

MY BENEFIT PLAN BOOKLET

KARE PROGRAM



Children's Aid Society of Halton
Billing Division: 15875

Revised Effective Date: June 1, 2010

We are pleased to present an Outline of Benefits for the Kare Program

100% of the services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Additionally, please call the agency if you have any questions or require additional information. All claims must be received by Green Shield no later than 12 months from the date the eligible service was incurred.

PRESCRIPTION DRUG BENEFIT

Benefits include prescribed medication, diabetic needles and syringes. Generic drug substitution applies.

Show the ID card and confirm the child ID number with the pharmacist at your drug store and the claim will be sent directly to Green Shield for payment.

HEALTH SERVICES BENEFIT

The child is covered for the following:

EMERGENCY TRANSPORTATION

Ambulance Transportation, for land or air ambulance to the nearest hospital equipped to provide the required treatment.

ACCIDENTAL DENTAL BENEFITS

Accidental Dental benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

AUDIO

Reimbursement will be made for standard/deluxe hearing aids, repairs or replacement parts up to a maximum of \$300 per child, every 5 years, based on first paid claim.

MEDICAL ITEMS

Prosthetic Appliances and Durable Medical Equipment, as well as replacements, repairs, fittings and adjustments of such devices. Contact the Child's Service Worker in order to process the appropriate documentation required to obtain approval from Senior Management prior to contacting the Green Shield representative.

PRIVATE DUTY NURSING IN THE HOME

Reimbursement will be made for the services of a registered nurse (R.N.) or Registered Practical Nurse (R.P.N./Licensed Practical Nurse (L.P.N.) in the home on a full or part shift basis, up to a maximum of \$10,000 per calendar year. Private Duty Nursing Benefits require pre-authorization.

PROFESSIONAL SERVICES

Expenses are reimbursed on the basis of what Green Shield determines are reasonable and customary charges for the services performed.

Professional services are only eligible when the practitioner rendering the service is licensed by their provincial association and that association is recognized by Green Shield Canada. Please contact the Green Shield Customer Service Centre to confirm eligibility when in doubt.

- **Physiotherapist:** up to a maximum of \$500 per calendar year.
- **Psychologist:** up to a maximum of \$500 per calendar year.
- **Speech Therapist:** up to a maximum of \$500 per calendar year.
- **Registered Massage Therapist:** up to a maximum of \$500 per calendar year. A certificate must be provided to Green Shield by the child's attending physician indicating the medical necessity of the treatment.
- **Chiropractor, Osteopath, Podiatrist/Chiropodist or Naturopath:** up to a maximum of \$500 per calendar year per practitioner.

NOTE:

- Ontario residents only: Podiatry Services are not eligible until your provincial health insurance plan annual maximums have been exhausted.

VISION

Your **Vision Benefit** carries a maximum of:

- \$300 every 24 months for prescription eye glasses and/or contact lenses and/or medically necessary contact lenses for children 18 years of age and older, and
- \$300 every 12 months for prescription eye glasses and/or contact lenses and/or medically necessary contact lenses for children under age 18,

provided they are dispensed by an Optometrist, an Optician or an Ophthalmologist.

Commencement of your benefit period is based on the initial date you receive vision benefits. This service date is the actual **pick-up date** of the eyewear.

Vision benefits do not include eye examinations.

PREFERRED PROVIDER VISION NETWORK ARRANGEMENT

As a Green Shield plan member, the child has access to our national preferred provider vision network arrangement where all Green Shield plan members are eligible to receive a discount on eyewear and laser eye surgery.

Features of this great value-added service include:

1. offer applies to any Green Shield plan member, regardless of whether they have Green Shield vision benefits or not;
2. the vision provider may bill Green Shield directly; the plan member just pays any portion of the expense not covered under their vision benefit;
3. trustworthy retail chains with convenient locations;
4. discount offer applies to everything such as all extra coatings, upgrades and accessories;
5. hundreds of the latest frame styles to choose from plus the latest lens and coating technology;
6. professional opticians to assist in selecting products;
7. offer applies to non-disposable contact lenses (excludes disposable contact lenses).

Visit our web site at greenshield.ca or call our Customer Service Centre at 1.888.711.1119 for information on the vision providers.

How to Submit a Vision Claim:

1. Present the child's Green Shield Identification Card as proof of being a Green Shield plan member.
2. The vision provider will apply the appropriate discount(s) to the child's claim and submit the claim directly to Green Shield for payment.
3. If no vision benefit exists, the provider must be paid the full balance owing after the applicable discounts have been applied.

