

BENEFITS *BY* DESIGN

CATASTROPHIC HEALTH INSURANCE PRODUCT INFORMATION

CATASTROPHIC HEALTH INSURANCE		
Insurer	Green Shield Canada (GSC)	
Product Overview	For employers looking for their first employee benefits plan, Catastrophic Health offers a unique hybrid health plan: essential insured health protection plus choice of an individual health spending account. With no medical underwriting and low monthly costs, employers can have affordable health insurance protection in place for today's multi -generational workforce.	
Medical Emergency Deluxe Travel Coverage	Travel Benefits are eligible within the first 60 days per trip. The maximum is \$5,000,000.00 per incident for Emergency Services, and \$50,000.00 per calendar year for Referral Services ¹ .	
	Travel Plan	Rates ²
	60 Day Plan	\$5.43 Single \$10.36 Couple/Family
	Rates are included as part of the Catastrophic Health rates	
Stop Loss Coverage ³	Added Protection for Health to protect the plan from high-cost expenses that would otherwise be unmanageable for the employer to cover. The threshold level for this product is \$10,000. <ul style="list-style-type: none">PharmaCare Provinces with No Drug Max: 12.04%Non-PharmaCare Provinces with No Drug Max: 21.98%	
Deductible	<ul style="list-style-type: none">Single Coverage: \$1,000Couple/Family Coverage: \$1,000 deductible for plan member, and additional \$1,000 combined deductible for eligible dependents <p>In order to access the benefits under the Catastrophic Health, plan members must first satisfy the deductible. In the case of family coverage, dependents must also satisfy their own \$1,000 deductible to gain access to the Catastrophic Health Plan.</p>	
	Submitted Claims Costs that satisfy the deductible: <ul style="list-style-type: none">Eligible Prescription DrugsEligible Medical Supplies/ EquipmentHospitalAccidental DentalAmbulancePrivate Duty Nursing	Claim Exclusions to satisfying the deductibles: <ul style="list-style-type: none">DentalParamedical Costs: (Massage, Chiropractor, Physio, etc.)Vision careEmergency Medical Travel ClaimsOther CRA approved items not covered under the Catastrophic Plan

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¹ Hospital and medical services are eligible only if your provincial government health plan provides payment toward the cost of the services received

² Commission of 10% included in travel rates

³ Costs for Stop-Loss Coverage are embedded in the Catastrophic Health plan rates.

HEALTH (EHC) PRODUCT SPECIFICATIONS			
Prescription Drugs	Drugs are eligible on a Pay Direct basis upon satisfying the deductible requirements.		
	<ul style="list-style-type: none">Maintenance drugs required to treat lifelong chronic conditions must be purchased in a 90-day supply of a prescription at one time.Non-maintenance drugs may be purchased in a supply not exceeding 3-months (90-day) supply of a prescription at one time. However, for all drugs, 6 months for a vacation supply may be purchased and not more than a 13-month supply in any 12 consecutive months.The Ontario Drug Benefit co-pay/deductible for seniors is not an eligible benefit (applicable to Ontario residents only)This plan also includes coverage for oral smoking cessation aids to a maximum of 165 units every 12 months based on first paid claim.Serums and vitamins are ineligible unless injected and medically necessary. <p>Quebec residents only: Legislation requires GSC to follow the RAMQ (The Regie de l'assurance maladie due Quebec) reimbursement guidelines for all residents of Quebec. If you are younger than age 65, you must enroll for the GSC Prescription Drugs benefit plan and GSC will be the only payer. If you are age 65 or older, enrolment in RAMQ is automatic, and RAMQ would be first payer. If any provisions of this plan do not meet the minimum requirements of the RAMQ Plan, adjustments are automatically made to meet RAMQ requirements.</p>		
Conditional Formulary	New drugs introduced to the Canadian marketplace after January 01, 1998 will be subject to an evaluation process by GSC's medical and/or pharmacy consultants. GSC's evaluation is based on 4 main criteria to determine whether a new drug represents a therapeutic advantage:		
	<div><div><div>1.</div><div>Need - Is there a need for the drug by the employee? Is it a drug used in a community setting rather than an institutional setting? Are there existing drugs covered that already meet this need?</div></div><div><div>2.</div><div>Safety - Does the drug have an acceptable safety profile in terms of side effects?</div></div><div><div>3.</div><div>Efficacy - Is there independent confirmation that the drug is effective?</div></div><div><div>4.</div><div>Cost - In comparison to similar medications already being covered, is the cost acceptable? If the cost is higher, is there an offsetting reason (need, safety and efficacy) that can justify the additional cost?</div></div></div>		
	Approved	Conditional ⁴	Denied
	Drugs that are approved as a full benefit are those considered as first-line therapies and are included on the Conditional Formulary provided they bring some therapeutic advantage.	Drugs that are conditional (approved with conditions) are considered second line agents. They have a high potential to be used inappropriately, either through excessive use or for unapproved indications. Green Shield will establish specific criteria unique to each conditional drug and the patient must meet these criteria before the drug will be covered.	Drugs that carry a denied status will not be covered under your plan because their therapeutic advantage has not been established.

