



Benefits at a Glance

Health Association Nova Scotia is a member-driven association representing health and community services organizations spanning the entire health continuum in Nova Scotia. One of the ways we serve our members is by providing a comprehensive and cost-effective employee benefits program. This program consists of mandatory and optional coverage designed to help protect you and your family.

This is a brief summary of the Health Association's benefits program. For more detailed information about the program, visit our website at www.healthassociation.ns.ca/benefits or contact your Benefits Administrator. In the event of a discrepancy between this booklet and the contracts, the contracts will prevail.

You may join the Health Association benefits program once you become eligible. The benefits offered through your employer include:

- Basic Life Insurance for you, your spouse and/or your dependent children
- Long Term Disability (LTD) coverage
- Dental coverage
- Health coverage
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- Optional Life Insurance for you, your spouse and/or your dependent children
- Optional Accidental Death and Dismemberment (AD&D) Insurance
- Critical Illness Insurance for you, your spouse and/or your dependent children

Eligibility

- You are entitled to benefits if you are a **permanent employee** hired to work at least 40% of a regular work week.
- If you are hired to work less than 40% of a regular work week, but work 28 hours or more bi-weekly for 12 consecutive months, you are entitled to LTD on February 1st of the following year.
- If you have been hired for a **term position**, for a period of no less than 12 months, to work at least 40% of a regular work week, you are entitled to Basic Life, Dental and Health coverage only, for you, your spouse and dependents.
- Your spouse and dependent children are eligible for all Health Association coverage except LTD.

Your **spouse** is defined as someone to whom you are married legally or common law and with whom you have cohabited for at least one year. This includes spouses of the same sex.

Your **dependent children** are defined as natural, adopted, or step-children who are under 21 years of age or under 26 years of age attending school on a full time basis, are unemployed and unmarried (also covers a child incapable of self-support due to a mental or physical condition that occurs before the age maximums).

Note: Dependents between the ages of 21 and 26 have the same coverage and restrictions as adults and not the same as dependents under the age of 21.

Mandatory Benefits

If you meet the eligibility requirements, you must participate in these benefits:

Basic Life Insurance for You

You will receive Basic Life Insurance equal to two times your annual earnings until age 70. This benefit pays a lump sum to your beneficiary in the event of your death. Any time you lose coverage, ie: retirement, job change, or at age 70, you have the option to convert it to an individual policy.

To find out more about conversion, please visit www.healthassociation.ns.ca/benefits

Basic Life Insurance Coverage ceases at age 70. If you retire with 10 years of service or more, you have options.

For more on retiree benefits, visit our website at www.healthassociation.ns.ca/benefits

Basic Life Insurance for Your Spouse and/or Dependent Children

Under the program, your spouse is insured for \$10,000, and each dependent child is insured for \$5,000.

Basic Life Insurance Coverage for your dependent and spouse ceases when they no longer meet eligibility requirements, you reach 70, or at retirement, whichever comes earlier.

Find out how to designate your beneficiary at www.healthassociation.ns.ca/benefits

Long Term Disability (LTD) Coverage

Your LTD coverage provides a benefit equal to 70% of your pre-disability monthly earnings (to a maximum of \$20,000) if, after the first 150 calendar days of disability, you are unable to work due to illness or injury.

You must provide proof of good health and be medically approved for monthly amounts over \$15,000. Because your employer pays a portion of your LTD coverage, any LTD benefits you may receive while disabled will be taxable.

LTD Coverage ceases at the earlier of: 5 months prior to your 65th birthday; or 5 months prior to the date that you attain 30 years of pensionable service in the NSHEPP Pension Plan and you are at least 60 years of age; or at retirement.

Visit www.healthassociation.ns.ca/benefits for information on Pre-Existing Conditions.

Mandatory Benefits

Dental Coverage

The Health Association's Dental plan covers dental services based on reasonable and customary charges, up to the amounts specified in the Nova Scotia Dental Association Fee Schedule for general practitioner dentists. The reimbursement you receive depends on the category of dental services:

- **100% coverage for Basic services**
- **80% coverage for Major services**
- **50% coverage for Orthodontic services**

There is a maximum of \$1,500 per person in each calendar year for Basic and Major services combined. There is a lifetime maximum of \$2,000 for Orthodontic services.

You may choose to waive dental coverage if you are covered under your spouse's dental plan.

Basic Dental Services

If your family has more than one plan, please visit www.healthassociation.ns.ca/benefits to find out more about coordination of benefits.

The Plan provides 100% coverage to an annual maximum of \$1,500 per person for all Basic and Major services combined.

