



FREQUENTLY ASKED QUESTIONS

1. Who is the insurance carrier?

Medavie Blue Cross is the insurer for the medical, dental, life, AD&D, critical illness, and emergency medical travel benefits under the plan.

<https://www.medavie.bluecross.ca>

This carrier was chosen for the Atlantic Federation Programs as a result of their services and ability to provide the required plan design at competitive rates.

2. How are the premiums paid?

Once you are set up on the plan, you will receive a premium statement or have amounts withdrawn directly from your bank account if you provide us with your banking information (preferred). Premiums are based on the single or family status of your application and or any additional coverages you opt for. Please contact us if you want to understand your monthly costs. Premiums are quoted on a monthly basis.

3. Is there a drug card on the plan?

Yes – if you qualify for drug coverage through the plan and enrol you will receive a pay direct drug card which you can use at any pharmacy to pay for your prescription. Only the portion of the claim for which you would normally be responsible will be charged to you if you use this card.

4. What happens if I am currently taking a maintenance drug (on an ongoing basis, i.e. for high blood pressure) and usually receive a 90-day supply from my pharmacist?

Medavie Blue Cross has a limitation on maintenance prescriptions for the first fill order to ensure that medications aren't wasted as individuals test out medications initially. Once established Medavie will allow a 100-day supply of maintenance drugs to be dispensed on an ongoing basis. If the drug you have been taking over a long period of time is not recognized by Medavie Blue Cross as a maintenance drug and a 3-month supply cannot be dispensed, you can ask Medavie Blue Cross to make an exception for you. Please contact Medavie Blue Cross directly at 1-800-667-4511 for further assistance.

5. Are all prescriptions covered?

Medavie Blue Cross does have a formulary to which it adjudicates its claims. If you have any questions as to whether a prescription is covered under the plan we suggest that plan members reach out to Medavie Blue Cross directly to evaluate plan coverage. The plan does require mandatory generic substitution.

6. What does the plan cover in terms of vision care, Paramedical practitioners etc?

Please refer to the benefits summary posted on the NSFA website for more information.

7. How will dental work already in progress be handled if I already have a plan and am moving to the NSFA plan?

Predeterminations Approved by Medavie Blue Cross

A predetermination for dental work that has not yet started or is in progress will be honoured by Medavie Blue Cross provided that it is less than 6 months old and has been approved by Medavie Blue Cross. A copy of the predetermination must be submitted to Medavie Blue Cross before claims can be paid.

8. How do I coordinate my benefits with my spouse?

You need to advise Medavie Blue Cross of any coordination information you have with another plan.

9. Can I have my reimbursement directly deposited into my bank account?

Yes, you can sign up for the Direct Deposit and Electronic Notice Service through the Medavie Blue Cross Plan Member website.

10. How long does Medavie Blue Cross take to pay my dental and/or health claims?

In the case of any paper claims submitted by mail, once the fully documented claim is received by the Medavie Blue Cross claims department, the claim will be paid in less than five business days. As always, payment via automatic deposit to your bank account will be your quickest option for receiving your reimbursement.

11. What type of information can I obtain from the Customer Contact Centre?

The Medavie Blue Cross Customer Contact Centre will assist you with the following:

- Confirming whether a service or medical device is covered under your Health and Dental plan
- Confirming the status of a claim payment
- Ordering a replacement drug card

12. How do I contact Medavie Blue Cross?

You can reach the Medavie Blue Cross Customer Contact Centre at 1-800-667-4511. You can also send an email through the plan member site or at inquiry@medavie.bluecross.ca

13. If we are a couple what coverage do we sign up for?

The insurance plan requires that coverage be family if there is more than 1 covered. The NSFA will be reviewing the possibility for couple coverage in the future but at this time the plan does not support it. In order to be considered a dependent on the plan (spouse) for the purposes of the coverage the requirement is legal marriage or common law.

14. What about children – how long can they be covered?

Dependent children are covered to age 21 or age 25 if considered a full time student in an accredited institution and financially dependent on the member that is part of the plan. Any children who do not meet this definition will be removed from the plan. If a child returns to the business/farm to work they can be added as an employee at the point with single coverage.