



# BENEFIT PLAN

## **Syndicat des cols blancs de Beaconsfield**

Classification: Permanent and Auxiliary Full-Time Members

Billing Division: 3

Effective Date: April 1, 2015



GSC's plan member online services website makes things quick, convenient and easy.

**Go to [greenshield.ca](http://greenshield.ca)**



## WELCOME TO YOUR BENEFIT PLAN

This summary contains information about your group benefits with **Syndicat des cols blancs de Beaconsfield**, your plan sponsor, available through the group contract with Green Shield Canada (GSC), effective April 1, 2015.

### HEALTH SUMMARY

The [health benefits](#) are intended to supplement your provincial health insurance plan. The benefits shown below will be eligible if they are medically necessary for the treatment of an illness or injury, and reimbursement will be limited to [reasonable and customary](#) charges, in addition to any specific limitations and maximums stated below.

<b>Calendar Year <a href="#">Deductible</a>: (per person/per family)</b>	No Deductible
<b>Maximums</b> Overall Health Maximum:	Unlimited
<b>Your <a href="#">Co-pay</a></b> Prescription Drugs: brand: generic: Hospital: All Other Health Benefits:	 \$3, plus 30% per prescription or refill \$3, plus 20% per prescription or refill 0% 20%
<b>Your Plan Covers</b>	<b>Maximum Plan Pays</b>
<a href="#">Prescription Drugs</a>	Unlimited
<a href="#">Hospital Accommodation</a>	Semi-private room
<a href="#">Hearing Care</a>	\$500 every 60 months
<a href="#">Orthotics/Orthopedic Footwear</a> Custom boots or shoes: Custom orthotics:	\$300 every calendar year <a href="#">reasonable and customary</a> charges
<a href="#">Private Duty Nursing</a>	\$10,000 every calendar year
<a href="#">Paramedical Practitioners</a> Chiropractor, Registered Massage Therapist, Naturopath, Osteopath, Speech Therapist, Podiatrist and Audiologist  Psychologist, Psychanalyst, Psychiatrist, Master of Social Work and Counsellor Social Worker  Physiotherapist, Physical Rehabilitation Technician  Acupuncturist, Occupational Therapist, Homeopath, Kinesitherapist, Dietitian	\$500 per practitioner per calendar year, including X- rays up to \$40 per calendar year, for Chiropractor  \$500 every calendar year combined for all practitioners  \$500 every calendar year combined for all practitioners  \$500 every calendar year combined for all practitioners

## TRAVEL SUMMARY

The [travel benefits](#) are intended to supplement your provincial health insurance plan. Hospital and medical services are eligible only if your provincial health insurance plan provides payment toward the cost of incurred services. The benefits shown below will be eligible if they are medically necessary for the treatment of an illness or injury and reimbursement will be limited to [reasonable and customary](#) charges for the area in which they are incurred.

<b>Calendar Year <a href="#">Deductible:</a></b> (per person/per family)	No deductible
<b>Your <a href="#">Co-pay:</a></b>	0%
<b>Maximum Number of Days per Trip:</b>	60 days
<b>Your Plan Covers</b>	<b>Maximum Plan Pays</b>
<a href="#">Emergency Services</a> (including Trip Cancellation):	\$1,000,000 per incident
<a href="#">Referral Services</a>	\$50,000 per calendar year

**Before you travel, visit [greenshield.ca](http://greenshield.ca) for important information you will need to know if you experience a medical emergency while you are travelling.**

## DENTAL SUMMARY

The [dental benefits](#) shown below will be eligible if they are dentally necessary for the prevention of dental disease or treatment of dental disease or injury and reimbursement will be limited to the amount stated in the Provincial Dental Association Fee Guide indicated below.

<b>Calendar Year <a href="#">Deductible:</a></b> (per person/per family)	\$25/\$50
<b>Dental <a href="#">Fee Guide:</a></b> (General Practitioners and Specialists)	Current province of residence
<b>Your <a href="#">Co-pay</a></b>	
<a href="#">Basic Services:</a>	
Diagnostic and Preventive	0%
All Other Basic Services	30%
<a href="#">Comprehensive Basic Services:</a>	50%
<a href="#">Major Services:</a>	50%
<a href="#">Orthodontics:</a>	50%
<b>Your Plan Covers</b>	
Basic Services	\$1,000 per calendar year combined for all Basic and Comprehensive Basic Services
Comprehensive Basic Services	
Major Services	\$1,000 per calendar year
Orthodontics	\$1,500 per lifetime per dependent child age 18 and under
<b>Summary of Covered Benefits</b>	
<b>Basic Services</b> include recall visits once every 6 months, fillings, and simple extractions	
<b>Comprehensive Basic Services</b> include root canal therapy, periodontal scaling/root planing, complicated extractions (and anaesthesia required for oral surgery), and denture relining/rebasing, repairs, or adjustments	
<b>Major Services</b> include crowns, dentures and/or bridgework (replacements of each limited to once every 5 years)	
<b>Orthodontics</b> includes treatment to straighten teeth/correct the bite.	

MY BENEFIT PLAN SUMMARY

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## ABOUT THIS SUMMARY

This information is intended to provide an overview of the coverage available. Detailed benefit information about your coverage, including limitations and exclusions applicable to the benefits appearing in this summary, which will form part of your Benefit Plan Booklet, will be available online at [greenshield.ca](http://greenshield.ca).

This summary describes the [deductibles](#), [co-pays](#) and maximums that may be applicable to your coverage if you are included in the Billing Division shown on the cover of this summary. All dollar maximums stated in this summary are expressed in Canadian dollars.

You are covered for only those specific benefits for which you have applied and for which your plan sponsor has certified you are eligible. You must be covered in order for your dependents to be covered. Your coverage will terminate upon the earlier of attainment of the date you attain age 75 for Drugs and Extended Health Services, and attainment of age 70 for Travel and Dental Benefits or the date your plan sponsor advises GSC that you are no longer eligible for coverage. Coverage for your dependents will terminate upon the earlier of termination of your coverage or the date your dependent no longer satisfies the definition of a [dependent](#).

You will receive Identification Cards showing your GSC Identification Number to be used on all claims and correspondence, and for identification purposes when speaking with our Customer Service Center. Your number will appear on the front of the card and end in -00, while each of your dependents with their numbers will be shown on the back.

## PLAN MEMBER ONLINE SERVICES – INFORMATION YOUR WAY

In addition to this summary, and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register with GSC to:

- View your full Benefit Plan Booklet
- Access your personal claims information (including a breakdown of how your claims were processed) and claims history
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit certain claims online
- Search for a drug to get information specific to your own coverage (or coverage for your family)
- Arrange for claim payments to be deposited directly into your bank account
- Search for eligible dental, paramedical and vision care providers in a particular location (within Canada) who are registered and in good standing with our provider registry.
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits

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

## OUR COMMITMENT TO PRIVACY

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at [greenshield.ca](http://greenshield.ca).