- **Recall Examination:** Periodic examination to maintain oral health and diagnose oral conditions. Limited to one in any 12 consecutive months for adults and two in any 12 consecutive months for dependent children.
- **Complete Mouth X-rays or Panographic X-rays:** Limited to one in any 24 consecutive months.
- **Bite-Wing X-rays:** Limited to one (2 films) in any 12 consecutive months for adults, and two in any 12 consecutive months for dependent children.
- **Polishing and Fluoride Treatments:** Limited to one in any 12 consecutive months for adults, and twice in any 12 consecutive months for dependent children.
- **Scaling:** Limited to two units (a unit of time is based on increments of 15 minutes) in any 12 consecutive months for adults, and two units twice in any 12 months for dependent children.
- **Pit and Fissure Sealants:** Dependent children only.
- **Oral Surgery:** Includes simple extractions and surgical extractions of teeth, removal of roots, surgical incision or excision and other oral surgical procedures including pre-operative and post-operative care.
- **Complete Oral Examination:** Extensive exam including patient history, clinical examination and diagnosis of oral conditions. Limited to one in any 24 consecutive months.

Mandatory Benefits

- **Minor Restorative:** Includes sedative dressings, temporary restorations, amalgam acrylic, composite resin, silicate restorations and retentive pins.
- **Adjunctive Dental Services:** Includes emergency treatment not classified elsewhere in the Dental Fee Guide, conscious sedation (includes intravenous or nitrous oxide) and professional consultation.

The Plan does not cover separate charges for local anaesthesia administered in conjunction with procedures, general anaesthesia unless the patient's medical condition prevents conscious sedation, electronic anaesthesia, hypnosis and acupuncture.

- **Mouth guards:** Includes one mouth guard in a calendar year.

Major Dental Services

The Plan provides 80% coverage to an annual maximum of \$1,500 per person for all Basic and Major services combined.

- **Periodontal Scaling, Preventive Scaling and Root Planing:** Limited to 8 time units in 12 consecutive months. More frequent service may be considered on a case-by-case basis for severe periodontal conditions. A treatment plan (pre-determination) should be filled in and approved by Manulife before you have these services carried out.
- **Relining or Rebased of Dentures:** Limited to once in any 36 consecutive months.

- **Repair of Partial or Complete Dentures and Re-cementing of Crowns, Inlays and Onlays, and Bridgework:** Covered.
- **Major Restorative:** Includes crowns and veneers, inlay and onlay restorations or gold fillings when teeth cannot be treated with other material. Replacements are covered only after five years from the initial placement, and the existing restoration cannot be made serviceable.
- **Prosthodontics:** Includes fixed bridgework, partial and complete dentures and surgical services associated with placement of prosthodontics listed in the dental fee schedule.
- **Replacement of a Denture or Bridge:** Covered after five years from the initial placement and the existing prosthodontic appliance cannot be made serviceable.
- **Endodontic Services:** Includes treatment of pulp chamber, root canal therapy, and periapical services.

Orthodontic Dental Services

The plan provides 50% coverage to a lifetime maximum of \$2,000 per person.

- Orthodontic appliances, orthodontic observations and adjustments.

Dental Coverage ceases when you retire.

Visit www.healthassociation.ns.ca/benefits to find out more about submitting a pre-determination form for dental treatment.

Optional Benefits

If you meet the eligibility requirements, you may also choose to participate in the following Optional Benefits.

You may be able to coordinate health coverage with your spouse's plan. Find out more at www.healthassociation.ns.ca/benefits

Health Coverage

This coverage is available for you and your family.

The Health Plan is self-insured by Health Association Nova Scotia and claims are adjudicated by Manulife.

The Plan includes the following coverage:

Prescription Drugs

Drugs (including oral contraceptives) that need a written prescription, have a drug identification number and are on Manulife's current list of eligible drugs. This list is subject to change without notice. For more information about which drugs are on the list, contact the Manulife Client Service toll-free at 1-855-626-4267.

For each eligible prescription fill, you pay a co-pay which is \$5.00 plus the dispensing fee.

Your plan provides coverage for a defined list of clinically effective prescription drugs that are used in the treatment of most medical conditions. For drugs that are not covered by your plan, a suitable alternative can usually be found within the formulary that offers similar, equally effective results. Please let your doctor know that your drug plan uses a managed formulary. It will also be helpful to let them know that your plan provides coverage for generic medications and that less costly drug therapies must be tried first.

This drug plan uses generic substitution which means in cases where a generic drug is available the cost of the lowest-priced alternative will be reimbursed.

Your Prescription Drug Coverage ceases at age 70 as an active employee or at age 65 if you retire prior to age 65.

