

**Termination Age: Retirement or end of the calendar year in which you turn age 75**

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in this benefits booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of this booklet.

**Covered expenses will not exceed reasonable and customary charges**

<b>PRESCRIPTION DRUG BENEFIT</b>	
<b>Dispensing Fee</b>	The participant pays 100% of the dispensing fee for each eligible drug
<b>Co-Payment</b>	15% to a maximum of \$30 per prescription
<b>Maximum</b>	\$5,000/person/year
<ul style="list-style-type: none"> <li>• Diabetic Supplies</li> <li>• Fertility Drugs</li> <li>• Erectile Dysfunction Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited, up to the prescription drug maximum</li> <li>\$1,500/calendar year to a lifetime maximum of \$3,000</li> <li>\$250/calendar year</li> </ul>
<b>HOSPITAL BENEFIT</b>	
<b>Coinsurance</b>	100%
<ul style="list-style-type: none"> <li>• Active Care</li> <li>• Convalescence/Chronic Care</li> <li>• Rehabilitation Care</li> </ul>	<ul style="list-style-type: none"> <li>Semi-private Unlimited</li> <li>\$50/day to a maximum of 120 days/calendar year</li> <li>\$50/day to a maximum of 120 days/calendar year</li> </ul>
<b>MEDICAL EXPENSES</b>	
<b>Maximum</b>	10,000/person/calendar year
All EHC benefits combined not including Prescription Drug benefit	
<b>Coinsurance</b>	
<ul style="list-style-type: none"> <li>• Paramedical Practitioners</li> <li>• All Other Medical Expenses</li> </ul>	<ul style="list-style-type: none"> <li>85%</li> <li>100%</li> </ul>

## MEDICAL EXPENSES

Acupuncturist	\$750/calendar year*
Audiologist	\$750/calendar year*
Chiropractor*	\$750/calendar year*
Chiropodist/Podiatrist*	\$750/calendar year*
Dietician	\$750/calendar year*
Massage Therapist	\$750/calendar year*
Naturopath	\$750/calendar year*
Occupational Therapist	\$750/calendar year*
Osteopath *	\$750/calendar year*
Physiotherapist/Athletic Therapist	\$750/calendar year*
Psychologist/Social Worker	\$500/calendar year
Speech Therapist	\$750/calendar year*

*\*To a total combined maximum of \$750 for practitioners per calendar year, includes X-rays limited to one per calendar to a maximum of \$50. Psychologist/Social Worker annual maximum \$500/calendar year.*

Private Duty Nurse	\$5,000/lifetime
Ambulance Services	\$1,000/calendar year
Accidental Dental Care	\$5,000/person/ calendar year
Hearing Aids	\$1,000/2 calendar years
Diabetic Equipment	\$200/calendar year
Intrauterine Contraceptive Device	\$75/2 calendar years
Orthopedic Shoes	\$200/calendar year
Custom Made Orthotics	\$400/calendar year
Surgical Bras	2/calendar year
Surgical Support Stockings	\$200/calendar year
Diagnostic tests <i>(available in Quebec only)</i>	\$1,000/calendar year
Therapeutic Wigs	\$300/lifetime
TENS Machine	\$300/5 calendar years

### **Vision Care**

- Eye Examination\* Limited to 1 exam/person/2 calendar years
- Frames/Lenses/Contact Lenses/  
Laser Eye Surgery\* \$500/person/2 calendar years  
\*(Maximum combined with eye exams.)
- Visual training \$150/person/lifetime

## Dental Benefit

**Benefit Period: August 1<sup>st</sup> to July 31<sup>st</sup>**

**Deductible: Nil**

**Termination Age: Retirement or end of the calendar year in which you turn age 75**

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in this benefits booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of this booklet.

**Covered expenses will not exceed reasonable and customary charges**

<b>Coinsurance</b>	
Preventive Care	85%
Basic Plan	85%
Major Restorative	80%
<b>Plan Maximums</b>	
Preventive Care, Basic Plan & Major Restorative	Combined maximum of \$1,500/person/calendar year
Fee Guide Schedule	Current General Practitioners in your province of residence on the date the treatment was rendered
Recall Exams	Twice/calendar year
Polishing	Twice /calendar year
Fluoride Application	Twice/calendar year
Complete Oral Exams	Once/2 calendar year
Periodontal Scaling & Root Planing	*8 units/person/calendar year
Bitewing X-rays	Once/calendar year

\* **Helpful Tip:** A unit of time is equal to 15 minutes of service.

