My Benefit Plan Booklet

Brock University
Senior Administrators
Billing Division: 7439

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GREEN SHIELD
CANADA

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefits administrator or the Green Shield Customer Service Centre at 1.888.711.1119 to determine benefit eligibility and coverage details. All claims must be received by Green Shield no later than 12 months from the date the eligible service was incurred.

"Co-payment" means the amount that you are required to pay.
"Co-insurance" means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.

HEALTH SERVICES

- Your overall Health deductible is $10.00/Single or $20.00/Family per calendar year
- Your co-insurance for Health Services is 100%
- Deductibles apply to Drug, Emergency Transportation, Accidental Dental, Long Term Care Facility, Medical Items, Professional Services and Vision

DRUG

- Ontario residents only: the Ontario Drug Benefit co-pay/deductible for seniors is a benefit
- Quebec residents only: Legislation states that Green Shield Canada is obligated to follow RAMQ reimbursement guidelines for all residents of Quebec. For those 65 years of age and under, Green Shield Canada is primary payor.

Benefits include drugs legally requiring a prescription by law, diabetic needles and syringes, limited access and some over-the-counter drugs.

EMERGENCY TRANSPORTATION

Ambulance Transportation, for land or air ambulance to the nearest hospital equipped to provide the required treatment. Air ambulance is subject to a maximum of one trip per calendar year.

ACCIDENTAL DENTAL BENEFITS

Accidental Dental benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

ACCOMMODATION

- Semi-Private Room in a public general hospital
- Private Room in a public general hospital

LONG TERM CARE (LTC) FACILITY

Long Term Care (LTC) Facility up to a $20.00 maximum per day. Prior approval is necessary.

AUDIO

Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of $750.00 per ear once every 2 calendar years. Batteries are not eligible.

MEDICAL ITEMS

Prosthetic Appliances and Durable Medical Equipment as well as replacements, repairs, fittings and adjustments of such devices. Contact the Customer Service Centre to verify eligibility of a particular benefit.

PROFESSIONAL SERVICES

- Physiotherapist - usual, reasonable and customary charges with no annual maximum
- Chiropractor, Osteopath, Podiatrist/Chiropodist, Naturopath, Acupuncturist or Speech Therapist - $10.00 co-pay (i.e. amount plan member pays) per visit to a $500.00 maximum per paramedical discipline per calendar year
- Chiropractor, Osteopath and Podiatrist X-rays up to a $15.00 maximum per paramedical discipline per calendar year
- Registered Massage Therapist - $20.00 co-pay (i.e. amount plan member pays) per visit to a $500.00 maximum per calendar year
- Psychologist or Counsellor of Social Work (MSW) Benefits - $10.00 co-pay (i.e. amount plan member pays) per visit to a maximum of $1,000.00 per calendar year
- Podiatrist/Chiropodist - up to a maximum of $100.00 per calendar year for surgery for the treatment of ingrown toenails or plantar warts
- Private Duty Nursing Benefits for the services of a Registered Nurse (R.N.) or Registered Practical Nurse (R.P.N.)/Licensed Practical Nurse (L.P.N.) in the home on a full or part shift basis. A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to Green Shield. Failure to comply may result in non-payment. Contact the Customer Service Centre at 1.888.711.7119 for details.

NOTE:

- Ontario residents only: Podiatry Services are eligible in coordination with OHIP
- Professional Services are only eligible when the practitioner rendering the service is a member in good standing with their provincial regulatory agency or an active member of a professional association, either of which must be recognized by Green Shield Canada. Please contact the Green Shield Customer Service Centre to confirm eligibility when in doubt.

VISION

- Your Vision Benefit carries a maximum of $375.00 every 2 calendar years for eye examinations, laser eye surgery, prescription eye glasses and/or contact lenses or for medically necessary contact lenses (every calendar year for dependent children 16 years of age and under), provided they are dispensed by an Optometrist, an Optician or an Ophthalmologist.
- Eye examinations are subject to a maximum of $80.00 and are included in the overall Vision benefit maximum shown above.

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. 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. offer applies to non-disposable contact lenses (excludes disposable contact lenses).

Visit our web site at 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.

