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Blue Cross

Health Care Plans

For

Canadian Pensioners

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Introduction

Now that you are retiring from Canadian Pacific, consideration must be given to the matter of the continuation of your provincial health insurance (Medicare) and extended health care coverage.

This booklet describes the health care plans for pensioners of Canadian Pacific who are eligible for Blue Cross coverage, as well as their surviving spouses, residing in Canada and receiving benefits paid in Canadian funds. Details concerning provincial health insurance (Medicare) are found starting on page 23.

Blue Cross Health Care Plan for Eligible Retirees/Survivors

For both unionized and non-unionized Canadian employees, the Company-paid health care plan ceases at retirement; in its place, the Company provides a two-part health care plan (referred to in this booklet as **the Plan**).

A “retiree,” also referred to as a “pensioner” in this booklet, is someone who has retired from the service of Canadian Pacific, **with** or **without** a pension.

The Plan consists of **two parts**:

Part 1 covers all eligible retirees and is fully paid by the Company, whereas **Part 2** provides additional benefits, is optional and is paid by the retiree/survivor. Both parts are underwritten by Blue Cross of Canada.

The Plan was introduced effective November 1, 1985, and is available to eligible current and future retirees and their surviving spouses.

IMPORTANT

We recommend that you read this booklet carefully and keep it for future reference.

Your coverage:

- Part 1 only
- Part 1 and 2

Part 1-Company Paid Basic Health Care Plan

This is a summary of the principal features of the Plan; however, official Plan Contract No. 93100 is the governing document. In the event of any difference between the information in this booklet and the provisions of the contract, the latter shall prevail.

Eligibility

Coverage is provided to eligible current and future pensioners of Canadian Pacific as well as their surviving spouses.

The following members of your family are considered to be eligible dependants:

- Your spouse. Your spouse can be a married or common-law spouse, and must have been residing continuously and openly with you for a minimum of one year. However, the minimum 12-month period does not apply if a child is born of this union. A spouse may be of either the same or opposite sex. If you and your spouse are separated, your spouse must depend on you for financial support.
- Your unmarried dependent children, stepchildren and adopted children who are not employed on a regular full-time basis and depend on you for financial support and;
 - ✦ under age 21 and living with you or your eligible spouse;
 - ✦ under age 25, if registered as a full-time post secondary college or university student (under age 26 for Quebec residents);
 - ✦ of any age and living with you, if handicapped and solely dependent on you for financial support.

Coverage Effective Date

For eligible pensioners and surviving spouses, the coverage effective date is the employee's retirement date or the survivor pension commencement date.

However, if, as a surviving spouse, you reside in Quebec and your spouse died after January 1, 2000, you are not eligible for drug insurance under the CP plan. **You must register with the Régie de l'assurance-maladie du Québec (RAMQ) and join the Quebec Prescription Drug Insurance Plan.** You are eligible for all other health insurance benefits provided under the CP plan.

Cost to Pensioners and Surviving Spouses

The cost to pensioners and surviving spouses is NIL. The full cost of **Part 1** (basic health care plan) is paid by the Company.

Enrollment

Eligible pensioners and surviving spouses are automatically enrolled as of their retirement date or survivor pension commencement date. No action is required on their part.

An identification card will be mailed to you six to eight weeks following your retirement date. In the meantime, should you have any claims, please submit them using the enclosed claim form. Indicate Group Insurance Plan No. 93100 and your CP employee number (which will be your contract number) and forward your completed claim form to the Blue Cross office of the province in which you reside. (See addresses of Blue Cross Claims Offices on page 22)

If you lose or damage your identification card, you may request a new one directly from Blue Cross, in writing. When corresponding, please indicate group insurance Plan No. 93100 and your CP employee number and forward your request to:

Blue Cross of Canada
Group Administration
550 Sherbrooke Street West
Montreal, QC H3A 1B9

Summary of Benefits

Part 1 (Company-paid basic health care plan) provides coverage for the following eligible expenses incurred in Canada. **Expenses incurred outside Canada are not covered.** Should you travel outside Canada, it is recommended that you make private arrangements — for example, with Blue Cross — for proper coverage.

Calendar Year Deductible

Single Coverage: \$50
Family Coverage: \$100

In other words, only eligible expenses in excess of the **deductible** are reimbursable.

Co-insurance

80% reimbursement

In other words, 80% of eligible expenses in excess of the **deductible** are reimbursed.

