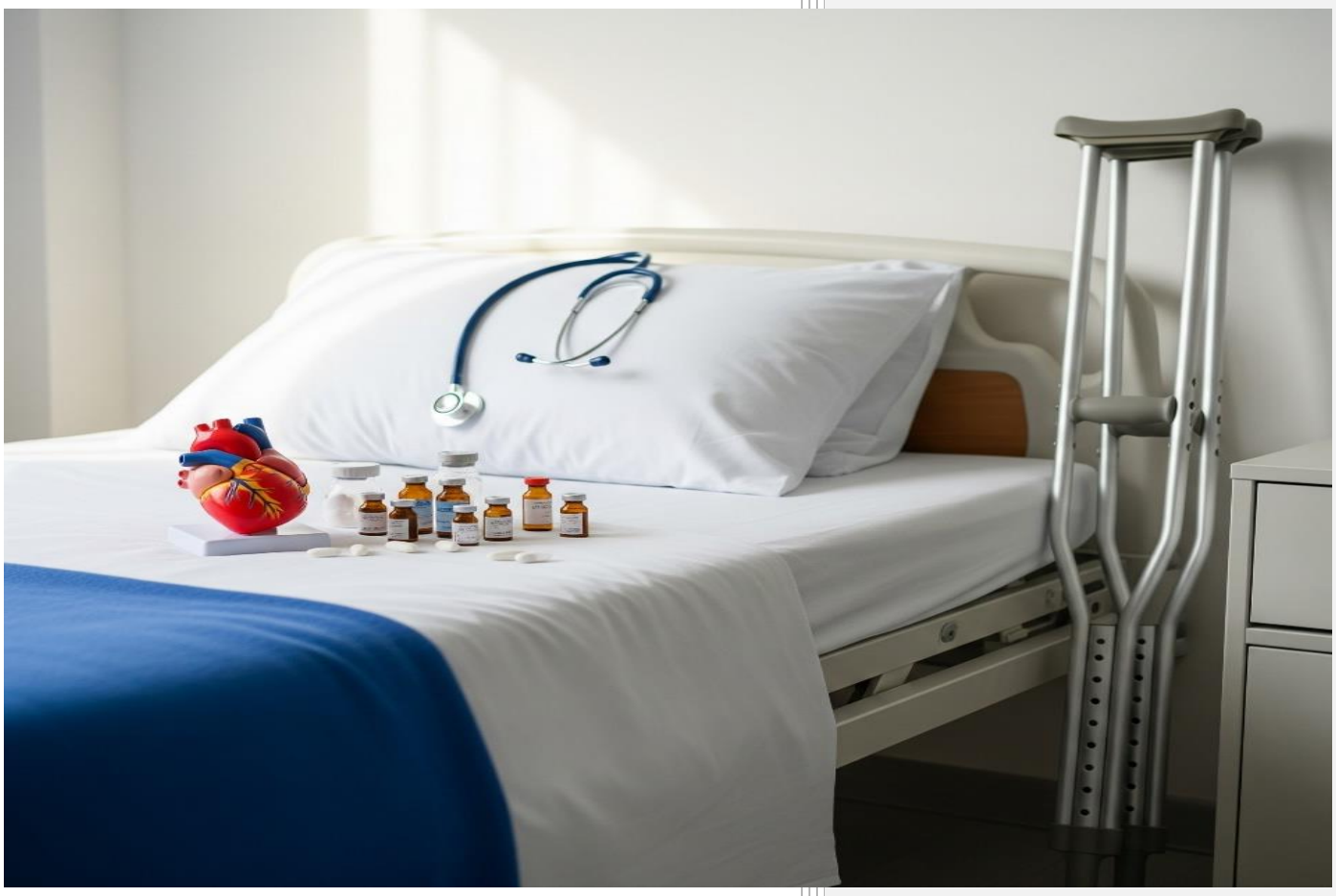
Plan Booklet

Health Care Plan for CNDC Retirees

Policy 91526 with Medavie Blue Cross
Effective January 1, 2026



Sponsored by the
CN Pensioner Association
Issued October 2025

Table of Contents

IMPORTANT INFORMATION CONCERNING THE HEALTH CARE PLAN FOR CN DEFINED CONTRIBUTION (CNDC) RETIREES

While it is important to **READ** this entire Plan Booklet to determine your specific eligibility, the Plan Options and benefit provisions, here are some IMPORTANT summary points to consider while you review your retirement health care benefit options.

- The Health Care Plan for CNDC Retirees (hereinafter "the Plan") is managed by volunteer members of the CN Pensioners Association (CNPA). The Plan is funded solely through the premiums received by Plan members. Medavie Blue Cross has been contracted by the CNPA to administer the Plan and the claims process. This Plan is only available to CNDC Retirees who are at least 55 years of age with a minimum of 10 years of employment with CN*.
- You have only **60 days** from when you terminate your employment with CN to apply for this Plan. **Late applications will not be accepted**. PROOF of termination of your CN employment date AND your years of employment at CN are also required.
- This Plan currently has **NO Annual or Lifetime maximums** (with the exception of specified expense limits) unlike many other similar plans available in Canada. There are no entry medical questions when you apply for this Plan.
- Look closely at the available **Plan Options** and in conjunction with the included **Premium Rate** sheet. Select the Option that best meets your individual or family needs based on coverage and deductibles. There are provisions in the Plan to **change** your Plan Option coverage on specific dates or in certain situations. **DENTAL coverage is not offered**.
- Copies of the latest Plan Booklet, Premium Rate Sheet and simple ways to make claims can always be found on CNPA's website at **cnpensioners.org** under **Healthcare Plan for Defined Contribution Retirees.**
- **REMEMBER** - If you choose NOT to apply for this Plan when first eligible, you cannot apply at a later date.
- **CNPA MEMBERSHIP is included within your Plan premium.**
- You may cancel your coverage at any time but, should you do so, you will not be allowed to re-enroll in the Plan.
- If you have **Questions about the Plan**, your application or specific coverage options, CALL Medavie Blue Cross at **1-866-660-7670** who can also refer you to a CN Pensioner volunteer Health Care representative – or write healthcare@cnpensioners.org.