DENTAL

- Your deductible is nil
- Your co-insurance which is applied to the eligible allowed amount is 100% for Basic Services and for Comprehensive Basic Services, 100% for Major Restorative Services and 50% for Orthodontic Services
- Your maximum for Basic and Comprehensive Basic Services is unlimited
- Your maximum for Major Restorative Services is $2,000.00 per calendar year
- Your lifetime maximum for Orthodontic Benefits is $3,000.00
- Stated maximums are based on paid dollars
- Applicable lab, drug and other expenses are eligible to a maximum of 40% (50% cap on dentures) of the allowable professional fee. Any applicable co-payment is then applied.
- Your eligible claims are reimbursed at the level stated above and in accordance with the Current Ontario Dental Association Fee Guide for General Practitioners.

BASIC SERVICES

- Recalls include exams, bitewing X-rays and preventive cleanings, once every 6 months.
- Fluoride treatments.
- Complete, general or comprehensive oral exams, full mouth X-rays and panoramic X-rays once every 3 years. One additional complete oral exam once every 3 years is allowed if service is rendered by a specialist
- Basic restorations, fillings and inlays.
- Extractions and surgical services. General anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery.

COMPREHENSIVE BASIC SERVICES

- Endodontic treatment including standard root canal therapy.
- Periodontal treatment including scaling and/or root planing.
- Standard denture services including relining and rebasing of dentures plus denture adjustments after 3 months from installation.

MAJOR RESTORATIVE SERVICES

- Standard dentures, complete, immediate and partial once every 5 years.
- Standard crown restorations or onlays on natural teeth.
- Repair or recementing of crowns, onlays and bridgework on natural teeth.
- Standard bridges, including pontics, abutment retainers/crowns on natural teeth once every 5 years.
- Dental implants

ORTHODONTIC SERVICES

- Orthodontic treatment to straighten teeth and correct the bite. These services require a treatment plan to be submitted by a Dentist/Orthodontist to Green Shield for prior approval of coverage eligibility.
- Subject to a usual and customary monthly cap as established by Green Shield.

TRAVEL BENEFITS

- Travel Benefits are eligible within the first 180 days per trip
- Your co-insurance for Travel Benefits is 100%
- Your maximum is $1,000,000.00 per calendar year for Emergency Services; and $50,000.00 per calendar year for Referral Services.
- Hospital and medical services are eligible only if your provincial government health plan provides payment toward the cost of the services received.

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

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

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

Upon notification of the necessity for treatment of an accidental injury or medical emergency, **the patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.**

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

Eligible benefits are limited to a maximum of **180** days per trip commencing with the date of departure from your province of residence. If you are hospitalized on the **180th** day, benefits will be extended until the date of discharge.

1. **Hospital services and accommodation** up to a standard ward rate in a public general hospital;

2. **Medical/surgical services** rendered by a legally qualified physician or surgeon to relieve the symptoms of, or to cure an unforeseen illness or injury;

3. **Emergency Transportation**

   - **Land ambulance** to the nearest qualified medical facility

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

4. **Referral services** – (a) hospital services and accommodation, up to a standard ward rate in a public general hospital, and/or (b) medical surgical services rendered by a legally qualified physician or surgeon;

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

5. **Services of a registered private nurse** up to a maximum of $5,000 per calendar year, at the reasonable and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. You must contact Green Shield Canada Travel Assistance for pre-approval;

6. **Diagnostic laboratory tests and x-rays** when prescribed by the attending physician. Except in emergency situations, Green Shield Canada Travel Assistance must pre-approve these services (i.e. cardiac catheterization or angiogram, angioplasty and bypass surgery);

7. **Reimbursement of prescriptions** for drugs, serums and injectables which require a prescription by law and are prescribed by a legally qualified medical practitioner (vitamins, patent and proprietary drugs are excluded). Submit to Green Shield Canada Travel Assistance the original paid receipt from the pharmacist, physician or hospital outside your province of residence showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;

8. **Medical appliances** including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair when deemed medically necessary and required due to an accident which occurs, and when the devices are obtained outside your province of residence;

9. **Treatment by a dentist** only when required due to a direct accidental blow to the mouth up to a maximum of $2,000. Treatments (prior to and after return) must be provided within 90 days of the accident. Details of the accident must be provided to Green Shield Canada Travel Assistance along with dental X-rays;

10. **Coming Home** - when your emergency illness or injury is such that:

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

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

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

11. **Cost of returning your personal use motor vehicle** to your residence or nearest appropriate vehicle rental agency when you are unable to due to sickness, physical injury or death, up to a maximum of $1,000 per trip. We require original receipts for costs incurred, i.e. gasoline, accommodation and airfares;