Vision Care

Eye exams (including retinal imaging) are covered every two years for adults 21 or older and each year for dependents under age 21.

Visual training services are covered as required for the treatment of ocular muscle imbalance, or other medical condition(s) as approved by Manulife Financial. These services are reimbursed at 100% of the eligible expense, as established and approved in advance by Manulife.

Laser eye surgery is covered to a lifetime maximum of \$200 per person.

The Plan covers the cost for prescribed lenses or contact lenses. Reimbursement is based on a schedule developed by the claims adjudicator, Manulife, to cover the customary charges for lens(es) or contacts when there is a reasonable prescription change. If not, coverage is limited to the reasonable and customary cost of prescribed lenses or contact lenses once every four years, or once every two years for dependent children.

Reimbursement for frames is covered up to \$150 every four years for adults and every two years for dependent children.

Optional Benefits

Paramedical Practitioners

The annual overall combined maximum for all practitioner coverage is \$1,800 per year.

For each visit, you pay a co-pay of \$10.00. There is no fee if you are visiting practitioners who provide counselling therapy, namely, psychologist, counselling therapist and social worker.

The Plan covers up to a maximum \$1,800 each calendar year per individual for the combined services of a:

- Acupuncturist
- Chiropractor
- Chiropodist or Podiatrist
- Counselling Therapist (\$100 per visit)
- Homeopath
- Massage Therapist
- Naturopath
- Occupational Therapist
- Osteopath
- Physiotherapist
- Psychologist
- Dietician
- Social Worker
- Speech Therapist

The Plan does not cover charges for any treatment performed in a hospital.

Note:

- Paramedical services are reimbursed at Reasonable and Customary (R&C) rates, which are generally based on 95% of the total fees submitted for these services.
- Paramedical practitioners must be registered with Manulife Financial.

There is a calendar year maximum of \$35 per practitioner for x-rays.

Other Eligible Supplies and Services

- Semi-private or private hospital room coverage.
- Physician services while traveling outside your province of residence.

- Professional ambulance, to a maximum of \$1,000 in a calendar year.
- Special ambulance attendant, to a maximum of \$500 in a calendar year.
- Private duty nursing, to a maximum of \$10,000 in a calendar year.
- Diagnostic X-ray services.
- Oxygen.
- Accidental dental treatment.
- Diabetic supplies.
- Diabetic equipment, to a maximum of \$700 in five calendar years (see medical supplies for insulin pumps).
- Ostomy supplies.
- Speech aids, to a lifetime maximum of \$500.
- Prosthetic/Remedial appliances or supplies. Repairs and adjustments are subject to a maximum of \$300 in a calendar year.
- Hearing aids (one for each ear) to a maximum of \$1,000 per hearing aid over three calendar years (includes batteries and repairs).
- Medical supplies and equipment, including insulin pumps, compression pumps, burn-pressure garments and rental (or approved purchase) of a wheelchair, hospital bed, and transcutaneous electrical nerve stimulator (TENS) machine. The insulin and compression pumps are limited to usual and customary charges once every five calendar years. The TENS machine is limited to a maximum of \$300 in five calendar years.

Optional Benefits

- Orthopaedic Shoes and Supplies, including custom-made or custom-fitted shoes, arch supports, cookie inserts, heel pads, torque heels and wedges. The plan maximum combined eligible expense for Orthopaedic Shoes and Supplies is \$200 for adults, and \$300 for dependent children per calendar year. A doctor's prescription, original receipt and gait analysis is required for reimbursement.
- Orthotics including charges for custom-made molded arch supports to a maximum eligible expense of \$300 for adults, and \$400 for dependent children per calendar year. A doctor's prescription and original receipt is required for reimbursement.
- Allergy serums, antigens, and antihistamines obtained with a written doctor's prescription. For each of these benefits, there is a deductible of \$50 per year per person, or a maximum of \$150 per year per family. The maximum benefit is \$1,000 per calendar year for each participant. Please note: You cannot use your drug card when paying for this benefit. You must submit a claim for reimbursement.
- Vaccines are covered at 50% up to a lifetime maximum of \$500. Some exclusions apply.
- Surgical stockings and support stockings: Two (2) pairs per calendar year up to a combined maximum of \$200. A prescription is needed.
- Foot care services provided by a registered nurse in a foot care clinic to a maximum of \$25 per visit up to \$300 per person in a calendar year.
- Clinical measurement services: nursing services related to biometrics to help you measure your blood pressure, sugar levels, cholesterol, weight and other biometric factors. This coverage is available only to plan members, not their spouses and dependents. The maximum benefit is \$100 per person in a year.
- Prescribed smoking cessation products: nicotine patches, nicotine gum, prescription medications, inhalers, and nicotine-free prescription medicine up to a combined maximum of \$500 every 24 months per person.
- Emergency Travel Assistance, insured by SSQ Insurance Company in collaboration with AXA Assistance. It covers eligible emergency medical expenses and provides additional benefits when you and/or your family members travel for 60 days or less per trip. Plan members (not spouses or dependent children) may be eligible for 180 days of coverage if the trip is for business purposes and is approved by the insurer.

