

# MY BENEFIT PLAN BOOKLET

## **UNIVERSITY OF TORONTO**

Classification: Post Doctoral Fellows

Billing Division: 31490

Revised Effective Date: August 1, 2010



## WELCOME TO YOUR HEALTH AND DENTAL BENEFIT PLAN

### ABOUT THIS BOOKLET

This booklet contains important information you will need about your group benefits with **University of Toronto – Post Doctoral Fellows**, your plan sponsor, available through the group contract with Green Shield. It includes:

- a Table of Contents, to allow easy and quick access to the information you are looking for
- a Schedule of Benefits, listing all the deductibles, co-pays and maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- detailed benefit descriptions for each benefit in your group benefits plan
- information you need to submit a claim

You are encouraged to read this booklet carefully; please keep it in a safe place so that you may refer to it when submitting claims.

You will receive Identification Card(s) showing your Green Shield Identification Number to be used on all claims and correspondence. Your number will appear on the front of the card and end in -00, while each of your dependents with their numbers will be shown on the back.

### PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Our website will answer those questions most often asked and give you online access to the following:

- A Benefit Plan Booklet
- Printer friendly personalized claim forms
- Benefit eligibility information, such as the date you are eligible for your next dental recall exam
- Explanation of Benefits information and claim history for you and your dependents
- Claim history for tax purposes or Co-ordination of Benefits
- Request your claim payments to be directly deposited into your bank account\*
- And much more

**Register online at [greenshield.ca](https://www.greenshield.ca) and see what our website can do for you!**

**\*Please note** that once arrangements have been made for Direct Deposit, claim payments will be deposited directly into the bank account you have chosen. Statements will no longer be mailed to you but will be available for online viewing.



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## SCHEDULE OF BENEFITS

### HEALTH BENEFIT PLAN

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are based on paid Canadian dollars. You are covered for only those specific benefits for which you have applied.

This group benefit plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

<b>Deductible:</b> Nil	<b>Overall Maximum:</b> \$2,000 per covered person per calendar year (including Medical Items, Dental Accident, Emergency Transportation and Professional Services)
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<b>Your Plan Covers:</b>	<b>Your Co-Pay:</b>	<b>Maximum Plan Pays:</b>
<b>Prescription Drugs –</b> Pay Direct Drug Card	20% of allowed claim per prescription or refill	\$5,000 per calendar year
<b>Hospital Accommodation</b> • Public general hospital - semi-private room	0%	Reasonable and customary charges
<b>Medical Items and Services</b>	20%	
• Footwear		
▪ custom made boots or shoes and custom made foot orthotics		\$150 per calendar year
• Optometric eye exams		Once every 2 years, based on date of first paid claim
• Other items and services – See the Description of Benefits section for details		Reasonable and customary charges

Your Plan Covers:	Your Co-Pay:	Maximum Plan Pays:
<b>Professional Services</b>	20%	\$300 for all practitioners combined per calendar year
<ul style="list-style-type: none"> <li>• Chiropractor</li> </ul>		
<ul style="list-style-type: none"> <li>• Chiropracist or Podiatrist</li> </ul>		
<ul style="list-style-type: none"> <li>• Registered Massage Therapist (Physician (M.D.) recommendation required)</li> </ul>		
<ul style="list-style-type: none"> <li>• Naturopath</li> </ul>		
<ul style="list-style-type: none"> <li>• Osteopath</li> </ul>		
<ul style="list-style-type: none"> <li>• Physiotherapist</li> </ul>		
<ul style="list-style-type: none"> <li>• Psychologist</li> </ul>		
<ul style="list-style-type: none"> <li>• Speech Therapist</li> </ul>		
<b>Vision</b> <ul style="list-style-type: none"> <li>• prescription eye glasses or contact lenses or medically necessary contact lenses</li> </ul>	0%	\$125 per 24 consecutive months, based on date of first paid claim



## DENTAL BENEFIT PLAN

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are based on paid Canadian dollars. You are covered for only those specific benefits for which you have applied.