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	<p>Initial Days Supply</p> <p>The Initial Days Supply program limits the dispensing of “new” prescription drugs. All new prescriptions for drugs which have not been claimed in the previous 12 months are limited to an initial supply of 30 days or less.</p> <p>Limiting the initial dispensing quantity reduces wastage that may be due to drug intolerance, the drug not mixing well with other existing medication or the drug causing a severe or adverse reaction.</p> <p>Exclusions & Exceptions:</p> <p>Initial Days Supply will not limit the dispensing to a 30 days supply if:</p> <ul style="list-style-type: none"> the main ingredient in the new drugs is the same as in the old drug the prescription is for insulin or a few select drugs that only come in a 90 day supply the new medication is a change in strength/dose of a medication already taken by the plan member within the past 12 months
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⁴ This process is also referred to as individual consideration or special authorization. Conditional drugs have one or more defined circumstances under which, when satisfied, the product is considered eligible for an individual participant. These drugs will require intervention on the part of the prescribing physician, and GSC Drug Special Authorization department.

Emergency Transportation	Ambulance Transportation, for land or air ambulance to the nearest hospital equipped to provide the required treatment.
Private Duty Nursing	<p>Private Duty Nursing Benefits carry a maximum of \$10,000 per person per calendar year for the services of a registered nurse (R.N.), registered nurses assistant (R.N.A.), licensed practical nurse (L.P.N.), or practical nursing assistant (P.N.A.), in the home only, on a full or part shift basis.</p> <p>Pre-Authorization by GSC is required. Failure to comply could result in non-payment.</p>
Hospital Coverage	Semi-Private room in a public general hospital. Provided your provincial health insurance plan has accepted or agreed to pay the ward or standard rate, reimbursement for hospital accommodation shown in the Summary of Benefits will be limited to reasonable and customary charges in the area where received, for accommodation in a public general hospital.
Accidental Dental	<p>A dental accident report form must be submitted immediately following the accident. Reimbursement for the services of a licensed dental practitioner for dental care to natural teeth when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth.</p> <p>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 GSC immediately following the accident and the treatment must commence within 180 days of the accident.</p> <p>GSC will not be liable for any services performed after the earlier of</p> <ol style="list-style-type: none"> 365 days following the accident, or