12. **Meals and accommodation** up to $1,500 (maximum of $150 per day for up to 10 days) will be reimbursed for the extra costs of commercial hotel accommodation and meals incurred by you when you remain with a travelling companion or a person included in the "family" coverage, when the trip is delayed or interrupted due to an illness, accidental injury to or death of a travelling companion. This must be verified in writing by the attending legally qualified physician or surgeon and supported with original receipts from commercial organization;

13. **Transportation to the bedside** including round trip economy airfare by the most direct route from your province of residence, for any one spouse, parent, child, brother or sister, and up to $150 per day for a maximum of 5 days for meals and accommodation at a commercial establishment will be paid for that family member to:

    - be with you or your covered dependent when confined in hospital. This benefit requires that the covered person must eventually be an inpatient for at least 7 days outside your province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit

    - identify a deceased prior to release of the body

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

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

GREEN SHIELD CANADA TRAVEL ASSISTANCE SERVICE

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

These services include:

- Access to Pre-trip Assistance (prior to departure): Canada Direct Calling Codes; information about vaccinations; government issued travel advisories; and VISA/document requirements for entry into country of destination
- Multilingual assistance
- Assistance in locating the nearest, most appropriate medical care
- International preferred provider networks
- Our Assistance Medical Team's consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care
- Assistance in establishing contact with family, personal physician and employer as appropriate
- Monitoring of progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of coverage facilitating entry and admissions into hospitals and other medical care providers
- Special assistance regarding the co-ordination of direct claims payment
- Co-ordination of embassy and consular services
- Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary
- Management, arrangement and co-ordination of repatriation of remains
- Special assistance in making arrangements for interrupted and disrupted travel plans resulting from emergency situations to include:
  - the return of unaccompanied travel companions
  - travel to the bedside of a stranded person
  - rearrangement of ticketing due to accident or illness and other travel related emergencies
  - the return of a stranded personal use motor vehicle and related personal items
- Knowledgeable legal referral assistance
- Co-ordination of securing bail bonds and other legal instruments
- Special assistance in replacing lost or stolen travel documents including passports
- Courtesy assistance in securing incidental aid and other travel related services
- Emergency and payment assistance for major health expenses, which would result in payments in excess of $200

How Travel Assistance Service Works

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

Quote the Green Shield Canada travel assist group number and your Green Shield Canada Identification Number, found on your Green Shield Canada Identification card, and explain your medical emergency. **You must always be able to provide your Green Shield Canada Identification Number and your provincial health insurance plan number.**

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

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

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

Our Assistance Medical Team will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in constant communication with your family physician and your family, depending on the severity of your condition.

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

Travel Limitations

1. Benefits will be eligible only if existing or pre-diagnosed conditions are completely stable (in the opinion of Green Shield Canada Assistance Medical Team) at the time of departure from your province of residence. Green Shield Canada reserves the right to review your medical information at the time of claim;

2. The eligible benefits must be required for the immediate relief of acute pain or suffering as recommended by a legally qualified physician or surgeon. Eligible benefits will not be reimbursed for treatment or surgery that could reasonably be delayed until you return to your province of residence;

3. Reimbursement for eligible benefits will be made only if your provincial health insurance plan covers and provides payment toward the cost of the services received;

4. Coverage becomes effective at the time you or your dependent crosses the provincial border departing from their province of residence and terminates upon crossing the border returning to their province of residence on the return home. If traveling by air, coverage becomes effective at the time the aircraft takes off in the province of residence and terminates when the aircraft lands in the province of residence on the return home;

5. Upon notification of the necessity for treatment of an accidental injury or medical emergency, Green Shield Canada's Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patient's medical condition will require immediate or scheduled care. Such repatriation is mandatory, where the Assistance Medical Team determines that the patient is medically fit to travel and appropriate arrangements have been made to admit the patient into the provincial government health care system of their province of residence. Repatriation will ensure continued coverage under the plan. Should the patient opt not to be repatriated or elects to have such treatment or surgery outside their province of residence, the expense of such continuing treatment will not be an eligible benefit;

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

6. Air ambulance services will only be eligible if:
   - they are pre-approved by Green Shield Canada Travel Assistance
   - there is a medical need for you or your dependent to be confined to a stretcher or for a medical attendant to accompany you during the journey, and
   - you or your dependent are admitted directly to a hospital in your province of residence, and
   - medical reports or certificates from the dispatching and receiving legally qualified physicians are submitted to Green Shield Canada Travel Assistance, and
   - proof of payment (including air ticket vouchers or air carrier invoices) is submitted to Green Shield Canada Travel Assistance;

7. If planning to travel in areas of political or civil unrest, contact Green Shield Canada Travel Assistance for pre-travel advice, as we may be unable to guarantee assistance services;

8. Green Shield Canada reserves the right, without notice, to suspend, curtail or limit its services in any area in the event of political or civil unrest, including rebellion, riot, military uprising, labour disturbance or strike, act of God, or refusal of authorities in a foreign country to permit Green Shield Canada to provide service;

9. No services will be provided during any trip undertaken for the purpose of seeking medical treatment or advice unless pre-authorized as outlined in referral services.

