

# My **BENEFIT PLAN**

## **Canada BrokerLink Inc.**

Classification: Ontario, Alberta and Atlantic Active Employees

Billing Division: 100, 200 and 300

Effective Date: October 1, 2015

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# WELCOME TO YOUR BENEFIT PLAN

This summary contains information about your group benefits with **Canada BrokerLink Inc.**, your plan sponsor, available through the group contract with Green Shield Canada (GSC), effective October 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.

	Basic Plan	Coordination Plan	Comprehensive Plan	Enhanced Plan
<b>Calendar Year Deductible: (per person/per family)</b>	\$1,200/\$2,400	No deductible	No deductible	No deductible
<b>Maximums</b> Fertility Drugs: Smoking Cessation Drugs: Overall Health Maximum:	\$5000 per lifetime \$300 per lifetime Unlimited	\$5000 per lifetime \$300 per lifetime Unlimited	\$5000 per lifetime \$300 per lifetime Unlimited	\$5000 per lifetime \$300 per lifetime Unlimited
<b>Your Co-pay (your portion of the cost):</b> Prescription Drugs:	0% of allowed drug cost, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill, after the deductible is satisfied	80% of allowed drug cost, plus 80% of allowed dispensing fee charge or \$7.50 whichever is less, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill	Tiers 1, 2, 5 - Preferred and Specialty: 20% of allowed drug cost, plus 20% of allowed dispensing fee charge or \$7.50 whichever is less, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill  Tiers 3, 4 - Non-preferred: 35% of allowed drug cost, plus 35% of allowed dispensing fee charge or \$7.50 whichever is less, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill	Tiers 1, 2, 5 - Preferred and Specialty: 5% of allowed drug cost, plus 5% of allowed dispensing fee charge or \$7.50 whichever is less, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill  Tiers 3, 4 - Non-preferred: 20% of allowed drug cost, plus 20% of allowed dispensing fee charge or \$7.50 whichever is less, plus any allowed dispensing fee charge in excess of \$7.50, per prescription or refill
All Other Health Benefits:	Not covered	80%	10%	0%
<b>Your Plan Covers</b>				
<b><a href="#">Prescription Drugs (Mandatory Generic)</a></b>	Unlimited, except as stated above  Maintenance drugs are used to treat chronic or lifelong conditions. Your plan allows pharmacists to dispense a 3-month supply of maintenance drugs for a single dispensing fee. If you choose to receive less than a 3-month supply of these drugs, your drug plan will not reimburse the additional dispensing fee, you will be responsible for this cost.  Certain drugs may require prior approval (ie., prior authorization). Your pharmacist is aware of the drugs that fall into this category.			

**MY BENEFIT PLAN SUMMARY**

	<b>Basic Plan</b>	<b>Coordination Plan</b>	<b>Comprehensive Plan</b>	<b>Enhanced Plan</b>
<b>Hospital Accommodation*</b>	Not covered	Semi-private room	Semi-private room	Semi-private room
<b><u>Hearing Care*</u></b>	Not covered	\$300 every 5 calendar years	\$500 every 5 calendar years	\$750 every 5 calendar years
<b><u>Orthotics/Orthopedic Footwear*</u></b> Custom boots or shoes: Orthopedic shoes or custom orthotics:	Not covered Not covered	1 pair every calendar year \$500 every calendar year combined	1 pair every calendar year \$500 every calendar year combined	1 pair every calendar year \$500 every calendar year combined
<b><u>Private Duty Nursing*</u></b>	Not covered	\$5,000 every calendar year	\$15,000 every calendar year	\$25,000 every calendar year
<b><u>Paramedical Practitioners*</u></b> Chiropractor, Chiropracist/Podiatrist, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Psychologist, Speech Therapist	Not covered	\$250 every calendar year per type of practitioner	\$500 every calendar year per type of practitioner	\$750 every calendar year per type of practitioner
<b><u>Vision*</u></b> Eyeglasses or contact lenses or laser eye surgery  Medically necessary contact lenses  Optometric eye examinations  Visual training	Not covered	\$100 every 2 calendar years  \$200 every 2 calendar years  1 every 2 calendar years  \$200 per lifetime	\$200 every 2 calendar years  \$200 every 2 calendar year  1 every 2 calendar years  \$200 per lifetime	\$350 every 2 calendar years  \$200 every 2 calendar years  1 every 2 calendar years  \$200 per lifetime

\* You will be reimbursed for 20% under Coordination plan, 90% under Comprehensive plan and 100% under Enhanced plan.