Travel Coverage ceases at retirement.

Optional Benefits

Optional Life Insurance for You and/or Your Spouse

Coverage is available in units of \$10,000, to a maximum of \$500,000.

If you apply within 60 days of becoming eligible, proof of good health is not necessary for the first \$50,000 of coverage. All amounts over \$50,000 require proof of good health. If you apply later than 60 days, you will need to provide proof of good health for all amounts of coverage.

Any time you lose coverage, ie: retirement, job change, or at age 70, you have the option to convert it to an individual policy.

To find out more about conversion, please visit www.healthassociation.ns.ca/benefits

Your Optional Life Insurance Coverage ceases when you turn 70 or retire whichever comes earlier. Your spouse's coverage ceases when you are no longer eligible or he /she turns 70, whichever comes earlier.

Optional Life Insurance for Your Dependent Children

Coverage is available in flat amounts of \$2,500, \$5,000 or \$10,000. Proof of good health is not needed, if applying within 60 days of becoming eligible. If you apply later than 60 days, you will need to provide proof of good health for all amounts of coverage.

Optional Life Insurance Coverage for your dependent children ceases when you turn 70 or retire, whichever comes earlier, or when the dependent reaches the maximum age (for more information on dependents eligibility, please see front page).

Optional Accidental Death and Dismemberment (AD&D) Insurance

This coverage provides a benefit to you in the event of an accidental injury, or to the beneficiary in the event of an accidental death. Coverage is available in units of \$10,000, to a maximum of \$300,000. You may choose to cover only yourself, or yourself and your spouse and/or dependents.

If you select family coverage, the benefit paid for your spouse and/or children will be a percentage of your coverage. The benefit amount depends on the composition of your family at the time of the claim:

Family Composition at Time of Claim	Spousal Benefit (% of Coverage)	Child Benefit (% of Coverage)
Spouse Only	60%	0%
Spouse and Child(ren)	50%	15%
Child(ren) Only	0%	20%

AD&D Coverage ceases when you reach 70 or retire, whichever comes earlier.

Visit www.healthassociation.ns.ca/benefits for a list of Optional AD&D covered accidental loss.

Optional Benefits

Critical Illness Insurance

This coverage provides a lump sum payment in the event that you are diagnosed with one of the eligible critical illnesses.

This benefit also provides access to a Health Service Navigator Tool. This tool offers the insured a medical second opinion service, a health and drug library, a healthcare guide which provides resources to help locate a healthcare provider, and assistance in coordinating medical services.

Critical Illness Insurance for You and/or Your Spouse

Coverage is available for you and/or your spouse in units of \$5,000, with a minimum of \$10,000 and a maximum of \$150,000. Proof of good health is not required for the first \$25,000, but you must provide proof of good health and be approved by the insurer for all amounts greater than \$25,000.

Unless you and/or your spouse submit a medical questionnaire and are approved for coverage by the insurer, Critical Illness benefits are not payable for conditions resulting directly or indirectly from a pre-existing condition.

A pre-existing condition is defined as an illness or injury for which, the 24 months prior to the effective date of coverage or the latest date of reinstatement for this Benefit, the Insured person has exhibited signs or symptoms, received medical treatment, care of services (including diagnostic measurements), consulted a Physician or has been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the effective date of coverage or the latest date of reinstatement for this Benefit.

In addition, benefits are not payable for the diagnosis of any life-threatening cancer made within 90 days following your and/or your spouse's effective date of coverage.

If while insured for this benefit you are diagnosed with one of the covered illnesses and you survive for a period of 30 days (survival period) the benefit will become payable. Your claim must be submitted within 90 days of the first diagnosis of the condition.