## **Benefit Details**

### **Hospital Benefit**

Charges for semi-private in a hospital when you are admitted as an inpatient in a hospital for active care after the effective date of your coverage and for as long as you are entitled to covered services, subject to the maximum reimbursement specified in the Summary of Benefits.

The hospital stay must be because of illness, injury or pregnancy and the patient must be confined on an in-patient basis.

### **Convalescent Care**

Charges for convalescent care, if you have been admitted less than 14 days after obtaining your discharge from a hospital where you have been receiving active treatment, subject to the daily maximum and maximum number of days specified in the Summary of Benefits.

### **Prescription Drug Benefit**

This benefit covers expenses for eligible drugs as defined by NexgenRx. and is subject to any co-pay, co-insurance or maximum listed in the Summary of Benefits.

NexgenRx may, on an ongoing basis, add, delete or amend the list of eligible drugs on any list hereinafter mentioned. Certain drugs may require prior authorization to be eligible for payment as identified by NexgenRx.

#### **The plan:**

- Will pay 85% towards the eligible ingredient cost while the patient pays 15% co-pay.
- Has a maximum amount of out-of-pocket expense for drug ingredient costs of \$30, which is paid by the patient.
- Does not pay for the dispensing fee. The patient pays 100% of the dispensing fee on each eligible Prescription.
- Has an overall annual maximum of \$5,000 per person.
- Will allow up to a 34-day supply of acute drugs, and up to a 120-day supply for maintenance drugs.

## Eligible Expenses

- Drugs that require a prescription by law and is prescribed by a doctor or dentist
- Life sustaining drugs OTC drugs
  - OTC items include insulin, diabetic test strips, disposable insulin needles and syringes, Epi-Pen, nitroglycerin low dose aspirin for blood thinning, niacin for cholesterol lowering, vitamin B12 for certain types of anemia.
- Compounded preparations, provided that the principal active ingredients is an eligible expense and has a DIN.
- Immunizations and Vaccines are covered for members only when it is a requirement of the job and has been preapproved.

If a generic drug can be substituted for a brand name drug, the plan will only cover the cost of the generic substitute with the lowest price.

## Prior Authorization Program

Your policy contains a provision called Prior Authorization, which provides coverage for certain drugs that requires approval in advance for coverage under the program. In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be covered for these drugs if the information you and your doctor provide meets our medical criteria. If not, your claim will be declined.

Please visit our NexgenRx website for a list of drugs requiring prior authorization at [www.nexgenrx.com](http://www.nexgenrx.com) under the form section.

You and your dependents cannot use the drug card to purchase the following items:

- alcohol swabs
- appliances
- atomizers
- certain equipment
- ostomy supplies
- devices for giving inhaled medications (for example, an aero chamber) blood glucose monitor and prosthetic devices

## **Expenses not Reimbursed by the Plan**

Incurred expenses for the following products or drugs are excluded, unless specified in the Summary of Benefits

- hair growth stimulants
- smoking cessation products
- contraceptives other than oral
- hygiene products, including soaps and emollients
- anti-obesity drugs
- softeners and protective substance for the skin
- drugs that are used for cosmetic purposes
- processed food for infants
- homeopathic/naturopathic products
- non-disposable insulin injectors
- proteins or dietary supplements, amino acids, essential fatty acids
- drugs or drug formats or preparation with no therapeutic indication
- minerals, vitamins, vaccines
- spring loaded devices used to hold lancets
- drugs which are classified to be administered in hospital

## **Extended Health Benefit**

### **Paramedical Practitioner Services**

Coverage includes the services of various paramedical practitioners provided that the services are not provided by a relative. Refer to the Summary of Benefits for the maximum and a list of practitioners eligible under your group Plan.