DENTAL BENEFIT

The Dental Plan covers all necessary treatment in accordance with the Current minus one year Ontario Dental Association Fee Guide for General Practitioners.

BASIC SERVICES

- **Recalls** include exams, cleanings and fluoride treatments. Basic services cover: recalls once every 6 months.
- **Bitewing X-rays** once every 12 months.
- **Complete, general or comprehensive** oral exams, full mouth X-rays and panoramic X-rays once every 3 years.
- **Basic restorations** including fillings and inlays.
- **Extractions and surgical services** including general anaesthetics and intravenous sedation.

COMPREHENSIVE BASIC SERVICES

- **Endodontic** treatment including root canal therapy.
- **Standard denture services** including relining and rebasing of dentures once every 3 years.
- **Denture adjustments** only after 3 months have elapsed from the installation of an initial or replacement denture.

Please note: Major Restorative Services require pre-approval of Senior Management at CAS, which is to be processed through the child's worker at CAS.

MAJOR RESTORATIVE SERVICES

- **Standard dentures**, complete, immediate and partial.
- **Standard crown restorations** or onlays on natural teeth.
- **Repair** or recementing of crowns and onlays on natural teeth.

GENERAL INFORMATION

OUR COMMITMENT TO PRIVACY

The Green Shield Canada Privacy Code balances the privacy rights of our plan members, and our employees, with the legitimate information requirements to provide customer service and to meet our human resource requirements. It consists of the following key principles:

1. We ask for the child's personal information for the following purposes:

- To establish the child's identification
- To provide the child with the applicable coverage
- To protect the child and us from error and fraud
- To provide ongoing services

2. Consent

When the child was enrolled in the plan as a plan member, their personal information was obtained and used only with the consent of the Children's Aid Society. We obtained the consent from the Children's Aid Society before we:

- Provided the child with coverage
- Offered any other Green Shield services
- Obtained, used or disclosed to other persons, information about the child unless we were obliged to do so by law or to protect our interests
- Used the child's personal information in any way we did not tell the Children's Aid Society about previously

Consent for the child can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing plan members, we will continue to use and disclose the child's personal information previously collected in accordance with our current privacy code, unless the Children's Aid Society informs us otherwise and will infer that consent has been obtained by the child's continued use of the services provided under the plan.

3. Withdrawal of Consent

The Children's Aid Society can withdraw their consent for us to use the child's personal information at any time after it is given to us, provided there are no legal or regulatory requirements to prevent this.

If the Children's Aid Society does not consent to certain uses of the child's personal information, or if the Children's Aid Society withdraws their consent, we will no longer be able to administer the child's coverage under the plan. If so, we will explain the situation to the Children's Aid Society to help them with their decision.

For further information on our privacy policies and procedures, please refer to the Green Shield web site at greenshield.ca.

ALTERNATE BENEFIT CLAUSE

Green Shield will determine the amount of benefits payable, giving consideration to alternate procedures, services, or courses of treatment. The attending physician/dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "alternate treatment" principle. The alternate benefit is a financial limitation and not intended as a comment regarding any treatment recommended or performed by a physician/dentist.

PREDETERMINATION

If the cost of any proposed treatment is expected to exceed \$300, submit to Green Shield a detailed treatment plan from the provider **before the treatment begins**. If a description of the procedures to be performed and an estimate of the charges **are not submitted in advance**, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of medical/dental practice.

GENERAL OVERALL EXCLUSIONS

Eligible Services do not include and reimbursement will not be made for:

1. services or supplies received as a result of disease, illness or injury due to:
 - a) intentionally self-inflicted injury while sane or insane;
 - b) an act of war, declared or undeclared;
 - c) participation in a riot or civil commotion; or
 - d) committing a criminal offence;
2. services or supplies provided while serving in the armed forces of any country;
3. failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. the completion of any claim forms and/or insurance reports;

5. any specific treatment or drug which:
 - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
 - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
 - c) will be administered in a hospital;
 - d) is not dispensed by the pharmacist in accordance with the payment method used for Drugs;
 - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;

6. service and charges for sleep dentistry;

7. services or supplies that:
 - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner **or the Child's Service Worker** as permitted by law;
 - b) are legally prohibited by the government from coverage;
 - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
 - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
 - e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
 - f) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
 - g) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
 - h) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence;
 - i) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
 - j) would normally be paid through any provincial health insurance plan, worker's compensation board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
 - k) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
 - l) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
 - m) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
 - n) relates to treatment of injuries arising out of a motor vehicle accident;
 - o) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply;
 - p) **expenses which exceed Green Shield guidelines may still be covered by CAS, provided approval is obtained in advance through CAS Senior Management.**