Claim payments are made payable to you. You cannot authorize payment to be made to a dentist who has rendered services, treatments or supplies.

<b>Deductible:</b>	Nil
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<b>Fee Guide:</b>	The current minus one year Ontario Dental Association Fee Guide for General Practitioners
	Treatment rendered by a Specialist will be reimbursed in accordance with the fee guide for General Practitioners shown above

<b>Your Plan Covers:</b>	<b>Your Co-Pay:</b>	<b>Maximum Plan Pays:</b>
Basic Services and Comprehensive Basic Services	20%	\$1,000 per covered person per calendar year

## DEFINITIONS

Unless specifically stated otherwise, the following definitions will apply throughout this booklet.

**Allowed amount** means, as determined by Green Shield:

- a) Drugs – the Green Shield National Pricing Policy and/or the reasonable and customary charge;
- b) Extended Health Services – the reasonable and customary charge for the service or supply but not more than the prevailing charge in the area in which the charge is made for a like service or supply;
- c) Dental – the provincial dental association fee guide for general practitioners as specified in the Schedule of Benefits.

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

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

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

**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.)

**Dependent** means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the group contract;
- b) your unmarried child under age 21;
- c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
- d) your unmarried child any age, if totally disabled by reason of mental or physical disability and remains continuously so disabled and is considered a dependent as defined under the Income Tax Act.

Your child (you or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

**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 you or your dependent is medically able to return to your province of residence.

**First paid claim** means the actual date of service of the initial or a prior claim paid by Green Shield.

**Injury** means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

**Plan member** means you, when you are enrolled for coverage.

**Reasonable and customary** means in the opinion of Green Shield, the usual charge of the provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**Semi-private room for hospital accommodation** means a room having only two treatment beds.

**Stock item footwear** means any mass-produced foot care item that is sold over-the-counter and is readily available without any modifications.

## ELIGIBILITY

### For You

To be eligible for coverage, you must be:

- a) a plan member who is a resident of Canada;
- b) covered under your provincial health insurance plan.

### For your Dependents

To be eligible for coverage you must be:

- a) covered under this plan; and;
- b) each dependent must be covered under a provincial health insurance plan.

### Coverage Effective Date

Your coverage begins on the date you become eligible for coverage, have satisfied the eligibility requirements and you are enrolled under the plan.

Your dependent coverage will begin on the same date as your coverage.

If you have waived eligibility due to having coverage through your spouse's benefit plan, you must request coverage from your plan sponsor within 31 days after termination of the coverage under your spouse's plan.

Your plan sponsor is solely responsible for submitting all required forms to Green Shield as of the Effective Date of this plan or as of the first date that you become eligible.

### Termination

Your coverage will end on the earliest of the following dates:

- a) the date your engagement ends;
- b) the date you are no longer actively working;
- c) the first of the month co-incident with or next following the date you attain age 70;
- d) the end of the period for which rates have been paid to Green Shield for your coverage;
- e) the date the group contract terminates.

Dependent coverage will end on the earliest of the following dates:

- a) the date your coverage terminates;
- b) the date your dependent is no longer an eligible dependent;
- c) the end of the calendar year in which your dependent child attains the specified age limit;
- d) the end of the period for which rates have been paid for dependent coverage;
- e) the date the group contract terminates.

### Dependent Children Continuation of Coverage

Any child whose coverage would end because they have reached the specified age limit may qualify for continued coverage, subject to the following conditions:

- a) your child became dependent upon you by reason of a mental or physical disability prior to reaching this age; and
- b) your child has been continuously so disabled since that time.

**Group Conversion - PRISM CONTINUUM® Program**

The PRISM CONTINUUM® Program offers three plans that are focused on providing coverage for you if you are leaving a company group plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost company group health benefits within the last 60 days and are looking for guaranteed coverage.

Call 416.601.0429 in the Toronto area or toll-free at 1.800.667.0429 for an information package or visit our website at [greenshield.ca](http://greenshield.ca). Coverage is guaranteed if you apply within 60 days of losing your Green Shield group benefits.

## DESCRIPTION OF BENEFITS

### HEALTH BENEFIT PLAN

The benefits shown below 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.