***Please note that one visit per day is eligible.***

Paramedical practitioner credentials and requirements are determined by legislation). Before a claim is processed, we validate that the paramedical practitioner meets the following requirements:

- They must be licensed or certified to practice their profession (and in good standing) with the appropriate licensing or regulatory body in the province or territory where they are providing services, and
- Hold a degree/diploma from a recognized school

Coverage includes the cost of laboratory test(s) or x-ray(s) recommended by a licensed chiropractor, osteopath, chiropodist or podiatrist to a maximum of \$50 per person in any one calendar year.

### **Private Duty Nurse**

Services of a registered nurse, registered nursing assistant or licensed practical nurse, who is not a member of the participant's family, whether residing with him or not, provided such services are rendered at the participant's home and are not primarily for custodial care, subject to the overall maximum amount payable noted in the Summary of Benefits.

Services provided by a registered nurse, registered nursing assistant or registered practical nurse must be approved by NexgenRx in advance.

### **Charges for the following services are not covered:**

- a) Custodial care, homemaking duties, shopping, transportation, respite care, and services not related to providing support for the five activities of daily living listed above,
- b) Services to those residing in a government funded facility or any other facility which provides similar care to its residents,
- c) Service available through a government funded nursing or personal care program or community health program available to the general population at no cost.

## **Ambulance Services**

Transportation in a licensed ambulance, including air ambulance, when medically necessary and when incurred in Canada to and from the nearest hospital able to provide the necessary medical services, subject to a maximum amount as specified in the Summary of Benefits.

## **Orthopedic Shoes**

Charges for orthopedic shoes when the shoes have been customized with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality. A prescription from an orthopedic surgeon, physiatrist, rheumatologist, chiropodist/podiatrist or the attending physician is required along with a copy of the biomechanical or gait analysis from the health care professional. Also, charges for shoe modifications, adjustments and supplies when prescribed by one of the health care professionals noted above to accommodate, relieve or remedy some mechanical foot defect or abnormality. Orthopedic shoes must be dispensed by an approved provider of orthopedic shoes. The maximum amount payable is noted in the Summary of Benefits.

- Supporting documentation is required. Contact your Union Office or NexgenRx Inc. to find out how to submit claims.
- Orthopedic shoes prescribed or dispensed by a Chiropractor or Physiotherapist are not eligible under the plan.

## **Custom Made Orthotics**

Charges for custom made orthotic shoe inserts when required to accommodate, relieve, or remedy some mechanical foot defect or abnormality, excluding their replacement (except for pathological change), on written authorization of an orthopedic surgeon, physiatrist, rheumatologist, podiatrist or the attending physician. Custom made orthotic shoe inserts must be dispensed by an approved provider of custom-made orthotic shoe inserts. The maximum amount payable is shown in the Summary of Benefits.

## **Diagnostic tests (Quebec Residents Only)**

The plan will pay for out-patient services from a licensed hospital and for certain diagnostic tests, radium treatments and x-rays from a licensed facility in your home province up to \$1,000 per person every calendar year.

## Vision Care

**Eye Examination:** Charges for one eye examination per person per 2 calendar years when performed by an optometrist or ophthalmologist. Subject to the combined maximum amount with Frames / Lenses and Contact Lenses as stated in the Summary of Benefits.

**Lenses/Frames/Contact Lenses/Laser Eye Surgery:** These benefits only apply if indicated in the Summary of Benefit. Charges for the following products and services are eligible when prescribed by an optometrist or ophthalmologist:

- corrective eyeglasses (frames and lenses) and contact lenses;
- laser eye surgery; and
- intraocular lenses used in cataract surgery.

Subject to a combined maximum amount with eye examinations as stated in the Summary of Benefits.

This coverage **excludes** expenses incurred for non-corrective sunglasses and safety glasses.

**Visual Training:** Charges of a registered, licensed optometrist or ophthalmologist for visual training and remedial eye exercises are limited to the maximum payable amount stated in the Summary of Benefits.

## Accidental Dental

Charges for dental treatment, when sound, natural teeth have been damaged by a direct accidental blow to the mouth, or a fractured or dislocated jaw required setting. We will only cover up to the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the employee lives. This treatment must be completed within 12 months of the impact. If treatment is scheduled to occur more than 90 days after the impact, NexgenRx must be given a treatment plan before the end of the 90-day period.