Special note for Quebec residents:

The following special rules apply when the Plan Sponsor is required to comply with minimum plan provisions under the Quebec Prescription Drug Insurance Plan and the regulations to that Act in relation to specific Retired Members:

- a) When the Retired Member has spent in any calendar year an amount equivalent to the maximum contribution established by RAMQ (through deductible and coinsurance, if applicable) for drugs included in the RAMQ's List, whether for himself/herself or any Dependent Children, the amount subsequently spent for those drugs on the RAMQ List in that same calendar year are reimbursed at 100%.
- b) When the Spouse has spent in any calendar year an amount equivalent to the maximum contribution established by RAMQ (through deductible and coinsurance, if applicable) for drugs included in the RAMQ's List, the amount subsequently spent for those drugs in that same calendar year are reimbursed at 100%.

Maximum

\$15,000 lifetime maximum per individual.

Special note for Quebec residents:

The following special rules apply when the Plan Sponsor is required to comply with minimum plan provisions under the Quebec Prescription Drug Insurance Plan and the regulations to that Act in relation to specific Retired Members:

- a) A Retired Member, who has attained the \$15,000 lifetime maximum through all their claims under the Plan (including any drug claims), will remain eligible, under the Plan, for reimbursement of drugs included on the RAMQ's List only, whether or not they are covered under the Optional Medical Plan.

Unless otherwise mentioned, eligible expenses must be incurred on the written recommendation of a licensed and regulated medical practitioner and, eligible expenses in relation to any medical services must be provided by a licensed and regulated medical practitioner, within the licensing jurisdiction and within the normal practice of the regulated profession. Eligible expenses cannot exceed the Reasonable and Customary cost for the particular services, equipment or supplies purchased.

Eligible Expenses

- **Drugs**, oral contraceptives, serums, and injectables **requiring a written prescription** from a physician or dentist, and dispensed by a pharmacist.
- **Supplies** of a non-prescriptive nature are also eligible if required as a result of colostomy, or medically necessary for survival or for the treatment of a clearly diagnosed chronic illness; notably in the case of, heart disease, pulmonary disease, diabetes, arthritis, Parkinson's disease, epilepsy, cystic fibrosis and glaucoma. The claim must include the physician's written prescription.

- **Hospital charges incurred for emergency treatment in Canada but outside the pensioner's province of residence**, including room and board and special hospital charges for 180 days per calendar year. Coverage includes the difference between the benefit payable by the provincial hospital plan and the actual cost of ward accommodation outside the province of residence.
- Professional **services of a physician provided in Canada**, when required by law, provided the physician is registered with the health care plan of the retired member's province of residence and is performing a service that is covered by that provincial medicare program. Covered expenses are generally restricted to emergency treatment outside the claimant's province of residence and limited to reasonable and customary charges for the area in which the treatment is rendered.
- When prescribed by a physician, professional **services of a registered graduate nurse** or, when unavailable, a registered nursing assistant. Coverage is provided when the claimant is not confined to a hospital (the expense is covered by Medicare in such cases). Any such nurse or nursing assistant must not be a close relative of the patient. **Services that are of a custodial or hygienic nature are excluded.** Expenses are reimbursed up to an annual maximum of \$3,000 per individual per calendar year.
- **Professional services of a licensed physiotherapist** when prescribed by a physician.
- **Diagnostic tests** (laboratory analyses, x-rays, scanners, ultrasounds, magnetic resonance imagery, and electrocardiograms).
- Charges for **oxygen** and the rental of **oxygen equipment** required for its administration.
- Charges for **C-pap** as well as the rental of the **equipment** required for its administration.
- Purchases of **trusses, orthopedic devices, crutches, artificial limbs and eyes, and walkers.**
- Purchases of **elastic support stockings** up to a maximum of \$50 per person per calendar year.
- Purchases of **orthopedic shoes** or **podiatric orthosis**, up to a maximum of one pair per person per calendar year OR one pair of foot orthotics per person per calendar year.
- Rental or purchase of a **standard manual wheelchair, standard manual hospital-type bed** and **respirator** at the discretion of Blue Cross.

- In case of emergency, **licensed ambulance service** to and from a local hospital, including emergency transportation of a claimant by airplane, ambulance, or any other vehicle normally used for public transportation, to the nearest hospital in which the required treatment can be provided.
- **Dental treatment** required as a direct result of accidental injury to natural teeth, up to a maximum of \$1,000 per accident, provided that treatment is rendered within six months of the date of the accident.