#### Prescription Drugs

Prescription drug benefits, up to the amount shown in the Schedule of Benefits, that:

- a) are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law;
- b) legally require a prescription; and
- c) 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. Your Pharmacist is 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.

#### Generic drug substitution

Reimbursement will be made for the cost of the lowest priced equivalent drug based on specific provincial regulations, unless your medical or dental practitioner has written that there is to be no substitution of the prescribed drug or medicine.

#### **NOTE:**

Drug Benefit over age 65: The Drug Benefit co-pay and the deductible (where applicable) in your province of residence **is not** an eligible benefit.

Quebec residents only: Legislation requires Green Shield to follow the RAMQ (The Regie de l'assurance maladie du Quebec) reimbursement guidelines for all residents of Quebec. If you are younger than age 65, you must enroll for the Green Shield Prescription Drugs benefit plan and Green Shield will be the only payor. If you are age 65 or older, enrollment in RAMQ is automatic, enrollment in the Green Shield Prescription Drugs benefit plan is optional, and RAMQ would be first payor.

If any provisions of this plan do not meet the minimum requirements of the RAMQ plan, adjustments are automatically made to meet RAMQ requirements.

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

- a) Smoking cessation products and drugs for the treatment of obesity, erectile dysfunction and infertility;
- b) Oral vitamins;
- c) 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;
- d) 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;
- e) Mixtures, compounded by a pharmacist, that do not conform to Green Shield's current Compound Policy.

## Extended Health Services

1. **Hospital Accommodation:** Reimbursement, as shown in the Schedule of Benefits, of reasonable and customary charges in the area where received, for accommodation in a public general hospital, provided your provincial health insurance plan has accepted or agreed to pay the ward or standard rate.
2. **Medical Items and Services:** Reimbursement for reasonable and customary charges, up to the amount, where applicable, as shown in the Schedule of Benefits for:
  - a) Aids for daily living: such as hospital style beds, including rails and mattresses; bedpans; standard commodes; decubitus (bedridden) supplies; I.V. stands; portable patient lifts (including batteries); trapezes; urinals;
  - b) Footwear:
    - i) custom made foot orthotics (when prescribed by your attending physician, podiatrist or chiropodist);
    - ii) custom made boots or shoes, adjustments to stock item footwear, or footwear as an integral part of a brace, (subject to a medical pre-authorization);
  - c) Braces, casts;
  - d) Diabetic equipment, such as blood glucose monitors and lancets;
  - e) Medical services, such as diagnostic tests and laboratory tests;
  - f) Incontinence/Ostomy, such as catheter supplies and ostomy supplies;
  - g) Mobility aids, such as canes, crutches, walkers and wheelchairs (including wheelchair batteries);
  - h) Prosthetics, such as arm, hand, leg, foot, breast, eye and larynx;
  - i) Optometric eye examinations for visual acuity performed by a licensed optometrist, ophthalmologist or physician limited to one exam in a 24 month period (available only in those provinces where eye examinations are not covered by the provincial health insurance plan);
  - j) Respiratory/Cardiology equipment, such as compressors, inhalant devices, tracheotomy supplies and oxygen;
  - k) Compression stockings.

Some items may require pre-authorization. To confirm eligibility prior to purchasing or renting equipment, submit a Pre-Authorization Form to Green Shield.

## Limitations

- a) The rental price of durable medical equipment will not exceed the purchase price. Green Shield's decision to purchase or rent will 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;
  - b) 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;
  - c) 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.
- 3. Emergency Transportation:** Reimbursement for 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.
- 4. Professional Services:** Reimbursement for the services of the practitioners included, up to the amount shown in the Schedule of Benefits, 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. Please contact the Green Shield Customer Service Centre to confirm practitioner eligibility.

## **NOTE:**

- Podiatry services are not eligible until your Ontario health insurance plan annual maximum has been exhausted
- 5. Accidental Dental:** Reimbursement for the services of a licensed dental practitioner for dental care when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident must occur while the coverage is in force. When natural teeth have been damaged eligible services are limited to one set of artificial teeth. You must notify Green Shield immediately following the accident and the treatment must commence within 180 days of the accident.

