



YOUR BENEFITS PROGRAM AT-A-GLANCE

This summary provides an overview of the main provisions of the group insurance program for eligible **members of the Nova Scotia Federation of Agriculture (NSFA)**.

This document is not a contract and is subject to change; it is provided for your convenience. If any discrepancies between the contents of this summary and the official plan contract should arise, the terms of the insurance contract will apply in all cases. In no way shall this document confer any contractual rights or obligations.

HEALTH AND TRAVEL	
Prescription Drugs	
▪ Reimbursement	You pay 30% to a maximum of \$15 for each eligible drug on the prescription and the program pays the balance. Erectile Dysfunction Benefits have an annual maximum of \$250
▪ Limitations	Mandatory Generic Substitution; Prior Authorization may be required
Drug Card	Pay-Direct
Vision Care	100% reimbursement
▪ Lenses, Frames and Contact Lenses	\$100 every 2 consecutive calendar years; every calendar year for children under 21 years of age
▪ Eye Examinations	One eye examination up to usual and customary amounts every 2 consecutive calendar years; every calendar year for children under 21 years of age
Paramedical Services	80% reimbursement to a total combined maximum of \$1,200 for all practitioners per calendar year up to usual and customary:
▪ Psychologist and Speech Therapist	\$800 per practitioner in a calendar year
▪ Chiropractor, Naturopath, Acupuncturist, Osteopath, Chiropodist/Podiatrist, Physiotherapist and Massage Therapist	\$400 per practitioner in a calendar year
Private Duty Nursing	100% reimbursement maximum is \$10,000 per calendar year with a lifetime maximum of \$25,000
Medical Supplies & Prosthetic Equipment	100% reimbursement Please refer to booklet for more details
Other Eligible Expenses	100% reimbursement
▪ Accidental Dental	Treatment within 90 days of accident
▪ Ambulance Services	To and from nearest hospital able to provide essential care; up to usual and customary
▪ Hearing Aids	\$500 max every 4 calendar years
▪ Molded Arch Orthotics	\$75 per calendar year
Emergency Travel Coverage	\$2,000,000 per participant per incident; limited to the first 90 days of a trip if under age 65, limited to the first 60 days of a trip if over age 65 \$5,000 Trip Cancellation and Interruption \$500 Baggage Coverage
Termination of Coverage	The earlier of retirement, termination of employment or age 65 (Health) age 70 (Travel)
Usual and Customary Charges	Expenses are reimbursed based on Medavie Blue Cross' assessment of usual & customary fees

DENTAL	
Reimbursement	
▪ Basic and Preventative Services	80% reimbursement - maximum \$1,000 in a calendar year
▪ Major Restorative Care	50% reimbursement - maximum \$1,500 in a calendar year
Fee Guide	Current Fee Guide for general practitioners in the member's province of residence
Recall Examination, Polish/Fluoride Frequency	2 per calendar year
Termination of Coverage	The earlier of retirement, termination of employment or age 70

BASIC LIFE INSURANCE		OPTIONAL LIFE INSURANCE	
Insured Persons	You Only	You and/or your Spouse	
Coverage	Flat benefit of \$25,000; reduction by 50% at age 65	Units of \$10,000 to a maximum of \$250,000 Evidence of insurability is required for all insured amounts	
Termination of Coverage	Your coverage terminates the earlier of age 70 or retirement, or termination of employment	Your coverage terminates the earlier of age 65 or retirement, or termination of employment	

DEPENDENT LIFE INSURANCE	
Insured Persons	Your Spouse and your dependent(s)
Coverage	Spouse - \$5,000 Child - \$2,000
Termination of Coverage	The earlier of retirement, termination of employment or age 70



YOUR BENEFITS PROGRAM AT-A-GLANCE

ACCIDENTAL DEATH AND DISMEMBERMENT		OPTIONAL AD&D COVERAGE
Insured Persons	You Only	You, your Spouse and your dependents
Coverage	Amount Equal to your Employee Life Insurance In case of an accidental injury, the amount paid to you is based on the nature of your injury. See booklet for details.	You: <ul style="list-style-type: none"> Units of \$10,000 up to a maximum of \$250,000 Family Plan: <ul style="list-style-type: none"> Spouses only – In the event there are no dependent children covered, the amount of coverage applicable to the spouse will be 50% of the coverage of you have Spouses and Dependent Children – 40% of the your coverage applicable to the spouse and 5% of your coverage applicable to each dependent child Dependent Children only – In the event there is no spouse covered, the amount of coverage applicable to each dependent child will be 10% of your coverage
Termination of Coverage	Your coverage terminates the earlier of age 70 or retirement, or termination of employment	You: The earlier of the Covered Employee’s retirement, the Covered Employee’s age 65 or when no longer an eligible Dependent. Spousal coverage ends on spouse’s 65 th birthday if earlier than noted above.