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	<p>b. the date you or your dependent cease to be covered under this plan.</p> <p>No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.</p> <p>Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered. 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 GSC'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.</p>	
Medical Items	<p>Prosthetic Appliances and Durable Medical Equipment, when the attending physician provides Green Shield with a written description of the required medical equipment, as well as the reason for use and/or diagnosis. Eligible Services include myo-electric prostheses and standard external prostheses which replace all or part of a body organ or the functions of a permanently inoperative or a malfunctioning body organ. Also included are the replacements, repairs, fittings and adjustments of such devices.</p>	
Medical Items (continued)	<p>Eligible Services include but are not limited to the following:</p>	
	<ul style="list-style-type: none"> • colostomy and ileostomy supplies • catheterization equipment • dialysis equipment • Diabetic supplies, insulin injectors, blood glucose monitors when prescribed with evidence of poor diabetic control, lancets for diabetic patients • sleep apnea and heart rate monitors 	<ul style="list-style-type: none"> • miscellaneous respiratory and cardiology equipment • miscellaneous vascular compression equipment • radium and radioactive isotope treatments • durable medical equipment such as manual hospital beds, patient lifts, pediatric walkers, manual wheelchairs, and oxygen
Exclusions	<p>Eligible Services do not include and reimbursement will not be made for Erectile Dysfunction Drugs and Fertility Drugs. Also excluded are Mixtures, compounded by a pharmacist, that do not conform with GSC's current Extemporaneous Compounds Policy. Please contact the Customer Service Centre (1.888.711.1119) to verify eligibility of a particular item, benefit or drug.</p> <p>Eligible Services do not include and reimbursement will not be made for:</p> <ol style="list-style-type: none"> 1) services or supplies received as a result of disease, illness or injury due to: <ol style="list-style-type: none"> a) an act of war, declared or undeclared; b) participation in a riot or civil commotion; or c) 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 form of medical cannabis for the treatment of any medical condition, regardless of whether it is authorized by way of a medical document from a 	

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	<p>legally-authorized medical practitioner and obtained from a Health Canada-licensed producer pursuant to the Access to Cannabis for Medical Purposes Regulations.</p> <p>6) smoking cessation patches or gum;</p> <p>7) any specific treatment or drug which:</p> <ul style="list-style-type: none"> 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; is not dispensed by the pharmacist in accordance with the payment method used for Drugs; d) 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; <p>8) service and charges for sleep dentistry;</p> <p>9) services or supplies that:</p> <ul style="list-style-type: none"> 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 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 practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
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	<p>j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence;</p> <p>k) are video instructional kits, informational manuals or pamphlets;</p> <p>l) are for medical or surgical audio and visual treatment;</p> <p>m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;</p> <p>n) are delivery and transportation charges;</p> <p>o) are for insulin pumps and supplies (Unless otherwise covered under the plan);</p> <p>p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;</p> <p>q) are a duplicate prosthetic device or appliance;</p>
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EMERGENCY MEDICAL TRAVEL BENEFIT PRODUCT SPECIFICATIONS

Benefit Overview	<p>Eligible travel benefits will be considered based on the reasonable and customary charges in the area where they were received, less the amount payable by your provincial health insurance plan. Green Shield must be contacted by phone within 48 hours of commencement of treatment. Green Shield, through consultation with the Assistance Medical Team, reserves the right to repatriate the patient for treatment upon medical verification of the tolerance for travel. Carry your Green Shield identification card with you when travelling.</p> <p>Emergency means a sudden, unexpected injury, illness or acute episode of disease that requires immediate medical attention and could not have been reasonably anticipated based upon the patient's prior medical condition. 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.</p> <p>Any invasive or investigative procedures must be pre-approved by GSC Assistance Medical Team.</p> <ul style="list-style-type: none"> • Hospital services and accommodation up to a standard ward rate in a public general hospital. • Medical/surgical services. • Land ambulance to the nearest qualified medical facility. Emergency Air ambulance to your province of residence (including a medical attendant when necessary). • Services of a Registered Private Nurse up to a maximum of \$5,000.00. • Diagnostic laboratory tests and x-rays, when prescribed by the attending physician. Except in emergency situations, GSC Travel Assistance must pre-approve these services (i.e. cardiac catheterization or angiogram, angioplasty and bypass surgery); • Drugs, serums and injectables 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
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	<p>GSC 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;</p> <ul style="list-style-type: none"> • Medical appliances including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair. • Treatment by a dentist due to a direct accidental blow to the mouth up to a maximum of \$2,000.00 for treatments within 90 days of the accident. • Coming Home: when your emergency illness or injury is such that: • GSC 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 • GSC 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 • For returning your vehicle, up to a maximum of \$1,000.00. • Meals and accommodation up to \$1,500.00 (\$150.00 per day for 10 days) for commercial accommodation and meals when the trip is delayed or interrupted due to an illness or accident to a travelling companion. • Transportation to the bedside for one round trip economy airfare, for one spouse, parent, child, brother or sister, up to \$150.00 per day for five days to: <ul style="list-style-type: none"> ○ be with a covered person confined in hospital for more than 7 days, ○ identify deceased prior to release of the body. • Return of 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; • Return of deceased up to a maximum of \$5,000.00 for preparation (including cremation) and homeward transportation of a deceased covered person.
Travel Assistance Service	<p>Available 24 hours per day, 7 days per week through Green Shield's international medical service organization. Some services include:</p> <ul style="list-style-type: none"> • 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