  *Quebec – 65 years of age or older

Introduction

The Plan offers you **select protection** designed to provide you and your family with financial assistance for medically required health care expenses not covered by your provincial hospital and Medicare plans.

This protection **supplements** the government plans: it is designed and priced on the premise that you have enrolled in the government plan offered in your province of residence whether such enrollment is compulsory or optional.

Several options are available giving you the flexibility to choose the coverage that best suits your personal needs.

In case of discrepancies or conflict between this Plan Booklet and the terms of the official insurance contract no. 91526 issued by Medavie Blue Cross, final interpretation will be governed by the insurance contract.

The Plan at-a-glance

The Plan provides for the reimbursement of a wide range of eligible expenses for hospital services, prescription drugs and other medical treatments that are not covered by your provincial plans.

Eligible expenses for necessary medical care, services and supplies are reimbursed based on the reasonable and customary charges in the region where they are incurred, less any amount normally payable by government plans.

Plan options

The Plan provides three options providing a variety of coverage choices that are described on the following pages. **Read the description of each option carefully before selecting the best option.**

 **Prescription drugs**	 **Hospital**	 **Extended Health care**	 **Vision care**	**Deductibles**
Option B				
✗	✓	✓	✗	None
Option C3				
✓	✓	✓	✗	$7.5 or $22.50 per drug* **PLUS** $290 / $400**
Option D				
✓	✓✓	✓	✓	$3 or $9 per drug*

*	Generic or Original / Unique Drug
**	Annual deductible (Person/Family) (refer to pages 17 and 19 for more details)
✓✓	This option includes coverage for both Semi Private or Private Hospital Room (refer to page 17 for more details)
NOTE	Although only Option D includes Vision Coverage, **ALL** options provide coverage for certain Optometrist charges

Am I eligible?

You are eligible to join the Plan if you meet the following FIVE criteria:

- You are a **CNDC Retiree** – aged 55 years or older and having at least 10 years of CN service at termination of employment;
- You are not receiving a CN Defined Benefit monthly pension sufficient to cover your premiums under any other Health Care plans sponsored by CNPA;
- You are a resident of Canada;
- You are covered by the Medicare plan of your province of residence;
- If you are a Quebec resident, you must be of age 65 and over.

Are my dependents eligible?

Your dependents covered by a provincial Medicare plan may also be eligible. The definitions of **eligible dependents** are as follows:

- **Your spouse:** a person who has been living with you in a conjugal relationship for at least one year, or your legally married spouse.
- **Your children:** unmarried children (including your designated spouse's children and your legally adopted children) who depend on you for support, including those whose support was imposed upon you by a court order, and who:
  - Are under age 21, or
  - Are between ages 21 and 25 and are registered as full-time college or university students. (Note: Claims submitted for a dependent child who is over age 21 but under age 25, also require College/ University proof of registration for **each school term**) or;
  - Are physically or mentally disabled, regardless of age, provided that their disability began while they were covered under this Plan or another plan and has been continuously disabled since that time.

    A **child** is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is financially reliant on you for care, maintenance and support due to this disability. Medavie Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

NOTE: If you do not cover your dependents when they become eligible for the first time, they will not be covered at a later date.

How do I enroll?

1. You must complete the Application Form indicating your option (B, C3 or D) and your choice of individual or family coverage, and return it, within 60 days of the date of your termination of your CN employment, to the address below.

Medavie Blue Cross - Administration Department
P.O. Box 1330, STN B, Montreal, Quebec H3B 3K9

If you have any questions, please call 1-866-660-7670

2. PROOF of employment termination from CN and your years of employment are required. No medical exam or proof of good health is required for coverage under this Plan.
3. Medavie Blue Cross will send you a drug card which serves as an identification card confirming your protection.

May I enroll at a later date?

Once the enrollment period has expired, you may no longer join the Plan.

Which option should I choose?

The option to select is a matter of personal preference and circumstances. To choose the option best suited to your personal needs, you should first consider the following points:

- Whether you are over or under age 65;
- Whether or not you have dependents;
- Whether or not you are covered under another plan;
- Coverage provided under the Medicare plan in your province of residence;
- The premium rates for each option.

When choosing your coverage, evaluate your present as well as your future medical requirements, and familiarize yourself with the Medicare plan of your province of residence.

Cost of the coverage

You pay the cost of this coverage through monthly premiums debited directly in advance from a pre-established bank debit. The premium rate is based on the CNDC Retiree's age (except in British Columbia where the premium rate does not vary according to the age) and will change automatically on the first of the month following his/her 65th birthday (except in British Columbia).