Green Shield will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.

For an accident involving a young dependent child, when permanent treatment must be delayed due to the age of the child, treatment must be completed prior to age 21.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province of residence. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter Green Shield's liability.

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



- 6. Vision:** Reimbursement for the services performed by a licensed Optometrist, Optician or Ophthalmologist, up to the amounts shown in the Schedule of Benefits, for:
- a) Prescription eyeglasses or contact lenses.
  - b) Medically necessary contact lenses when visual acuity cannot otherwise be corrected to at least 20/40 in the better eye or when medically necessary due to keratoconus, irregular astigmatism, irregular corneal curvature or physical deformity resulting in an inability to wear normal frames.
  - c) Replacement parts for prescription eyeglasses.
  - d) Plano sunglasses prescribed by a legally qualified medical practitioner for the treatment of specific ophthalmic diseases or conditions.

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

- a) Medical or surgical treatment;
- b) Special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- c) Follow-up visits associated with the dispensing and fitting of contact lenses;
- d) Charges for eyeglass cases.

## Health 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 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 plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;

- j) 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;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are for medical or surgical audio and visual treatment;
- m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- n) are delivery and transportation charges;
- o) are for Insulin pumps and supplies (unless otherwise covered under the plan);
- p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
- q) are batteries, unless specifically included as an eligible benefit;
- r) are a duplicate prosthetic device or appliance;
- s) 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;
- t) 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;
- u) 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;
- v) 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);
- w) 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;
- x) 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;A letter from your automobile insurance carrier will be required;
- y) 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.

## DENTAL BENEFIT PLAN

The benefits shown below will be eligible, if based on the licensed dental practitioner's reasonable and customary charge in accordance with the Fee Guide and the maximum shown in the Schedule of Benefits.

### Basic Services

1. Basic Diagnostic and Preventive Services:
  - complete oral examinations once every 3 years
  - emergency and specific oral examinations
  - full series X-rays and panoramic X-rays once every 3 years
  - bitewing X-rays once per calendar year (twice per calendar year for covered persons 19 years of age and under)
  - recall examinations once per calendar year (twice per calendar year for covered persons 19 years of age and under)
  - cleaning of teeth (up to 1 unit of polishing plus up to 1 unit of scaling) once per calendar year (twice per calendar year for covered persons 19 years of age and under)
  - topical application of fluoride once per calendar year (twice per calendar year for covered persons 19 years of age and under)
  - denture cleaning once per calendar year (twice per calendar year for covered persons 19 years of age and under)
  - pit and fissure sealants on permanent molars only, for dependent children 14 years of age and under
  - space maintainers
  - mouth guards once every 12 months
2. Basic Restorative Services:
  - amalgam, tooth coloured filling restorations (paid to full metal on molar), and temporary sedative fillings
  - inlay restorations – these are considered basic restorations and will be paid to the equivalent non-bonded amalgam
3. Basic oral surgery:
  - extractions of teeth and/or residual roots
4. Anaesthesia and intravenous sedation in conjunction with eligible oral surgery only
5. Standard denture services:
  - denture repairs and/or tooth/teeth additions
  - standard relining and rebasing of dentures, once every 3 years
  - denture adjustments and remount and equilibration procedures, only after 3 months have elapsed from the installation of an initial or replacement denture
  - soft tissue conditioning linings for the gums to promote healing
  - remake of a partial denture using existing framework

6. Comprehensive oral surgery:

- surgical exposure, repositioning, transplantation or enucleation of teeth
- remodeling and recontouring - shaping or restructuring of bone or gum
- excision - removal of cysts and tumors
- incision - drainage and/or exploration of soft or hard tissue
- fractures including the treatment of the dislocation and/or fracture of the lower or upper jaw and repair of soft tissue lacerations
- maxillofacial deformities - frenectomy - surgery on the fold of the tissue connecting the lip to the gum or the tongue to the floor of the mouth