Orthodontic care must be for relocating teeth that are accidentally forced out of position or for splinting damaged teeth for stability. Dental procedures to correct existing cross bites, alignment of rotated teeth, closing of spaces, and uprighting teeth are not covered. Implants and treatment related to implants are also not covered.

## **Wigs**

When loss is due to an underlying pathology or its treatment (i.e. chemotherapy), to a maximum amount payable as noted in the Summary of Benefits. Hair prosthetics, replacement therapy and other procedures for physiological hair loss are not eligible (i.e. male pattern baldness).

Prosthetic repairs and/or adjustments are provided to a maximum amount payable as noted in the Summary of Benefits.

## **Hearing Aids**

Charges for hearing aids (excluding batteries and exams), when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist. The maximum amount payable for this benefit is noted in the Summary of Benefits.

## **Intra Uterine Devices**

(IUDs) up to \$75 per person every 2 calendar years

## **Prostheses**

Charges for the following remedial prosthetic appliances:

- artificial limbs (limited to one prosthetic appliance for each limb per lifetime),
- breasts (limited to a left and a right prosthesis every two (2) consecutive calendar years),
- artificial nose (limited to one (1) per lifetime),
- eyes (limited to one left and one right prosthesis per lifetime),
- casts and splints up to the usual, customary and reasonable amount,
- trusses (limited to one (1) truss per five (5) consecutive calendar years),
- braces (limited to one (1) cervical collar per calendar year. All other braces are limited to one (1) per lifetime),
- canes and crutches (limited to a combined maximum of two (2) per lifetime).

Replacement of these items will not be a benefit unless replacement is required due to pathological or physiological change.

## Medical Equipment

The plan covers the cost of out-patient supplies obtained from a hospital or surgical supply company in your home province. The medical equipment and supplies listed below are covered when prescribed by a physician. Such equipment must be required for therapeutic use. Coverage is for supplies and equipment available on a rental basis, however, the cost of purchase for the equipment or supply may be considered on a case- by-case basis at NexgenRx discretion.

The following is a list of examples of items that the plan will cover if prescribed by a physician and approved by NexgenRx:

- Diabetic Equipment including: glucometer, pressurized insulin injector or dosing system, blood glucose monitoring or approved equipment that performs similar functions up to the maximum as noted in the Summary of Benefits
- Diabetic supplies including: Needles, Lancets, Test strips and Syringes
- Breast prostheses after a mastectomy, including replacement(s)
- Burn pressure garments up to \$500 per person every calendar year
- Speech Aids up to \$500 per person's lifetime
- Charges for artificial larynx, limited to one purchase per lifetime.
- Trusses up to 1 per person every 5 calendar years
- Ostomy/Ileostomy/Colostomy and incontinence supplies
- Oxygen and rental of oxygen equipment
- Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP) Machines limited to 1 per person every 5 calendar years up to maximum of \$1,500
- Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP) Masks limited to 1 per person every calendar year up to up to maximum of \$300
- T.E.N.S. machine for chronic pain up to \$300 per person every 5 calendar years
- Braces with physician's approval
- Surgical Support Stockings/ Compression Hose up to the maximum as noted in the Summary of Benefits
- Sleeves for Lymphedema are covered up to 2 per person every calendar year
- Wheelchair or hospital-type bed rental (including mattress and safety side rails) or if needed for long term illness or disability, the purchase may be approved. The subsequent rental or purchase of approved equipment after initial purchase is limited to once every 5 calendar years with prior approval. Charges for repair of manual or electric wheelchair
- Charges for the purchase of wheelchair/Scooter cushion and inserts limited to reasonable and customary amount.
- Walkers

## **Expenses not Reimbursed by the Plan**

The following expenses are **not** reimbursed under the plan:

- Air conditioners or purifiers
- Blood pressure kits
- Breast pumps
- Craftmatic, Ultramatic or other lifestyle beds
- Exercise equipment, machines or programs
- Home or car modifications (for example, ramps or lifts)
- Humidifiers
- Mattresses (except for standard mattresses with approved hospital beds)
- Obus Formes or orthopaedic pillows
- Charges for health care services and medical supplies normally administered in a hospital or by any agency or provider controlled by a hospital or by any agency are covered under any Provincial Government plan.