The coverage under the Plan is uniform across Canada. However, premium rates vary to take account of the different provincial plans and the cost of claims submitted under this Plan in each province. These premium rates are reviewed and adjusted annually.

Effective date of coverage

Your coverage starts on the 1st of the month following the effective date of termination of CN employment or on the 1st day of the month should your termination occur on that date. Premiums are retroactive to the date of termination of CN employment. Premiums are deducted IN ADVANCE of monthly coverage.

If you cover your eligible dependents, their coverage becomes effective on the same date as yours.

Hospital coverage for you or your dependent, either of which is in hospital when coverage is to commence, will **not** become effective **until** one month after discharge from hospital.

Change in your coverage

If you have been covered by any option of this Plan for at least 2 full years, you may choose to lower the option coverage (i.e. D to C3 or B, or C3 to B) effective **January 1st of the following year,** provided you notified Medavie Blue Cross before November 30th.

Eligible life events

You may also make a change of option on the following specific eligible life events, provided you notify Medavie Blue Cross **within 31 days** of the event:

- When you reach age 65 or at the 65th birthday of your **Spouse**;
- Upon the death of your **Spouse**;
- Upon your marriage or upon your divorce;
- At termination of dependents' eligibility;
- When you move to another province.

Canceling your coverage

You may cancel your coverage at any time but, should you do so, you will not be allowed to re-enroll in the Plan.

Note: NO Premium reimbursements are provided.

How do I change or cancel my coverage?

Any cancellation or change of option or coverage (individual or family) must be made in writing and sent to Medavie Blue Cross at the following address:

Medavie Blue Cross – Administration Department
P.O. Box 1330, STN B, Montreal, Quebec H3B 3K9

OR by email to Medavie Blue Cross at admin.nat@medavie.bluecross.ca.

Coverage changes are effective the 1st of the month following your notification to Medavie Blue Cross.

What if I move?

If you change your permanent address, you MUST contact Medavie Blue Cross at the address below:

Medavie Blue Cross - Administration Department
P.O. Box 1330, STN B, Montreal, Quebec H3B 3K9

You can also inform Medavie Blue Cross by email at admin.nat@medavie.bluecross.ca or call 1-866-660-7670.

Your monthly premiums will be adjusted accordingly once Medavie Blue Cross has been notified of the change.

What happens in case of death?

If you die, your **Spouse** or estate must immediately notify MEDAVIE BLUE CROSS as outlined above, to cancel your automatic premium deductions. Your coverage will terminate at the end of the month of your death. Outstanding claims for you or your dependents incurred prior to or during the month of your death, must be submitted to Medavie Blue Cross within 60 days following your death.

IMPORTANT

Upon notification of death of the CNDC Retiree to Medavie Blue Cross, the current covered spouse may choose to immediately retain the current coverage in place for themselves (and eligible dependents), or retain their coverage but reduce to individual coverage.

What if my Spouse or myself are covered under another group health insurance policy?

Should you or any eligible member of your family are covered under another **group health insurance plan**, any benefits payable under this Plan and the other plan will be coordinated so that payments from all sources do not exceed the expenses actually incurred.

This feature of the Plan is designed to avoid duplication of benefits from more than one plan under which you and your dependents might be covered. It usually works this way:

- As a CNDC Retiree, your benefits are paid first by the Plan; any balance is then submitted to the other plan under which you may be covered.
- Your eligible **Spouse** covered under another plan has benefits paid first by that plan; any balance is then submitted to this Plan.
- A **Child** covered as a dependent by both parents has benefits paid first by the plan of the parent whose birthday comes first in the year.

Termination of your coverage

Coverage for you and your dependents will end in any of the following events:

- If you cancel your coverage;
- If you fail to maintain monthly advance pre-established bank debit;
- If you move outside Canada and are no longer covered by a provincial Medicare plan;
- If this group contract # 91526 is cancelled.

In addition, coverage for your dependents will end when they no longer meet the eligibility requirements.

Plan coverage and benefit provisions – Prescription drugs

This benefit covers the expenses listed hereafter, provided they meet the definition of eligible expenses under this Plan:

- Preparations and compounds if their main ingredient is an **Eligible drug**; and
- Prescribed Eligible drugs that appear on the managed formulary; (i.e. a list of Eligible drugs and Life-sustaining drugs that are subject to the decisions of the **Medication Advisory Panel**).

 **Prescription drugs**	**Option C3**	**Option D**
Deductibles / drug (amount of eligible expenses that you pay before benefits are payable)	Generic/Original: **$7.50** Unique: **$22.50**	Generic / Original: **$3** Unique: **$9**
Reimbursement	**80%** (you pay 20% as coinsurance)	
Out-of-pocket maximum (for deductible, coinsurance, eligible dispensing fee and eligible mark-up)	**$3,000 / person / year** after which the eligible drug expenses are **reimbursed at 100%** for the rest of the year	
Dispensing fee maximum	**$9 / prescription**	
Mark-up maximum	**10%**	
Generic substitution	**Mandatory**	
Maximum supply per prescription	Up to **100-day supply / prescription** We encourage your Doctor to prescribe up to that limit	
Vaccines	Maximum of **$500** / person / year	

Eligible drug

A drug that is:

- Approved by Health Canada;
- Assigned a drug identification number (**DIN**) or a natural health product number (**NPN**) in Canada;
- Considered by Medavie Blue Cross to be a **Life-Sustaining Drug** or a drug that requires a prescription by law;
- Prescribed by a Physician or by a Health Practitioner who is licensed to prescribe under applicable provincial legislation;
- Approved by Medavie Blue Cross as an Eligible Expense; and
- Dispensed by an Approved Provider that is a licensed retail pharmacy or another provider that is approved by Medavie Blue Cross.