### **Comprehensive Basic Services**

1. Endodontic treatment including:

- root canal therapy
- pulpotomy (removal of the pulp from the crown portion of the tooth)
- pulpectomy (removal of the pulp from the crown and root portion of the tooth)
- apexification (assistance of root tip closure)
- apical curettage, root resections and retrograde fillings (cleaning and removing diseased tissue of the root tip)
- root amputation and hemisection
- bleaching of non-vital tooth/teeth
- emergency procedures including opening or draining of the gum/tooth

2. Periodontal treatment of diseased bone and gums including:

- periodontal scaling and/or root planing, 2 time units per calendar year
- occlusal equilibration - selective grinding of tooth surfaces to adjust a bite, 2 time units every 12 months

The fees for periodontal treatment are based on units of time (15 minutes per unit) and/or number of teeth in a surgical site in accordance with the General Practitioners Fee Guide.

- bruxism appliance once every 12 months

### **Alternate Treatment**

The group benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

### **Predetermination**

Before your treatment begins, if the total cost of any proposed treatment is expected to exceed \$300, it is recommended that you submit an estimate completed by your dental practitioner.

## Limitations

1. Laboratory services must be completed in conjunction with other services and will be limited to the co-pay of such services. Laboratory services that are in excess of 40% of the dentist's fee in the current General Practitioners Fee Guide will be reduced accordingly; co-pay is then applied;
2. Reimbursement will be made according to standard and/or basic services, supplies or treatment. Related expenses beyond the standard and/or basic services, supplies or treatment will remain your responsibility;
3. When more than one surgical procedure is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement;
4. Reimbursement will be pro-rated and reduced accordingly, when time spent by the dentist is less than the average time assigned to a dental service procedure code in the General Practitioners Fee Guide;
5. Reimbursement for root canal therapy will be limited to payment once only per tooth. The total fee for root canal includes all pulpotomies and pulpectomies performed on the same tooth;
6. Common surfaces on the same tooth/same day will be assessed as one surface. If individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period;
7. The benefits payable for multiple restorative services in the same quadrant performed at one appointment may be reduced by 20% for all but the most costly service in the quadrant;
8. Root planing is not eligible if done at the same time as gingival curettage;
9. In the event of a dental accident, claims should be submitted under the health benefits plan before submitting them under the dental plan.

## Dental 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 dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any dental service that is not contained in the procedure codes developed and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided;
6. Implants;
7. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion;
8. Appliances related to treatment of myofascial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines;
9. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces;
10. Service and charges for sleep dentistry;
11. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction;
12. 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 Health Benefit Plan 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;

13. 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 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 plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) 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;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are delivery and transportation charges;
- m) are a duplicate prosthetic device or appliance;
- n) 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;
- o) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, 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;
- p) 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;A letter from your automobile insurance carrier will be required;
- q) 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.



## CLAIM INFORMATION

### Inquiries

For detailed inquiries, contact your Benefits Administrator or contact us:

- ♦ Call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and Green Shield's pre-authorization requirements, or
- ♦ Visit our website at [greenshield.ca](http://greenshield.ca) to e-mail your question

### Pre-authorization

For **pre-authorization** forward a pre-authorization form OR a physician's prescription indicating the diagnosis and what is prescribed.

### Submitting Claims

When submitting a claim to Green Shield, you must show the Green Shield Identification Number for the person who has received the benefit. You can find the applicable Green Shield Identification Number for yourself and each of your dependents listed on your Green Shield Identification Card. Original itemized paid receipts are required for claims reimbursement (cash receipts or credit card receipts alone are not acceptable as proof of payment).

For **claims reimbursement** forward an original itemized paid receipt (**cash receipts or credit card receipts alone are not acceptable**) including:

- Covered person's name, address and Green Shield Identification Number
- Provider's name and address
- Date of service (this is the date of pick up)
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required
- For Hospital, admission and discharge dates; daily accommodation charges; number of days in preferred accommodation

For dental claims, forward a dental claim form, completed by both the plan member and the dentist. If your claim is the result of an accident, a Dental Accident Report Form and your dental X-rays must be submitted to Green Shield for prior approval. Failure to comply may result in non-payment.