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	<ul style="list-style-type: none">• Assistance in locating the nearest, most appropriate medical care• International preferred provider networks• GSC Assistance Medical Team consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care• Assistance in establishing contact with family, personal physician and employer as appropriate• Monitoring of progress during treatment and recovery• Emergency message transmittal services• Translation services and referrals to local interpreters as necessary• Verification of coverage facilitating entry and admissions into hospitals and other medical care providers• Special assistance regarding the co-ordination of direct claims payment• Co-ordination of embassy and consular services• Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary• Management, arrangement and co-ordination of repatriation of remains• Special assistance in making arrangements for interrupted and disrupted travel plans resulting from emergency situations to include:<ul style="list-style-type: none">◦ 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 <p>As soon as you have a medical emergency:</p> <ul style="list-style-type: none">• The patient must contact Green Shield within 48 hours of commencement of treatment by dialing 1.800.936.6226 within Canada or USA or call collect (519) 742.3556. Failure to call within 48 hours or refusal to be repatriated may result in benefits not being covered beyond 48 hours.• Quote your group number and patient number, found on your Green Shield Identification Card, and explain your medical emergency. You must also be able to provide your Provincial Health Insurance Plan number.• Green Shield physicians will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in
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	<p>constant communication with your family physician and your family, depending on the severity of your condition.</p> <ul style="list-style-type: none"> • 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 GSC travel benefits as detailed above. • The provider may then bill GSC Travel Assistance directly for these approved services for amounts in excess of \$200. • Please Note: As Green Shield is not able to guarantee assistance services in areas of political or civil unrest, please contact Green Shield for pre-travel or claims inquiries. • Referral services are only eligible if the required medical treatment is not readily available in your province of residence. • 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 traveling for other than health reasons.
Travel Limitations	<ol style="list-style-type: none"> 1. 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; 2. Upon notification of the necessity for treatment of an accidental injury or medical emergency, GSCs Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patients 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 GSC 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; 3. Air ambulance services will only be eligible if: <ul style="list-style-type: none"> • they are pre-approved by GSC 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 • 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 GSC Travel Assistance