Medavie Blue Cross will, on an ongoing basis, add, delete or amend its list of Eligible Drugs.

Life-sustaining drug

An Eligible drug that does not require a prescription by law but which Medavie Blue Cross is satisfied is necessary for your survival. A prescription from a physician or health practitioner is still needed for reimbursement.

Medication Advisory Panel

Is the group of health care and other industry professionals, appointed by Medavie Blue Cross, to review new drugs and decide which drugs Medavie Blue Cross includes on its formularies.

Definition of drugs

- **Unique drugs (single source brand-name drugs)**

  A drug that has a trade name and is protected by a patent. Only the company holding the patent can produce and sell the drug, without any competition.

- **Original drugs (multi source brand-name drugs)**

  A unique drug for which the patent has expired and for which one or several generic drugs exist.

- **Generic drugs**

  An exact copy of a unique drug. It is just that the patent on the unique drug has expired. **Since Health Canada imposes the same standards and tests on generic drugs as it does on unique drugs, generic drugs are as effective and as safe.**

Mandatory generic substitution provision

The Plan will base the reimbursement of an eligible prescription drug to the lowest cost generic equivalent product that can legally be used to fill the prescription, even if your physician specifies "no substitution" on the actual script.

- Reimbursement for **unique drugs (single source brand-name drugs)** will continue to be based on the actual cost of the prescribed drug since the unique drug is still protected by a patent which does not allow substitution of generic drugs.
- Reimbursement for **original drugs (multi source brand-name drugs)** will now be based on the lowest cost generic equivalent product that can legally be used to fill the prescription. Therefore, if you decide to purchase the original drug, you will assume 100% of the cost difference between the original and the generic drug (lowest price for the generic) and the plan provisions will apply to the price of the generic.

Dispensing fee

A dispensing fee is the professional fee charged by pharmacists for the cost of evaluating, preparing, and packaging a prescription drug. It applies whether you purchase generic, unique or original drugs.

In Quebec, as there is no dispensing fee posted by the drug store, the dispensing fee will be estimated by Medavie Blue Cross as equal to the total drug cost minus the ingredient cost.

Considering the dispensing fee maximum of $9, the Plan reimburses 80% of each dispensing fee submitted up to a maximum reimbursement of $7.20 (i.e. 80% x $9) and you will assume 20% of the dispensing fee submitted (up to $9) plus 100% of the portion of the dispensing fee submitted in excess of $9, if any.

Mark-up

The mark-up is the profit margin requested by the pharmacist. This component is added to acquisition cost to form the ingredient cost.

Considering the maximum mark-up of 10%, the Plan reimburses 80% of each mark-up submitted (subject to a 10% maximum) and you will assume 20% of the mark-up submitted (subject to a 10% maximum) plus 100% of the mark-up that exceeds 10%, if any.

Eligible expenses

- **Eligible drugs**;
- Preparations and compounds if their main ingredient is an **eligible drug**;
- Vaccines, subject to an annual maximum reimbursement of $500 per person per year; or
- Liquid nitrogen treatments, subject to the reasonable and customary (R&C) charges in the region where they are incurred.

Special authorization

For **eligible drug** that are identified by Medavie Blue Cross as requiring prior or ongoing authorization to qualify from reimbursement. The criteria for Special authorization are established by Medavie Blue Cross, but the provincial drug plans may also require another special authorization process to be completed.

Exclusions

The Plan does not cover:

- Varicose vein injections;
- Antihistamines and allergy sera;
- Smoking cessation aids;
- Vitamins;
- Weight loss treatments;
- Natural health products, homeopathic and naturopathic products, herbal medicines and traditional medicines, nutritional and dietary supplements;
- Fertility treatments;
- Erectile dysfunction treatments;
- Hair growth stimulants;
- Services, treatment or supplies that:
  - Are not medically necessary;
  - Are for cosmetic purposes only;
  - Are elective in nature; or
  - Have experimental or investigative indication.
- Procedures related to drugs injected by a Health Care Professional in a private clinic;
- Expenses that are covered under any government health care coverage or charges payable under a workers' compensation board/commission, any automobile insurance bureau or any other similar law or public plan;
- Services, treatment or supplies the Participant receives free of charge;
- Charges that would not have been incurred if no coverage existed;
- Charges for Marijuana use (prescribed or not); or
- Drugs that Medavie Blue Cross determines are intended to be administered in hospital, based on the route of administration and the condition the drug is used to treat.

Home delivery of prescription drugs

Save money and free Home delivery of your prescription drugs

To support your access to the convenience and comfort of free home delivery for your daily **maintenance** medications, you have access to **My Home Rx**, Medavie Blue Cross' special offering of mail order pharmacy. It is available to our Plan members across Canada (except Quebec). My Home Rx utilizes two leading home delivery pharmacy service providers, Sobeys Pharmacy by Mail and Telus Health, to make it easy for you to access the drugs you need, the way you want.

In addition to free home delivery, these providers offer lower dispensing fees than many traditional pharmacies, which may reduce your costs.