Travel Exclusions
Eligible Benefits do not include and reimbursement will not be made for:

1. Treatment or services required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the recommendation of a physician;

2. Treatment or service that you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment;

3. Treatment or service required as a result of suicide, attempted suicide, intentionally self-inflicted injury of you, a traveling companion, or immediate family member while sane or insane;

4. Amounts paid or payable under any Workplace Safety and Insurance Board or similar plan;

5. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy;

6. Treatment or service provided in a chronic care or psychiatric hospital, chronic unit of a general hospital, Long Term Care (LTC) facility, health spa, or nursing home;

7. Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation;

8. Cataract surgery or the purchase of eyeglasses or hearing aids;

9. Green Shield Canada does not assume responsibility for nor will it be liable for any medical advice given, but not limited to a physician, pharmacist or other healthcare provider or facility recommended by Green Shield Canada Travel Assistance.

Claim Information
Green Shield Travel Assistance must be contacted by phone within 48 hours of commencement of treatment.

Call our Customer Service Centre at 1.888.711.1119 for detailed claims submission instructions.

If you have incurred out of pocket expenses, claims must be submitted together with supporting original receipts to Green Shield Travel Assistance who will then co-ordinate with the provincial health insurance plan reimbursement of those approved, eligible expenses.

To make a claim, submit the patient name, provincial health insurance plan number, address and Green Shield Identification Number with a detailed statement showing the services rendered and the fees charged for each service.

GENERAL INFORMATION

ELIGIBLE DEPENDENTS

- Spouse, which includes marital partner or common-law partner
- Children, step-children and common-law children under 21 years of age provided they rely upon the employee for support and maintenance
- Children, step-children and common-law children under 25 years of age and attending an accredited educational institution, college or university on a full-time basis provided they rely upon the employee for support and maintenance (a Dependent Student Form, completed by the applicable school, college or university Registrar must be submitted to Personnel Services as required)
- Any mentally or physically disabled child past the maximum ages stated above provided they became disabled prior to the maximum ages and the disability has been continuous. The child, upon reaching the maximum age, must still be incapable of self-sustaining employment and be dependent on the employee for support and maintenance.

CO-ORDINATION OF BENEFITS (COB)
Where you or your dependents have coverage with more than one carrier, claims shall be co-ordinated so that reimbursement from all coverages shall not exceed 100% of the actual claim. Ask for our COB brochure for information on how your family can receive this service.

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:

- 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 and see what our website can do for you!

*Please note that once arrangements have been made for Direct Deposit, claims 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.

SUBROGATION
Green Shield retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

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. Coverage is guaranteed if you apply within 60 days of losing your Green Shield group benefits.

OUR COMMITMENT TO PRIVACY
The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan participants, and our employees, with the legitimate information requirements to provide customer service and to meet our human resource requirements. 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 dependants with the applicable benefit coverage
   - To protect you and us from error and fraud
   - To provide ongoing access to other services of Green Shield Canada

2. **Consent**
   When you enrolled in your group benefit plan as a plan participant, 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 Canada 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 participants, 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 Canada web site at greenshield.ca

ALTERNATE BENEFIT
Green Shield will determine the amount of benefits payable, giving consideration to alternate procedures, services, or courses of treatment. The attending physician/dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "alternate treatment" principle. The alternate benefit is a financial limitation and not intended as a comment regarding any treatment recommended or performed by a physician/dentist.

PREDETERMINATION
If the cost of any proposed treatment is expected to exceed $300.00, submit to Green Shield a detailed treatment plan from your provider **before your treatment begins**. If a description of the procedures to be performed and an estimate of the charges **are not submitted in advance**, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of medical/dental practice.

GENERAL OVERALL EXCLUSIONS
Eligible Services 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 used for Drugs;
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. service and charges for sleep dentistry;

7. 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 primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
   g) 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;
   h) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence.
   i) 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;
   j) would normally be paid through any provincial health insurance plan, worker's compensation 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;
   k) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
   l) 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);
   m) 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;
   n) relates to treatment of injuries arising out of a motor vehicle accident;
   o) 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.