

YOUR Benefits



BOOKLET



Glad to
see you!



your
Group
Benefits
booklet

Cosmetology Association of Nova Scotia

Active Members

Group Policy Number:
14211

Effective Date:
February 1, 2020

Welcome to your Group Benefits Plan

Your group benefits coverage provides you with the peace of mind that you are protected today and in the future.

This program is insured by Blue Cross Life Insurance Company of Canada, which will be referred to as “Blue Cross” for convenience of reference.

Our commitment to service, innovative solutions and technological expertise mean you can rest easy because at Blue Cross, we’re always there for you.

About this Booklet

This booklet, together with your identification card, contains important information about your group benefits coverage. You should keep them in a safe place for future reference.

This booklet summarizes the important features of your group benefits coverage. It is prepared as information only, and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits coverage are described in the group policy held by the policyholder. In the event of a difference of wording of the group policy, the group policy will prevail, to the extent permitted by law.

Your booklet is divided into the following sections:

- **Summary of Benefits:** Outlines the main features of each benefit. It is important to read your Summary of Benefits along with the benefit details to ensure you fully understand your benefit coverage.
- **Coverage Details:** Contains important information regarding the eligibility requirements for your group benefits coverage. This includes when your coverage begins and ends, plus other useful information to help you take advantage of the coverage available to you.
- **Rights and Responsibilities under the Policy:** Outlines your responsibilities under the group policy (such as your responsibility to notify the policyholder upon change in status) and your rights (for example your right to privacy).
- **How to Submit a Claim and Obtain More Information:** Provides additional information on how you can submit claims and obtain more information regarding your coverage.
- **Helpful Tips:** Throughout this booklet we provide useful tips to help you better understand and get the most out of your group benefits.



Helpful Tip

Take a tour in the Member Centre section at www.medavie.bluecross.ca

Medavie Mobile App

Submit a claim, access an electronic version of your ID card, check coverage, find a health professional in your area, and much more! Visit www.medavie.bluecross.ca/app for more information or to download the app.

TABLE OF CONTENTS

Summary of Benefits.....	1
Key Terms.....	2
Coverage Details	3
Member Life Benefit	4
Rights and Responsibilities Under the Policy.....	6
How to Obtain More Information.....	9
Additional Resources and Member Services	10

Summary of Benefits

Member Life Benefit

Benefit Formula	Flat amount
Benefit Maximum	\$10,000
Non-Evidence Limit	\$10,000
Terminal Illness Benefit	Included
Benefit Reduction	The amount of coverage reduces by 50% at age 65
Termination	Age 70

Key Terms

General Key Terms

Member: A person who:

- resides in Canada; and
- is eligible and approved for coverage under this policy

Other Important Terms

Accident: A sudden, fortuitous and unforeseeable event that:

- is violent in nature;
- arises solely from external means;
- causes bodily injury to the Member directly and independently of all other causes; and
- is unintended by the Member.

The resulting injury to the Member must be certified by a physician.

Illness: A deterioration of health or a bodily disorder that has been diagnosed by a Physician and requires regular and continuous care.

Coverage Details

Who is Eligible for Coverage?

You are eligible for coverage if you meet the definition of Member.

To be eligible for coverage, you must be entitled to government health care coverage or similar coverage deemed satisfactory by Blue Cross.

When Does My Coverage Begin?

Your coverage takes effect on the latest of the following dates:

- the effective date of the policy; or
- the date you meet all of the eligibility requirements.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the policy terminates;
- you no longer meet one or more of the eligibility requirements;
- you reaches the termination age or termination date, if any, specified in the Summary of Benefits;
- you die;
- you commit a fraudulent act against Blue Cross; or
- the policyholder defaults in payment of premiums.

No coverage will be provided to you while performing duties as an active member in the armed forces of any country, unless coverage must be retained under applicable provincial legislation.

What Happens When Coverage Ends?

Right to Convert to Individual Coverage

Upon termination of coverage, you have the right to convert your group benefits coverage to an individual insurance policy, provided certain criteria are met.

The benefit details will specify if this conversion right applies to a particular benefit.

When conversion is available, the following terms and conditions apply:

- You must, within 31 days of the date of termination of your group coverage:
 - submit the application form provided by Blue Cross for the purpose of conversion to individual coverage; and
 - pay the entire amount of the first month's premium of the individual policy, in accordance with the method of payment stipulated by Blue Cross;
- the individual policy will be issued without requiring proof of health;
- the premium for the individual policy is based upon the individual policy rates in effect on the date of application and the age and sex of the Member on that date;
- the individual policy is subject to any maximum and minimum values or other additional terms and conditions that are specified in the *Right to Convert to Individual Coverage* provision of the applicable benefit.