**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.

**Applies to Basic, Coordination, Comprehensive and Enhanced Plans.**

<b>Calendar Year <u>Deductible</u> (per person/per family):</b>	No deductible
<b>Your <u>Co-pay</u> (your portion of the cost):</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):	\$5,000,000 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 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.

	Opt Out Plan	Coordination Plan	Comprehensive Plan	Enhanced Plan
<b>Calendar Year <a href="#">Deductible:</a> (per person/per family)</b>	No Coverage	No deductible	No deductible	No deductible
<b>Dental <a href="#">Fee Guide:</a> (General Practitioners)</b>		Current province of residence	Current province of residence	Current province of residence
<b>Your <a href="#">Co-pay</a> (your portion of the cost):</b>				
<a href="#">Basic Services:</a>		80%	20%	10%
<a href="#">Comprehensive Basic Services:</a>		80%	20%	10%
<a href="#">Major Services:</a>		50%	50%	50%
<a href="#">Orthodontics:</a>		50%	Not covered	50%
<b>Your Plan Covers</b>				
Basic Services and Comprehensive Basic Services*	\$1,000 per calendar year combined for all Basic and Comprehensive Basic Services	\$1,500 per calendar year combined for all Basic and Comprehensive Basic Services	\$2,500 per calendar year combined for all Basic and Comprehensive Basic Services	
Major Services**	\$1,000 per calendar year	\$1,500 per calendar year	\$2,500 per calendar year	
Orthodontics***	\$2,500 per lifetime per dependent child age 17 and under	Not covered	\$2,500 per lifetime per dependent child age 17 and under	

**Summary of Covered Benefits**

**Basic Services** include recall visits once every 9 months, fillings, and simple extractions  
**Comprehensive Basic Services** include root canal therapy, periodontal scaling/root planing, complicated extractions (and anaesthesia required for oral surgery), and denture relining/rebasing, repairs, or adjustments  
**Major Services** include crowns, dentures and/or bridgework (replacements of each limited to once every 5 years)  
**Orthodontics** includes treatment to straighten teeth/correct the bite.

\* You will be reimbursed for 20% under Coordination plan, 80% under Comprehensive plan and 90% under Enhanced plan.

\*\*You will be reimbursed for 50% under Coordination, Comprehensive and Enhanced plans.

\*\*\*You will be reimbursed for 50% under Coordination and Enhanced plans.

**HEALTH CARE SPENDING ACCOUNT SUMMARY**

This [Health Care Spending Account \(HCSA\)](#) is funded by your plan sponsor and administered by GSC. It can be used to pay for health and dental expenses that are not covered by your group benefit plan or your provincial health plan.

**Applies to Basic and Coordination Health Plans and Opt Out and Coordination Dental Plans only.**

Lump sum per plan member	\$500 per benefit year for the Basic or Coordination Health Plan  \$350 per benefit year for the Opt Out Dental Plan  \$250 per benefit year for the Coordination Dental Plan
<b>Benefit Year:</b> October 1, 2015 to December 31, 2016 for the first year January 1 <sup>st</sup> to December 31 <sup>st</sup> thereafter	

Refer to page 26 for more information regarding eligible health and dental expenses.

## 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](#) (your portion of the cost) 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 earliest of attainment of age 70 or retirement 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 Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- 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)
- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
- Arrange for claim payments to be deposited directly into your bank account
- 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).