These Pharmacies will help manage your medications with you, you can do refills on line, and they will connect with your Doctors where necessary. They will also coordinate benefits between various government plans. Registration is simple and quick. Call them to learn more or ask questions. Telus Health also offers a useful App.

You can CALL the **Toll Free Numbers** to Register:

(Have your Blue Cross and Provincial Health Care Card ready)

Telus Health Virtual Pharmacy – Available All Across Canada (except Quebec)

East - for Ontario and all Atlantic Provinces
Phone (Toll Free): 1-888-921-0466 - **Fax** (Toll Free): 1-877-835-8329 - **Hours**: Mon - Fri, 9:00am - 5:00pm EST

Central - for Manitoba, Saskatchewan and Nunavut
Phone (Toll Free): 1-866-318-0047 - **Fax** (Toll Free): 1-833-815-5756 - **Hours**: Mon - Fri, 9:00am - 5:00pm CST

West – for Alberta, British Columbia, YK, NT
Phone (Toll Free): 1-855-370-7979 - **Fax** (Toll Free): 1-855-295-7174 - **Hours**: Mon - Fri, 9:00am - 5:00pm PST

Sobeys Pharmacy by Mail - 1-866-657-MEDS (6337) (Except Quebec)

(Pharmacy located in Moncton and shipping from Moncton)

Plan coverage and benefit provisions – Hospital

	HOSPITAL		
	Option B	**Option C3**	**Option D**
Annual deductibles (amount of eligible expenses that you pay before benefits are payable)	**$0**	**$290** / Person **$400** / Family[1]	**$0**
Reimbursement – Acute care	**100%**	**80%**	**100%**
Reimbursement – Convalescent and physical rehabilitation	**80%**		**100%**
Semi-private hospital room[2]	**Unlimited period of time**		
Private hospital room[2]	**Not covered**		**Up to $90/day**

Examples of how deductibles are applied (using Option C3 as an example)

- CNDC Retiree with Single coverage: Submits an eligible claim of $390 (no other EHC claim), the claimant will first assume the per person deductible of $290. The amount reimbursed by the Plan will then be 80% of $100 ($390-$290) or $80.
- CNDC Retiree with Family coverage (with **Spouse**): Same claim as above for the **CNDC Retiree**, he reaches the per person deductible and the plan reimburse $80. The **Spouse** then submits a separate claim for $300. The **Spouse** would first pay the remaining $110 portion of the Option C3 - Family deductible of $400 ($400-$290). The amount reimbursed by the Plan to the **Spouse** will then be 80% of $190 ($300-$110) or $152.

[1] Deductible per person applies to all individuals under a family certificate until the per family deductible is reached. Once a person reaches the per person deductible, benefits are payable to the person even if the per family deductible has not been reached by the other family members

[2] Charges in excess of the provincially paid standard ward accommodation charges

Benefits for **convalescent and physical rehabilitation** shall be limited to a maximum of thirty days for all periods of hospitalization during a calendar year, for as long as the insured is entitled to these services, and up to the amount that the hospital is allowed to charge directly to the patient for a semiprivate accommodation.

These benefits shall be payable only if the insured is admitted less than fourteen days after his discharge from a hospital where he received active care, provided he was admitted there after the effective date of his coverage.

If you choose accommodation in a private hospital room, reimbursement is limited to $50 per day ($90 per day under Option D).

Hospital definition

Under this Plan, a hospital is defined as a legally operated institution that:

- Is primarily engaged in providing medical, diagnostic and surgical facilities and services for the care and treatment of sick and injured persons on an inpatient basis and;
- Provides such facilities and services under the supervision of a staff of doctors with a 24-hour-a-day nursing service with registered nurses.

The following may NOT be considered as hospitals:

- Institutions that are principally homes for the elderly;
- Rest or care homes and nursing homes;
- Institutions that provide psychiatric care;
- Institutions for the care and treatment of drug or alcohol addictions.

Plan coverage and benefit provisions – Extended Health Care

	Extended Health Care		
	Note on eligible expenses: For any expenses to be eligible and reimbursed, they will be judged by **Medavie Blue Cross to determine if they are usual, customary and reasonable charges and also be medically necessary. Expenses must be prescribed by a physician, unless otherwise indicated. Certain exclusions will apply.**		
	Option B	**Option C3**	**Option D**
Annual deductibles (amount of eligible expenses that you pay before benefits are payable)	**$0**	**$290** / Person **$400** / Family[3]	**$0**
Reimbursement	**80%** (you pay 20% as coinsurance)		

Examples of how deductibles are applied (using Option C3 as an example)

- CNDC Retiree with Single coverage: Submits an eligible claim of $390 (no other EHC claim), the claimant will first assume the per person deductible of $290. The amount reimbursed by the Plan will then be 80% of $100 ($390-$290) or $80.
- CNDC Retiree with Family coverage (with **Spouse**): Same claim as above for the **CN DC Retiree**, he reaches the per person deductible and the plan reimburse $80. The **Spouse** then submits a separate claim for $300. The **Spouse** would first pay the remaining $110 portion of the Option C3 Family deductible of $400 ($400-$290). The amount reimbursed by the Plan to the **Spouse** will then be 80% of $190 ($300-$110) or $152.

[3] Deductible per person applies to all individuals under a family certificate until the per family deductible is reached. Once a person reaches the per person deductible, benefits are payable to the person even if the per family deductible has not been reached by the other family members

Specialist services

The following specialists must duly qualified and members of their professional association. Expenses incurred must result from illness or injury.

