The UNB Group Health Insurance Plan is designed to be supplementary to the medical coverage provided through Medicare New Brunswick.

Upon retirement, UNB employees may continue their Group Health Insurance coverage provided they pay the full monthly premium.

If an insured plan member has not reached age 65, drug coverage will be included under the Supplementary Health Plan.

When an insured plan member attains age 65, drug coverage ceases but coverage may continue for the remainder of benefits under the Supplementary Health Plan at a reduced premium rate.

**BENEFITS PROVIDED**

1. **VISION CARE**

Vision Benefits every 24 consecutive months and every 12 months for dependent children under 19 years of age (eye exams / lenses / contact lenses / frames), to a maximum eligible expense of $220.00.

2. **EXTENDED HEALTH CARE COVERAGE**

While Medicare provides for basic health benefits, it does not pay for all health care costs. The Extended Health Care benefit is designed to help pay the cost of various types of medical charges resulting from illness or injury. The amount of benefit payable will depend upon the charges incurred but the Plan does not duplicate any government hospital or medical insurance benefit.

The Plan provides up to 100% reimbursement of the following items when they are medically required. Some items must be prescribed or approved in writing by the attending physician.

- **AMBULANCE** - emergency ambulance service to the nearest hospital equipped to provide required treatment, when the physical condition of the patient precludes any other means of transportation.

- Purchase of **ARTIFICIAL LIMBS** or **OTHER PROSTHETIC APPLIANCES**.

- **DIABETIC SUPPLIES** including lancets, needles, syringes and chemical diagnostic aids.

- Purchase of a **HEARING AID** (after one year of plan membership) to a maximum of $750 in any 60 consecutive months (doctor's prescription and audiologist report required).

- **HEARING AID REPAIRS** (not including batteries).

- **MEDICAL APPLIANCES:**
  a) such as casts, slings, splints;
  b) rental or purchase (upon insurance provider’s approval) of a hospital bed and other similar durable medical equipment designed primarily for therapeutic purposes;
  c) crutches, canes and walker;
  d) wheelchair rental (or purchase upon insurance provider’s approval), including replacement (up to once every five years) and repairs.

- **ORTHOPAEDIC SHOES:**
  a) charges for custom moulded arch supports to accommodate, relieve, or remedy some mechanical foot defect or abnormality as prescribed by an orthopaedic surgeon, physiatrist, rheumatologist or the attending Physician to a maximum of $200 for each member in a calendar year.
  b) charges for orthopaedic shoe(s) when the shoe(s) is (are) customized with special features to accommodate, relieve, or remedy some mechanical foot defect or abnormality as prescribed by an orthopaedic surgeon, physiatrist, rheumatologist or the attending Physician. Also, charges for shoe modification and adjustment supplies when prescribed by one of the Health Care Professionals noted above to accommodate, relieve, or remedy some mechanical foot defect or abnormality. The maximum eligible expense for orthopaedic shoe(s) and adjustment supplies is $250 for each member in a calendar year.
Documents required for claim purposes are:

a) a prescription from a medical doctor, podiatrist or chiropodist,
b) a paid-in-full receipt,
c) a copy of the analysis or written confirmation from the provider of the biomechanical evaluation/gait assessment.

< OXYGEN, PLASMA AND BLOOD TRANSFUSIONS

< PARAMEDICAL SERVICES:
Services of the following practitioners, will be limited to a maximum of $650 per practitioner and overall maximum for all practitioners of 50 treatments per insured individual per calendar year, including:

- Chiropractor (including x-rays);
- Naturopath to a maximum initial visit charge of $80 and subsequent per visit charge of $50;
- Osteopath;
- Podiatrist/Chiropodist;
- Physiotherapist (physician’s prescription required);
- Massage Therapist to a maximum per visit charge of $60, (physician’s prescription required).

The following providers will not be included in the above noted practitioner category and will be covered as follows:

< Psychologist to a maximum of $75 per visit, eligible after one year of plan membership, (physician’s prescription required);
< Speech therapist (physician’s prescription required). No maximum.

< REGISTERED NURSING SERVICES:

Charges for nursing care performed at the member’s residence (other than a convalescent or nursing home) on the written authorization of the attending Physician. The nurse must be a Registered Nurse or Licensed Practical Nurse and must be currently registered with the appropriate nurses’ association and must not be a resident at the member’s home or related to a member’s family by blood or marriage. The maximum eligible expense for each insured member will be limited to $10,000 in a calendar year.

< SEMI-PRIVATE hospital accommodation.
< X-RAY examinations and diagnostic laboratory services.

3. MAJOR MEDICAL DENTAL

Services of a dentist for procedures listed in the Major Medical Dental Schedule including the treatment of a fractured jaw or injuries to natural teeth provided expenses are incurred with six months of the injury.

100% reimbursement for eligible expenses as stated in the New Brunswick Dental Society Fee Guide that is in current use as the basis of adjudication under the group dental policy.

Major Medical Dental Schedule

- Incision and drainage of abscess Code 75111-75221
- Surgical removal, impaction Code 72111-72239
- Removal, residual roots Code 72311-72339
- Alveoloplasty (not in conjunction with extractions) Code 73121
- Gingival curettage Code 42111
- Gingivectomy Code 42311-42339
- Gingivoplasty and/or stomatoplasty, independent procedure Code 73211
- Surgical Removal Biopsy Code 04311-04323
- Cysts/Granulomas Code 74611-74638
- Benign Tumours Code 74111-74128
- Antral surgery Code 79311-79343
- Treatment of Fractures Code 76111-76934

If two or more surgical procedures are performed during one appointment, repayment is made according to the scheduled amount for the first procedure and at 50% of the scheduled
amount for other procedures.