Helpful Tip

The benefit of converting your group coverage is that you do so without having to provide proof of health.

Conversion premium rates will typically be higher than group premium rates currently paid.

Instead of converting your group coverage, you may prefer to apply for an individual plan, which will require Proof of Health.

Member Life Benefit

Purpose of Coverage

If the Member dies while covered by this benefit, Blue Cross will pay the Member's beneficiary the amount specified in the Summary of Benefits, subject to the conditions outlined below.

Advance Payment Due to Terminal Illness

An advance payment of the member life benefit may be paid to the Member if:

- the Member submits a request to Blue Cross in writing;
- Blue Cross is satisfied, on the basis of medical evidence provided by the Member's attending physician, that the Member is suffering from a condition that is expected to result in the Member's death within 12 months of the date of the request;
- the Member is eligible for waiver of premium; and
- the Member is under age 65.

An advanced payment amount cannot be more than 50% of the member life benefit amount in effect at the time of the request or \$50,000, whichever is less. It will be paid in one lump sum that will be deducted from the member life benefit amount. The remainder of the member life benefit will be paid to the Member's beneficiary on death of the Member.

Members are only eligible for an advance payment once per lifetime.

Payment of Claims

Beneficiary

Member life benefits will be paid to the Member's beneficiary with the exception of an advance payment due to terminal illness that will be paid directly to the Member.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim as soon as is reasonably possible and in no event later than 12 months following the date of death.

Right to Convert to Individual Coverage

Eligibility for Conversion

The Member has the right to purchase an individual life policy from Blue Cross if their member life benefit coverage terminates on or before their 65th birthday due to retirement, no longer being eligible under the Policyholder's association or termination of coverage for the group or class of Members to which the Member belongs.

This conversion option also applies to any scheduled reduction or termination of coverage that becomes effective at specified ages.

Terms and Conditions of the Converted Policy

Individual policies issued under this conversion option are subject to the terms and conditions specified in the *Right to Convert to Individual Coverage* found under the *Coverage Details* of this booklet.

They are also subject to the following additional terms and conditions:

- during the 31-day period that the conversion option may be exercised, the amount of coverage available through this conversion option is continued without charge;
- the effective date of coverage under the individual life policy will be 31 days after the group coverage terminates;
- the individual life policy will not include any disability or other supplementary benefits;

Member Life Benefit

- the types of individual life policies available for conversion are:
 - a) a 1 year term life policy that may be exchanged, before its expiry date, for 1 of the following 2 life policy options (b) or (c);
 - b) a non-convertible term life policy that provides level term coverage to age 65; or
 - c) a term to age 100 life policy that provides lifetime coverage with no non-forfeiture options;
- the maximum amount of coverage available under the individual life policy is the lesser of:
 - the amount of member life benefit coverage in effect on the termination date;
 - the amount of any scheduled reduction of the member life benefit coverage;
 - the amount of the reduction in coverage caused by any replacement policy that is issued to the Member within 31 days of the date of the termination;
 - \$400,000 for residents of Quebec or \$200,000 for residents outside of Quebec; and
- the coverage provided by the individual life policy cannot be less than:
 - the minimum amount Blue Cross will normally issue for the type of policy selected; or
 - \$10,000 for residents of Quebec.

Rights and Responsibilities Under the Policy

What Are My Responsibilities Under the Policy?

Keeping the Policyholder Informed

It is your responsibility to provide the policyholder with accurate information on your family status, as well as your beneficiary designations. You must complete the group benefits application form within 31 days from the date you become eligible for coverage.

To ensure coverage is kept up-to-date, it is important to report any changes to the policyholder within 31 days of the change. Changes that must be reported to the policyholder include:

- Change of beneficiary
- Application for benefits previously waived

Beneficiary Designations

Death Benefits

Benefits payable as a result of your death will be paid to your last designated beneficiary or beneficiaries.

Subject to the provisions of the law, the beneficiary is the person you have designated on your group benefits application form. You may change your beneficiary by submitting a signed written declaration to Blue Cross.

If you designate 2 or more beneficiaries (other than alternatively) without any specification as to how the death benefit will be divided, the benefit payable will be divided equally among the designated beneficiaries.

If your beneficiary predeceases you, you must designate a new beneficiary.

If you die and a beneficiary has not been named in writing, the death benefit will be payable to your estate.

Providing Proof of Claim

Proof of claim must be provided in writing and in a form acceptable by Blue Cross.