SPECIALIST SERVICES	ALL Options
Psychologist/ Psychotherapist	**$60 / visit up to $500 / year on a combined basis**
Physiotherapist/ Athletic therapist/ Occupational therapist	**$60 / visit up to $500 / year on a combined basis**
Podiatrist/ Chiropodist/Nurse	**$60 / visit up to $500 / year on a combined basis** When a registered nurse provides foot care services they will be reimbursed only if the nurse is trained, qualified and insured for professional liability for foot care and only when the medical condition of the patient justifies such services
Chiropractor/ Dietician/ Naturopath/ Speech therapist/ Massage therapist/ Acupuncturist	**$60 / visit up to $500 / year / specialist** Doctor recommendation is required for massage therapy
Optometrist	**$75 / year**

An eligible expense for these specialists corresponds to the amount incurred, subject to the reasonable and customary (R&C) charges in the region where they are incurred.

Example: Physiotherapy expense of $90

- Eligible (R&C) amount: $80
- Reimbursement: 80% of eligible expense ($80) to a maximum of $60 per visit and of $500 per person per calendar year

So, 80% of $80 equals $64. However, the covered person is reimbursed a maximum of $60 per visit up to a cumulative maximum reimbursement of $500 per calendar year. For purposes of satisfying the deductible under the Option C3, an amount of $80 would be deducted; such amount corresponding to the eligible R&C amount given the expense incurred exceeds this amount.

If the services of the specialist are covered by a provincial plan, the reimbursement from this Plan may be limited in accordance with applicable legislation.

Other products and services

OTHER PRODUCTS AND SERVICES	ALL Options
Registered nurse (at the patient's home)	**$10,000 / person / year** These services must not be provided by a close relative or in a hospital. Services that are of a custodial or hygienic nature are excluded
Mammary prostheses (including bras)	**$200 / person / year**
Foot orthoses and orthopaedic adjustments to regular shoes	**$350 / person / year**
Orthopaedic shoes	Charges in **excess of $60 per pair**. Limited to **two pairs / person** / **year**

Example

- Charges incurred: $150
- Eligible expense: $150 - $60 = $90
- Reimbursement: 80% x $90 = $72

OTHER PRODUCTS AND SERVICES	ALL Options
Elastic support, surgical and custom made gradient support stockings	**$100 / person / year**
Hearing aids (including repairs but excluding batteries)	**$1,000 / person / 48 month**
Diabetic supplies	Needles, syringes, alcohol swabs, reactive sticks and reflectometers such as glucometers and dextrometers

OTHER PRODUCTS AND SERVICES	ALL Options
C-pap	**Purchase of 1 C-pap / 60 months + any charges related to parts or repairs**
Hospital bed (Prior approval must be obtained from Medavie Blue Cross)	Manual hospital bed for a bed-confined patient (rental or purchase of electric hospital bed is allowed up to the reasonable and customary rate charge equivalent to the cost of a manual bed), oxygen equipment or respirator
Wheelchair (Prior approval must be obtained from Medavie Blue Cross)	Rental or purchase of a regular wheelchair (non-regular wheelchair if medically required and if a regular wheelchair is not appropriate) or of a scooter, up to the provincial maximum for a regular wheelchair and **up to an overall maximum reimbursement of $1,200 per person in any consecutive 48-month period** Cushions and repairs (but excluding batteries) are also eligible and included in the overall maximum
Oxygen equipment or respirator (Prior approval must be obtained from Medavie Blue Cross)	**Unlimited**
Diagnostic services	**Unlimited** Hospital outpatient care, oxygen and diagnostic services, including laboratory tests (including blood tests) and X-rays. Magnetic resonate imaging (MRI) is excluded if covered by the provincial Medicare plan
Radium and radio-isotope treatments	**Unlimited**
Colostomy supplies	**Unlimited**
Artificial limbs (non-mechanical) or eyes (Charges for rental, where applicable, or purchase)	**Unlimited**
Crutches, walking aids, splints, trusses, dressings, trapezes, braces and casts (Charges for rental, where applicable, or purchase)	**Unlimited**

OTHER PRODUCTS AND SERVICES	ALL Options
Professional ambulance services in case of emergency	**$1,500 / person / year** Including air ambulance or transportation on a regularly scheduled flight, to the nearest hospital (including hospital transfers in case of emergency) able to provide essential care, when warranted

An ambulance must include namely:

- rescue equipment;
- a stretcher;
- breathing equipment;
- a first-aid kit.

Transportation charges from a hospital to the person's place of residence are not covered.

OTHER PRODUCTS AND SERVICES	ALL Options
Emergency Dental Treatment	**$1,000 / accident / person** Required for damaged natural teeth as a result of an accidental blow, a fracture or a dislocation of the jaw, provided the treatment starts within 180 days of the accident and the accident occurs while the person is covered by the Plan. Payment will be in accordance with the dental association fee guide for general practitioners of the province where the services are rendered
Out-of-province expenses	**Refer to page 27**
Supplies or equipment purchased outside Canada	Reimbursement for eligible expenses will be limited to the amount that would have been reimbursed (in Canadian currency) if the supply or equipment had been incurred in Canada

Exclusions

The Plan does not cover:

- Treatment of obesity;
- Dental expenses, unless incurred as a result of accidental injury;
- Equipment such as orthopaedic mattress, exercise equipment, air conditioner, air purifier or whirlpool;
- Therapeutic apparel;
- Diapers for incontinent persons;
- Service maintenance agreements;
- Out-of-country expenses, unless otherwise indicated.