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	<ul style="list-style-type: none"> proof of payment (including air ticket vouchers or air carrier invoices) is submitted to GSC Travel Assistance <ol style="list-style-type: none"> If planning to travel in areas of political or civil unrest, or in areas where Global Affairs Canada (GAC) has issued a formal travel warning regarding non-essential travel, contact GSC Travel Assistance for pre-travel advice, as we may be unable to guarantee assistance services; GSC 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, labor disturbance or strike, act of God, or refusal of authorities in a foreign country to permit GSC to provide service. This includes travel in any area if at the time of booking the trip (including delay of travel), or before your departure date, Global Affairs Canada (GAC) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city due to a likely or actual epidemic or pandemic, (non-essential travel will be deemed as anything other than a significant medical or family emergency, such as the death of a family member).
Exclusions	<p>In addition to the Health Exclusions, eligible benefits do not include and reimbursement will not be made for:</p> <ol style="list-style-type: none"> Any expenses incurred for the treatment related directly or indirectly to a pre-existing or pre-diagnosed medical condition that, at the time of your departure from your province of residence, was not completely stable (in the professional opinion of GSC Assistance Medical Team) and where medical evidence suggested a reasonable expectation that treatment or hospitalization could be required while traveling. GSC reserves the right to review your medical information at the time of claim. Stable means that during the 90 days immediately preceding your departure: <ol style="list-style-type: none"> your pre-existing/pre-diagnosed medical condition: <ol style="list-style-type: none"> has been controlled by the consistent use of the same medications and dosages (excluding changes in medication that regularly occur as part of your ongoing treatment, or decreases in dosage resulting from an improvement in your pre-existing or pre-diagnosed medical condition) prescribed by a legally qualified medical professional; has not, in the reasonable opinion of a legally qualified medical professional, required additional treatment for a recurrence, complications or any other reason related either directly or indirectly to your pre-existing or pre-diagnosed medical condition; you have not consulted a legally qualified medical professional for, or had investigated or diagnosed, a new medical condition for which you have not received medical treatment; you have not scheduled/are not awaiting any future appointments for non-routine examinations, tests or investigations(including results) for a potentially undiagnosed medical condition; and you have not scheduled/are not awaiting any exploratory surgical procedures for an undiagnosed medical condition or surgical procedures for a diagnosed medical condition. Any expenses incurred for treatment or surgery that is not required for the immediate relief of acute pain or suffering as recommended by a legally

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	<p>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;</p> <ol style="list-style-type: none"> 3) Any expenses incurred for treatment or surgery not covered under your provincial health insurance plan or for expenses incurred for treatment or surgery towards which your provincial health insurance plan has not provided payment; 4) Any expenses incurred for services, treatment or surgery received once the patient has opted to not be repatriated or elects to have such treatment or surgery outside their province of residence; 5) Any claims arising directly or indirectly from any medical condition you suffer or contract in a specific country, region or city due to an epidemic or pandemic, if at the time of booking the trip (including delay of travel), or before your departure date, Global Affairs Canada (GAC) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion a medical condition is limited to the reason for which the formal travel warning was issued and includes complications arising from such medical condition; 6) 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 referral of a physician; 7) 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; 8) Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences, including, and as a result of, in connection with or in any way associated with driving a motorized vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 milliliters of blood. (A motorized vehicle means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to an automobile, truck, motorcycle, moped, snowmobile, or boat); 9) Amounts paid or payable under any Workplace Safety and Insurance Board or similar plan; 10) 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; 11) 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; 12) Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation; 13) Cataract surgery or the purchase of eyeglasses or hearing aids; 14) Any expenses incurred during any trip taken for the purpose of seeking medical treatment or advice that have not been previously authorized as outlined in referral services. GSC 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 GSC Travel Assistance.
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Deductible	<ul style="list-style-type: none"> • Single Coverage: \$1,000 • Family Coverage: \$2,000 <p>In order to access the benefits under the Catastrophic Health, plan members must first satisfy the deductible. In the case of family coverage, dependents must also satisfy their own \$1,000 deductible to gain access to the Catastrophic Health Plan.</p>	
	<p>Submitted Claims Costs that satisfy the deductible:</p> <ul style="list-style-type: none"> • Eligible Prescription Drugs • Eligible Medical Supplies/ Equipment • Hospital • Accidental Dental • Ambulance • Private Duty Nursing 	<p>Claim Exclusions to satisfying the deductibles:</p> <ul style="list-style-type: none"> • Dental • Paramedical Costs: (Massage, Chiropractor, Physio, etc.) • Vision care • Emergency Medical Travel Claims • Other CRA approved items not covered under the Catastrophic Plan