OPTIONAL CRITICAL ILLNESS	
Insured Persons	You and your Spouse
Coverage and Covered Conditions	<p>You and your Spouse have the option to buy coverage in units of \$10,000 up to a maximum of \$100,000. Children are eligible for \$10,000. Evidence of insurability is required for all amounts of coverage.</p> <p>Critical Illness insurance provides a non-taxable lump sum benefit to the employee and covers the following conditions:</p> <p>Covered Conditions</p> <ul style="list-style-type: none"> Aorta Surgery Benign Brain Tumor Blindness Life Threatening Cancer Coma Coronary Artery Bypass Surgery Deafness Heart Attack Kidney Failure Loss of Speech Major Burns Major Organ Failure Requiring Transplant Motor Neuron Disease Multiple Sclerosis Paralysis Parkinson’s Disease Senile Dementia Stroke
Termination of Coverage	You: The earlier of retirement, termination of employment or age 65 Spouse: Spouse’s 65th birthday or earlier of retirement, termination of employment or Covered Employee’s 65th birthday Child: Ceases when no longer an eligible Dependent
Note	Pre-existing Condition: A pre-existing condition means an illness or condition for which you or your dependent has received medical treatment, consultation, care or services (including diagnostic measures) or has been prescribed medication during the 24 months immediately prior to the effective date of the Critical Conditions coverage. Critical Conditions benefits are not payable as a result of any pre-existing condition unless commencement of the critical condition occurs after 24 consecutive months of coverage.

ELIGIBILITY
<p>To be eligible for group benefits, you must be a permanent employee who is a resident of Canada, covered under your provincial government plan, actively at work and working a minimum of 20 hours per week on a regular basis. There is a two (2) month waiting period before members can join the plan.</p> <p>Spouse:</p> <ul style="list-style-type: none"> Is the person who is legally married to the Covered Employee, or the person designated by the Covered Employee and with whom he has been living in a conjugal relationship for at least one (1) year. The Spouse is the person designated on the Covered Employee’s application. At any one time, only one person may be covered as the Covered Employee’s Spouse. <p>Dependent Child:</p> <p>Your natural, legally adopted or stepchildren who are dependent upon you for financial care and support. Such Children must be:</p> <ol style="list-style-type: none"> unmarried; unemployed; less than 21 years of age ; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on full-time basis.

CONTACT INFORMATION		
<p>Enrolment in the Plan, Changes for Address/Banking or Family Status changes - Morneau Shepell Telephone: 1-800-667-6328</p>		
<table border="0"> <tr> <td> <p>Health and Dental Coverage Inquiries – Medavie Blue Cross Telephone: 1-800-667-4511 Website: www.medavie.bluecross.ca Download the Mobile App!</p> </td> <td> <p>Travel – Medavie Blue Cross In the event of an emergency, please call: 1-800-563-4444 – when calling from Canada or U.S.A or 1-506-854-2222 – Call collect from elsewhere in the world</p> </td> </tr> </table>	<p>Health and Dental Coverage Inquiries – Medavie Blue Cross Telephone: 1-800-667-4511 Website: www.medavie.bluecross.ca Download the Mobile App!</p>	<p>Travel – Medavie Blue Cross In the event of an emergency, please call: 1-800-563-4444 – when calling from Canada or U.S.A or 1-506-854-2222 – Call collect from elsewhere in the world</p>
<p>Health and Dental Coverage Inquiries – Medavie Blue Cross Telephone: 1-800-667-4511 Website: www.medavie.bluecross.ca Download the Mobile App!</p>	<p>Travel – Medavie Blue Cross In the event of an emergency, please call: 1-800-563-4444 – when calling from Canada or U.S.A or 1-506-854-2222 – Call collect from elsewhere in the world</p>	