Chronic disease management

Charges for the services rendered by an approved provider, as defined by Medavie Blue Cross, specialized in chronic disease management. Services must be delivered by the approved provider for medical conditions deemed eligible by Medavie Blue Cross. Coverage includes:

- Initial assessment, counselling and follow up sessions;
- Education relating to symptom management, medication usage;
- Development of action plans.

Plan coverage and benefit provisions – Vision Care

	**Vision care** **Option D Only**
Annual deductibles (amount of eligible expenses that you pay before benefits are payable)	**$0**
Reimbursement	**80%** (you pay 20% as coinsurance)
Prescribed contact lenses or glasses (frame and lenses), including sunglasses and safety glasses	Up to **$200** / **person** / **36 consecutive months from the date of purchase** If purchased **outside Canada:** limited to the amount that would have been reimbursed (in Canadian currency) if the expense had been incurred in Canada
Prescribed interocular (foldable) lens required for a cataract surgery	Up to a **lifetime** maximum of **$600** / **person**

Exclusions

The Plan does not cover:

- Glasses for cosmetic purposes;
- Laser eye surgery.

General Plan exclusions

The Plan **does not cover:**

- Any services and supplies that the person is eligible to receive under any government plan or law, or charges for which the law prohibits payment;
- Charges that would not have been requested if no insurance coverage had existed;
- Charges for any care, treatments, services or products other than those judged necessary by competent authorities for the treatment of an injury or illness;
- Charges for experimental services and treatments, and those attributed to the application of new processes or treatments not yet in current use;
- Intentionally self-inflicted injuries, while sane or insane;
- Fees for doctor's visit to patients home as these cannot be insured under the Canada Health Act;
- Preventive treatments;
- Charges for services rendered outside Canada, unless otherwise indicated;
- Charges not covered in accordance with a medical or hospital insurance act if incurred outside Canada;
- Rest cures, travels for health reasons, examinations prior to a trip, or for insurance or other similar purposes, and periodic health check-ups;
- Charges for physician's visits in the hospital, home or office in your province of residence;
- Charges covered under the provincial Medicare plan if the person is not insured by such plan;
- Treatments or prostheses for cosmetic purposes;
- Charges for medical care, supplies and services that are not included in the list of eligible expenses;
- Charges for services rendered by a close relative.

Travel outside my province of residence

If you travel outside your province of residence AND within Canada, the following eligible expenses may be reimbursed at a level of 80% after the applicable Extended Health Care deductible, if any, by the Plan:

- Charges for standard hospital ward accommodation in excess of the hospital expenses covered by the plan of your province of residence;
- Reasonable and customary fees of a physician or a surgeon for medical treatment in excess of the expenses covered by the plan of your province of residence;
- Eligible expenses under the Extended Health Care coverage;
- Prescription drugs as described on **page 11**, unless you are covered under Option B.

These expenses must be incurred on an emergency (non elective) basis; **referral cases are also excluded**.

If you travel outside your province of residence and outside Canada, NO expenses incurred outside Canada will be reimbursed (except for those specifically indicated on page 23). It is therefore strongly recommended that you purchase a private medical insurance policy before you travel.

Travel outside Canada

This Plan, **DOES NOT** provide any coverage for expenses or services incurred outside Canada.

However, your local Blue Cross office may provide a discount if you buy individual Travel Medical Insurance from them and indicate that you are a Blue Cross Plan member. The potential discount varies by province and region and may or may not include other specific discounts. In some cases, your local Blue Cross office may offer the first 15 days complimentary when you buy 16 days or more of individual Travel Medical Insurance.

Please feel free to contact the following local Blue Cross offices to inquire about of individual Travel Medical Insurance and any potential discounts.

<table>
<tr><td colspan="2">Ontario, Quebec and Atlantic Provinces – Blue Cross Travel Insurance
Monday to Friday between 8AM and 5PM Eastern Time at: 514-908-3493 or
toll free at either 1-888-905-3493 or 1-888-857-2583
https://www.medaviebc.ca/en/plans/travel</td></tr>
<tr><td>Saskatchewan Blue Cross Travel Insurance
Monday to Friday, 8:30 a.m. to 5 p.m.
1-800-667-6853
https://www.sk.bluecross.ca/personal-insurance/travel-insurance/</td><td>Manitoba Blue Cross Travel Insurance
Call 204-775-0151 or 1-888-596-1032
https://www2.mb.bluecross.ca/plans/travel-plans</td></tr>
<tr><td>Alberta Blue Cross Travel Insurance
Monday to Friday, 8:30 a.m. to 5 p.m.
1-800-394-1965
https://www.ab.bluecross.ca/plans/travel/travel-insurance-coverage.php</td><td>Pacific Blue Cross Travel Insurance
Monday to Friday, 8:30 a.m. to 5 p.m.
1-877-722-2583
https://www.pac.bluecross.ca/travel-insurance</td></tr>
</table>

How do I make a claim?

When making claims of any kind, it is important:

1. To submit original medical receipts outlining the service or product received.
2. To retain a copy of all submissions for your records.