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HEALTH CARE SPENDING ACCOUNT SPECIFICATIONS				
Benefit Year	Runs from January 1st to December 31st			
Administrative Fees	8% (not including advisor commission)			
Invoicing	HCSA claims are billed two months in arrears. See below schedule:			
	HCSA Claims	Billing Month	HCSA Claims	Billing Month
	January	March	July	September
	February	April	August	October
	March	May	September	November
	April	June	October	December
	May	July	November	January
	June	August	December	February
Security Deposit	<p>BBD requires a security deposit equal to two months of anticipated claims plus administration fees and applicable taxes (three months required without a Pre-Authorized Payment Plan).</p> <p>This deposit is fully refunded if the HCSA arrangement is discontinued and is not applied to the first month's HCSA claims paid.</p>			
Benefit Overview	<p>A Health Care Spending Account (HCSA) is a method of funding health and/or dental benefits that provides increased flexibility to both employers and employees.</p> <p>The concept of an HCSA is simple: employees are allotted a set amount of funds each year. This amount must be the same for all employees within a class; employers may choose to protect employees with dependents with a higher level of funding than single employees (ie Single - \$500, Family - \$1,000)</p> <p>Eligible expenses include but are not limited to those that qualify for medical expense tax credits under the Canada Revenue Agency (CRA) Income Tax guidelines. It also includes the amount of deductible and the percentage not covered by the group plan or the amount in excess of group benefit plan maximums.</p> <p>For a list of eligible medical expenses, visit the Green Shield website at greenshield.ca, or for more information about eligible expenses consult a CRA office, or visit the CRA website at cra-arc.gc.ca/medical.</p> <p>Your Health Care Spending Account is governed at all times by the rules and regulations of the Income Tax Act. In the event of a dispute the Income Tax Act shall prevail. The liability for the HCSA lies solely with your plan sponsor.</p>			
Ineligible Expenses	<p>An example of expenses not eligible for reimbursement are premiums paid to provincial medical or hospitalization plans and medical costs for which you or your dependent is reimbursed or is entitled to be reimbursed under a provincial health insurance plan, your group benefit plan or your spouse's group benefit plan. It is at all times governed by the non-eligible expenses, restrictions and limitations set forth in the Income Tax Act.</p>			

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OPTIONS				
Rolling Type	No Rolling	Rolling Claims		Rolling Allocations
	unused contributions will be forfeited at the end of the benefit year	claims incurred beyond the HCSA benefit amount are paid from the following year's contributions		unused HCSA contributions are rolled over into the next year but must be used by the end of that year
Contribution Options	Monthly	Quarterly	Semi-Annually	Annually
	<p>Reimbursement for the year is divided by 12 months. Claims that are over the monthly allocation will continue to be paid out to the monthly maximum, each and every month until all contributions are used.</p> <p>Full allotments are available upon the last month of the benefit year.</p>	<p>Reimbursement for the year is divided by 4 for the separate quarters. Claims that are over the quarterly allocation will continue to be paid out to the quarter maximums, each and every quarter until all Contributions are used.</p> <p>Full allotments are available upon the last month of the benefit year.</p>	<p>Reimbursement for the year is divided by 2. Claims that are over the allocation in the first half of the year, will be paid out in the second half of the year until all contributions are used.</p> <p>Full allotments are available in the second half of the benefit year, the 2nd period starts in July.</p>	<p>Allocations are available in full at any point in the benefit year. Any claims submitted that are eligible for Reimbursement can be reimbursed up to the allotment amount.</p>

Coverage is provided through:

Green Shield Canada (GSC)

1-888-711-1119

[greenshield.ca](https://www.greenshield.ca)

Benefits are administered through:

Benefits by Design (BBD)

1-888-272-0413

[bbd.ca](https://www.bbd.ca)