Submitting Claims After Your Group Policy Terminates

If the group policy has terminated, you must submit proof of claim to Blue Cross **within 90 days** following the termination date of this group policy for all life benefits.

What Are My Rights Under the Policy?

Privacy

In the course of providing customers with quality life coverage, Blue Cross acquires and stores certain personal information about its clients.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, medical records, and financial information.



Helpful Tip

It is very important to maintain up-to-date beneficiary designations.

When insurance money is paid to the estate, it may be subject to creditor claims and estate taxes.

However, when a beneficiary is named, this person receives the entire benefit tax free, regardless of what debts may be owed by the deceased.

You can change your beneficiary by filling out a beneficiary designation form available through the policyholder or on our website.



Helpful Tip

Your proof of claim must be submitted in either English or French. If the original proof of claim is in a language other than English or French, you are responsible for any costs associated with translating your proof of claim.

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage. Your personal information is used to provide the services outlined in your group policy, to understand your needs so that we can recommend suitable products and services, and to manage our business.

To Whom Could This Personal Information be Disclosed?

Depending on the type of coverage you carry, release of selected personal information to the following may be necessary in order to provide the services outlined in the group policy of which you are an eligible member:

- other Canadian Blue Cross organizations to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario;
- specialized health care professionals when required to assess benefit eligibility;
- government and regulatory authorities in an emergency situation or where required by law ;
- Blue Cross Life Insurance Company of Canada and other third parties, on a confidential basis, when required to administer your benefits; or
- the plan member in any contract under which you are a member.



Helpful Tip

For more information on our privacy protection practices, please visit our website.

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you is not released to a third party without permission unless necessary to fulfil the services Blue Cross is contracted to provide to you.

By becoming a Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above.

Disputing a Claim Decision

In the event Blue Cross determines that benefits are not payable, you have the right to appeal the decision by providing written notice to Blue Cross within 30 days from the date of the written denial.

The time limitation to bring an action against Blue Cross under the group policy begins on the date of the initial written denial from Blue Cross and runs until the expiry of the minimum limitation period as prescribed by the applicable provincial legislation.

Every action or proceeding against Blue Cross for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Copy of the Group Policy

Where legislated, you have the right to request a copy of the contract for insured benefits, your application for benefits and any written statements or other record provided to Blue Cross as proof of your health.

The Rights of Blue Cross Under the Policy

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Member:

- any amount paid in error;
- any amount paid as a result of claims made by the Member on the basis of fraudulent pretences or misrepresentations; or
- any amount paid that has resulted in overpayment to the Member.

Termination or Suspension of Benefit Payments

Blue Cross may, without prior notice, suspend or terminate the rights and benefits of a Member in the following circumstances:

- the discovery of a claims discrepancy or the initiation of a claim abuse investigation; or
- the filing of criminal charges or initiation of disciplinary action against the Member by Blue Cross.

Blue Cross also has the right to suspend or deny payment of a claim for any services or supplies prescribed, rendered or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or who has been charged with an offence in relation to the provider's conduct or practice.

How to Obtain More Information

How to Obtain a Claim Form

All claim forms for life benefits can be obtained through your group benefits administrator.

How to Submit a Claim

You can submit your claims to Blue Cross by:

- mail, fax or scan to the address indicated on the applicable claim form;
- dropping the form off at one of our Quick Pay® locations; or
- providing them to your group benefits administrator.

Plan Member Website

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry:** Detailed information about your group benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements:** view your claims history;
- **Record of payments:** view transactions issued to yourself or the service provider;
- **Submit claims** electronically.

To register for the plan member website, visit www.medavie.bluecross.ca and log in.



Helpful Tip

For security reasons, the plan member website is for your use only.



Helpful Tip

Please record your password in a secure site for future reference.

Additional Resources and Member Services

Blue Cross Contact Information

For more information about your group benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Atlantic Provinces: 1-800-667-4511

Ontario: 1-800-355-9133

Quebec: 1-888-588-1212

From Anywhere in Canada: 1-888-873-9200

Alternatively, you can email your questions to inquiry@medavie.bluecross.ca or visit our website at www.medavie.bluecross.ca.

Connect with Blue Cross

Like us on Facebook at facebook.com/MedavieBlueCross

Follow us on Twitter at [@MedavieBC](https://twitter.com/MedavieBC)

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to medaviebc.mygoodhealth.ca and simply follow the instructions to register for your free account!



Savings are available to Blue Cross Members across Canada. To take advantage of these savings, simply present your Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at www.blueadvantage.ca.



Helpful Tip

Have your group policy number and identification number ready when you call for questions regarding your coverage.