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.

### Submit all Claim Forms to: Green Shield Canada

Attn: Drug Department	PO Box 1652	Windsor, ON	N9A 7G5
Attn: Medical Items	PO Box 1623	Windsor, ON	N9A 7B3
Attn: Professional Services	PO Box 1699	Windsor, ON	N9A 7G6
Attn: Hospital/ Vision Department	PO Box 1615	Windsor, ON	N9A 7J3
Attn: Dental Department	PO Box 1608	Windsor, ON	N9A 7G1

## **Reimbursement**

Reimbursement will be made by one of the following methods:

- a) Direct deposit to your personal bank account, when requested;
- b) A reimbursement cheque; or
- c) Direct payment to the provider of services, where applicable.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

## **Direct Payment to the Provider of Service (where applicable)**

Present your Green Shield Identification Card to your provider and, after you pay any applicable co-payment, they may bill Green Shield directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

Dental Benefits are made payable to you. You cannot authorize payment to be made to a dentist who has rendered services, treatments or supplies.

## **Subrogation**

Green Shield retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that Green Shield has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by Green Shield, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.

### **Co-ordination of Benefits (COB)**

If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s). Use the following guidelines to identify the primary and secondary plans:

#### **Green Shield Plan Member**

Green Shield coverage for you is always primary. If you are the plan member under two group plans, priority goes in the following order:

- The plan where you are a full-time plan member
- The plan where you are a part-time plan member
- The plan where you are a retiree

#### **Spouse**

If your spouse is a plan member under another benefit plan, this Green Shield coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

#### **Children**

When dependent children are covered under both your Green Shield plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
  - The benefit plan of the parent who has custody of the dependent child
  - The plan of the spouse of the parent who has custody of the dependent child
  - The plan of the parent who does not have custody of the dependent child
  - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

## PREFERRED PROVIDER VISION NETWORK ARRANGEMENT

As a Green Shield plan member, you have access to our national preferred provider vision network arrangement where all Green Shield plan members are eligible to receive a discount on eyewear and laser eye surgery.

### **Features of this great value-added service for either eyewear or laser eye surgery include:**

1. Offer applies to any Green Shield plan member, regardless of whether you have Green Shield vision benefits or not;
2. The vision provider may bill Green Shield directly; the plan member just pays any portion of the expense not covered under their vision benefit;
3. Trustworthy retail chains with convenient locations;
4. The discount offer applies to everything such as all extra coatings, upgrades and accessories;
5. Hundreds of the latest frame styles to choose from plus the latest lens and coating technology;
6. Professional opticians to assist in selecting products;
7. For some vendors, this offer applies to non-disposable contact lenses only (excludes disposable contact lenses).

Visit our website at [greenshield.ca](http://greenshield.ca) or call our Customer Service Centre at 1.888.711.1119 for information on the vision providers.

### **How to Submit Your Vision Claim**

1. Present your Green Shield Identification Card as proof of being a Green Shield plan member.
2. The vision provider will apply the appropriate discount(s) to your claim and may submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.
3. If no vision benefit exists, you pay your provider the full balance owing after the applicable discounts have been applied.

## OUR COMMITMENT TO PRIVACY

The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service. It consists of the following key principles:

### 1. We ask for your personal information for the following purposes:

- To establish your identification
- To provide you and/or your dependents with the applicable benefit coverage
- To protect you and us from error and fraud
- To provide ongoing access to other services at Green Shield

### 2. Consent

When you enrolled in your group benefit plan as a plan member, your personal information was obtained and used only with your consent. We obtained your consent before we:

- Provided benefit coverage
- Offered you other Green Shield services
- Obtained, used or disclosed to other persons, information about you unless we were obliged to do so by law or to protect our interests
- Used your personal information in any way we did not tell you about previously

Your consent can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing group and benefit plan members and their dependents, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

### 3. Withdrawal of Consent

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information, or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield website at [greenshield.ca](https://www.greenshield.ca).