Prescription drug claims

- Give your Blue Cross Member pay-direct drug card to the Pharmacy along with your provincial drug card, if any.
    - The Pharmacy will enter the data indicated on your card and your prescription into their computer system.
    - This data will be electronically processed and the computer system will indicate your portion of the cost to pay.
    - You will pay for only your portion of the cost (coinsurance, deductible, etc.).
    - You will not pay the portion of the cost covered by the Plan.
- For your first drug claim(s), or for prescriptions where the dosage has changed, you may be restricted to a 30-day supply initially, and after 30 days, you will be able to receive the remainder of the original prescription.
- Go to the CN Pensioners Website (**cnpensioners.org**) under the Healthcare tab to learn about easy ways to submit claims or to find a claims form to print.

Eligible Spouse is covered under another plan?

He/she should have her/his benefits paid first by that plan; any balance could then be submitted to this Plan. Thus, your **Spouse** should not use the pay-direct drug card in that specific situation since he/she must use her/his own pay-direct drug card first or he/she must send paper claim form to his/her plan first.

If for some reason a pharmacy does not accept your or any Blue Cross Card for direct payment

You should pay for the prescription directly and submit the claim with original receipts direct to Medavie Blue Cross.

If your card is rejected by a pharmacy for payment

Please call the Blue Cross number on the back of the card to enquire. In some cases, certain medications may not be eligible for reimbursement, limits may have been exceeded or other conditions exist.

Hospital claims

If you incur hospital expenses and the hospital will not direct bill your Blue Cross card, you should pay all the expenses and submit receipts and claim forms direct to Medavie Blue Cross (see page 32).

Other medical expense claims

Alternative to paper claim submission

Medavie Blue Cross offers the technology whereby you may scan or take pictures of your medical expense receipts and submit your request for reimbursement through your computer or your smart phone and the money is deposited directly into your bank account.

Please refer to the Medavie Blue Cross Website to determine the process and also DOWNLOAD the Medavie Blue Cross App. This information and links can also be found on the CN Pensioners website under the Health Care link (**https://www.cnpensioners.org/healthcare**).

Paper claims submission

You may also print and mail a claim form which can be found on the Medavie Blue Cross or CN Pensioners Web sites or get a claim form by calling a Medavie Blue Cross claims offices (page 32). This form, along with your original receipts, must be submitted to the Medavie Blue Cross claims office. When making your first claim each year, total receipts should exceed the deductible applicable to your option.

Medavie Blue Cross must receive claims no later than April 30th following the calendar year in which the expenses were incurred. Late submission will result in the non-payment of your expenses.

Should you or your insured dependents incur **medical expenses outside your province of residence,** be sure to obtain detailed receipts.

In most cases of hospitalization in Canada, the hospital will bill charges up to ward level directly to your provincial health care plan. However, some hospitals may bill you for the total cost of your room, physicians' fees and medical charges. When this occurs, send the detailed receipts FIRST to your provincial health care plan. Keep a copy or a photocopy of your receipts.

Once you have received payment from the provincial plan, complete a Medavie Blue Cross claim form and submit it, together with all itemized receipts and details of payment made by the provincial plan, to Medavie Blue Cross claims offices.

Direct deposit

Medavie Blue Cross REQUIRES “Direct deposit” and your claim reimbursements are deposited directly into your personal bank account. This service avoids any mailing delays as the moneys are deposited in your account usually within a few days after your claim has been processed; an explanation of benefits statement will continue to be sent to you through the mail.

Any questions?

For questions about	Call Medavie Blue Cross or visit:
• Enrolling in the Plan • Changing options • Cancellation of coverage • Premium rates	1-866-660-7670
• Payment of claims • Definition of benefits • Coverage details • Obtaining prior approval for certain expenses • Obtain claim forms	From Ontario: 1-800-355-9133 From Québec: 1-888-588-1212 From all other provinces: 1-800-667-4511
To get your latest Plan Booklet, premium rate sheets, or additional information about this Plan and Medavie Blue Cross claim submission processes	cnpensioners.org
Go to the Medavie Blue Cross Group Benefit Web site to REGISTER for online claims submission, obtain general information about your Plan and your current coverage, to view your claims and reimbursement history and to print generic claim forms	medaviebc.ca

Regional claims offices

Atlantic Provinces
PO Box 220
Moncton NB E1C 8L3
Inquiries: 1-800-667-4511

Ontario
PO Box 2000 STN A
Etobicoke ON M9C 5P1
Inquiries: 1-800-667-4511

Quebec
PO Box 3300 STN B
Montreal QC H3B 4Y5
Inquiries: 1-800-667-4511

Other Provinces and Territories
PO Box 2318 STN Main
Edmonton AB T5J 0L8
Inquiries: 1-800-667-4511

Provincial Hospital & Medical Plans Coverage

This Plan Booklet only describes this Plan. If you require any information about your provincial hospital and medical plans, please contact the appropriate government authorities.

This Plan Booklet summarizes in non-technical terms the major features of the Health Care Plan for CNDC Retirees. It contains important information and should be kept in a safe place known to you and your family.

As future conditions cannot be foreseen, the Plan can be modified at any time.

In the event that services or expenses covered by a government-sponsored program are suspended, modified or discontinued, or co-payments are introduced or increased, the Plan will not automatically assume coverage of these services, expenses or co-payments.

For more information on the impact of government policy changes on your existing coverage, please call Medavie Blue Cross, toll-free, at:

- From Ontario: 1-800-355-9133
- From Québec: 1-888-588-1212
- From all other provinces: 1-800-667-4511.

Produced in Canada – Issued October 2025