## **Dental Benefit**

Dental benefit pays for eligible expenses that you incur for dental procedures expenses provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

Expenses are subject to the deductible (if applicable), percentages of reimbursement and maximums specified in the Summary of Benefits.

For each dental procedure, we will not cover more than the fee stated in the Dental Association Fee Guide specified in the Summary of Benefits.

For any major treatment or any procedure that will cost more than \$600, we suggest that you send us an estimate before the work is done. Here's what to expect:

- you will send us a completed dental claim form that shows the treatment that the dentist is planning and the cost.
- both you and the dentist will have to complete parts of the claim form.
- we will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

## **Alternate Benefits**

When one or more form of alternative treatment exists, NexgenRx will pay for eligible services and supplies based on an alternate procedure with a lower cost, when deemed appropriate and consistent with good health management.

### **Preventive Care**

#### a) Oral examinations and diagnosis

- Complete oral examination (once per two consecutive calendar years)
- Recall oral examination (as mentioned in the Summary of Benefits)
- Emergency oral examination and specific oral examination (once per calendar year)

#### b) X-rays

- Complete series films (once per two consecutive calendar years)
- Panoramic film (once per two consecutive calendar years)
- Intra-oral films – periapical
- Intra-oral films – occlusal
- Intra-oral films – bitewings (once per calendar year)
- Extra-oral films
- Sialography
- Radiopaque dyes

c) Laboratory tests and examinations

- Bacterial culture
- Biopsy of soft oral tissue
- Biopsy of hard oral tissue
- Cytological examination

d) Preventive treatment

- Polishing of coronal portion of teeth (as mentioned in the Summary of Benefits)
- Topical application of fluoride (as mentioned in the Summary of Benefits)
- Oral hygiene instruction (lifetime maximum of one instruction)
- Pit and fissure sealants (for participants under age 18)
- Scaling (8 units\* per calendar year in combination with root planing)

e) Space Maintainers are covered for dependent children under age 18

## Basic Care

a) Occlusal Restorations

- Amalgam, acrylic, silicate or composite on posterior and anterior teeth
- Retentive pins
- Full coverage prefabricated restorations

b) Endodontic services

- Pulp capping
- Pulpotomy
- Emergency pulpectomy
- Root-canal therapy
- Endodontic surgery
- Bleaching (endodontically treated teeth)
- Apexification

c) Periodontics

- Periodontal surgery
- Provisional splinting
- Management of acute infections
- Desensitizations
- Other adjunctive periodontal services
- Root planing (8 units\* per calendar year in combination with scaling)
- Periodontal curettage
- adjustments (three units\* per calendar year)
- Periodontal appliances (one per two consecutive calendar years)

- Adjustments to appliances (three units\* per calendar year)
- d) Removable denture adjustments
- Minor adjustments
  - Rebasing and relining (one per two consecutive calendar years)
- e) Oral Surgery
- Removal of erupted teeth
  - Surgical exposure and movement of teeth
  - Surgical excision of cysts and neoplasms
- f) General adjunctive services
- Anaesthesia (related to surgery)

### **Major Restoration**

- a) Extensive Restorations
- Inlays/onlays/crowns (once per tooth every five consecutive calendar years)
- b) Prosthodontic Services
- Complete and partial dentures (once every five consecutive calendar years)
  - Bridgework (once every five consecutive calendar years)
  - Implants (once per tooth every 10 consecutive calendar years)
  - Restorations over implants (i.e. crowns, bridgework and dentures) (once per tooth every 10 consecutive calendar years)

## Expenses not Covered by the Plan

The following expenses are not covered:

- Dental services or supplies that the insured person is eligible to claim under the Workers' Compensation legislation
- Any dental charges not included in the current Dental Association Suggested Schedule of Fees for General Practitioners
- Cosmetic procedures
- Charges for appointments that are not kept
- Charges for completing claim forms
- Treatment to correct temporomandibular joint dysfunction (the hinge joint of the jaw is called the temporomandibular joint)
- Any endodontic treatment which was started before the effective date of coverage
- The replacement of dental appliances that are lost, misplaced or stolen
- Any treatment related to orthognathic surgery (remodeling or reconstruction of your jaw)
- Splinting for periodontal reasons, where cast crowns or inlays are used for this purpose, with or without onlays.
- Expenses incurred for veneers.