The Critical Illness benefit is payable if one of the following conditions is diagnosed:

- Alzheimer's Disease
- Aortic Surgery
- Benign Brain Tumor
- Blindness
- Cancer (Life-Threatening)
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Heart Attack
- Heart Valve Replacement
- Kidney Failure
- Loss of Limbs
- Loss of Speech
- Major Organ Failure and On Waiting List for Transplant
- Major Organ Transplant
- Motor Neuron Disease
- Multiple Sclerosis
- Occupational HIV Infection
- Paralysis
- Parkinson's Disease
- Severe Burns
- Stroke (Cerebrovascular Accident)

Your Critical Illness Coverage ceases when you reach 70 or retire, whichever comes earlier. Your spouse's coverage ceases when he or she reaches 70 or when you retire, whichever comes earlier.

Visit www.healthassociation.ns.ca/benefits for definitions of eligible Critical Illness conditions.

Optional Benefits

Critical Illness Insurance for Your Dependent Children

Coverage is available for your dependent children. It provides a lump sum payment of \$10,000 should your child be diagnosed with one of a number of specified conditions.

In addition to the previously listed adult illnesses, the following childhood conditions are covered:

- Autism
- Cerebral Palsy
- Congenital Heart Disease (certain conditions apply)
- Cystic Fibrosis
- Down Syndrome
- Muscular Dystrophy
- Type 1 Diabetes Mellitus

No critical illness will be paid in relation to a child who is born within the first ten (10) months of the application for child coverage and who is diagnosed with a child covered condition within those ten (10) months.

Critical Illness Coverage for your dependent children ceases when you turn 70 or retire, whichever comes earlier, or when the dependent reaches the maximum age (for more information on dependents eligibility, please see front page).

Other Features Offered

Early Assistance and Support for Employees (EASE)

If you are enrolled in the Long Term Disability Plan and have been away from work for 21 days (or more) due to a non-work related injury or illness, the Early Assistance and Support for Employees (EASE) program is available to you.

EASE is an early intervention program which is voluntary and confidential. EASE can provide a variety of tools to assist employees while they are off of work and to support them during the return to work process. EASE was created and sponsored by the Long Term Disability (LTD) Plan Trustees in keeping with your employer's commitment to create a healthy workplace. EASE is proactive and innovative. It helps you regain control of your situation by getting the support you need to return to health and work.

For more information, visit

www.healthassociation.ns.ca/ease or call the EASE Program Manager toll free at 1-888-824-EASE (3273) or in Metro at 832-8527.

Employee & Family Assistance Program (EFAP)

The EFAP is a voluntary, confidential, short-term counseling, and advisory service. It connects you and your family members to a network of dedicated professionals who are available to give assistance 24 hours a day.

The EFAP network includes counsellors, social workers, psychologists, addiction and career counsellors, childcare and eldercare specialists, and legal and financial experts.

The EFAP provider, Shepell.fgi, is one of Canada's largest and most respected behavioral health service providers. For more information, log onto **www.workhealthlife.com**

Other Features Offered

Health eLinks

Health eLinks offers direct access to a complete library of health-related information and resources, in addition to providing a Health Risk Assessment (HRA) that can identify up to 13 different health concerns. Powered by MediResource, Inc., a leading provider of interactive health information, tools and technology, Health eLinks connects you to resources that can help you better understand and improve your overall health and well-being.

Health eLinks delivers:

Health risk assessment (HRA): This interactive questionnaire helps you evaluate your current health and identify potential health risks.

Health libraries: Health eLinks is your one-stop resource to online health libraries with information on medical conditions, medications, and tests and procedures. You'll also find health articles featuring a wide range of topics. You also find a Community Resource Centre which helps identify supportive resources within your community, along with a Health Centre that compiles information related to a particular health issue.

Personal health improvement: Once you've completed both the HRA and a risk profile, what's next? Start taking action! Put a personal health improvement plan together.

You have to be registered on Manulife's Plan Member Secure Internet site, to access Health eLinks.

- Go to manulife.ca/planmember, click on "Login/register" (right-side) and you'll be directed to the site access page
- On the site access page, click on "register" and provide the required information (If you're not sure of your plan and certificate numbers, check your group coverage ID card or find the numbers on a previous claims statement)
- Submit the completed information and follow the directions on the page.

Once you've received your personal login information, you'll have access to all online information available to your plan, including Health eLinks

Questions?

If you have any questions about your benefits program, talk to your Benefits Administrator or contact Health Association Nova Scotia at:

**Group Benefits Solutions
Health Association Nova Scotia
2 Dartmouth Road
Bedford, Nova Scotia B4A 2K7
Toll-free: 1-866-886-7246**

More information about our benefits program is available on the Health Association's website at www.healthassociation.ns.ca/benefits



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As the Plan Sponsors for the Extended Health & Dental Benefits, Health Association Nova Scotia are liable for the payment of all Covered Benefits, notwithstanding any insurance policy which may be attached to this Employee Benefit Plan.

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