Special Note for Residents of Alberta

In Alberta, the provincial government provides a partially subsidized extended health care plan for certain citizens 65 years of age and over. In some cases, a premium must be paid by the pensioner. If you do qualify when you reach age 65, the benefits of our basic health care plan and the government plan can be coordinated without penalty to you.

Participation in the Company paid basic health care plan yields the following additional benefits, subject to **deductible** and **co-insurance** provisions:

- **Drugs:** Under the provincial plan, there is a co-insurance limit of 70% of eligible expenses. The remaining 30% can be claimed under the Company-paid basic health care plan.
- **Nursing care:** The limit under the provincial plan is \$200 per year. Excess expenses, up to \$3,000 per year, can be claimed under the Company-paid basic health care plan.
- **Ambulance:** The provincial plan pays for transportation to and from a hospital in an automobile regularly used for professional ambulance services (ground). The Company-paid basic health care plan pays for air or rail transportation if medically necessary.
- **Physicians' and surgeons' charges:** The provincial plan pays physicians' and surgeons' charges incurred outside the province of Alberta based on the Alberta Schedule of Fees. Excess charges on a reasonable and customary basis for the area in which treatment is provided (inside Canada) will be paid under the Company-paid basic health care plan.

IMPORTANT

When submitting a claim with the Canadian Pacific Claim Form, which is included in this booklet, remember to indicate both the Canadian Pacific and the local Alberta Blue Cross identification numbers in order to receive the maximum benefits available to you.

Special Note for Residents of Quebec

The Régie de l'assurance-maladie du Québec (the Régie) introduced its public Prescription Drug Insurance Plan effective January 1, 1997.

As an individual covered under a private group health care plan (the Canadian Pacific Pensioners Health Care Plan — the CP Plan), it is important that you understand what the provisions mean for you, which will differ depending on your age. Please refer to the section that applies to you.

Section A — Pensioners Under Age 65

- 1. Q. How will the Quebec Prescription Drug Insurance Plan affect you?**
 - A.** In practice, the Quebec Prescription Drug Insurance Plan (RAMQ) will not affect you. You are covered under the CP Pensioners Health Care Plan and so enjoy coverage equivalent to that provided by the Quebec Prescription Drug Insurance Plan. Therefore you do not need to enroll in the government plan.

- 2. Q. Will you need to take any action at this time?**
 - A.** No further action is required on your part at this time. You and, where applicable, your spouse and dependent children as defined in the CP Plan, will be covered under the CP Plan as of your date of retirement.

- 3. Q. Will you need to take any action when you, or your spouse, turn 65, or if your spouse is presently age 65 or older?**
 - A.** Yes. Please refer to **Section B** for further details.

Section B — Pensioners Age 65 or Older

- 1. Q. How will the Quebec Prescription Drug Insurance Plan affect you?**
 - A.** As a resident of Quebec who is age 65 or older, you will be automatically enrolled by the Régie in the Quebec Prescription Drug Insurance Plan. However, you will be required to pay to the Régie an annual premium that will range from \$0 to \$557 per person per year, depending on your family income. The premium will be calculated and collected by the Ministère du Revenu du Québec.

- 2. Q. Don't you already have drug insurance under the Canadian Pacific Pensioners Health Care Plan?**
 - A.** As an individual age 65 or older, you do have drug insurance under the CP Plan, which is designed to **complement** the Quebec Prescription Drug Insurance Plan. The CP Plan is not designed nor meant to replace the Quebec Prescription Drug Insurance Plan.

- 3. Q. Can you choose not to be covered by the Quebec Prescription Drug Insurance Plan for basic drug coverage?**
 - A.** The Quebec Act respecting prescription drug insurance stipulates that individuals can choose to select a private or group plan in lieu of the Quebec Prescription Drug Insurance Plan, but that such a plan must have the same

features as the Quebec Prescription Drug Insurance Plan. While CP, a federally regulated railway company, is not subject to this Quebec Provincial legislation, in order to offer our pensioners another option, a level of coverage is available in the CP Plan that provides the exact same coverage as the Quebec Prescription Drug Insurance Plan. The premium for this coverage, payable to the CP Plan, is \$1,260 per year for single coverage or \$2,520 per year for family coverage, plus 9% Quebec Sales Tax.

These are the best possible premium rates that we have been able to obtain from the CP Plan underwriter (Blue Cross). Since they are so much higher than the premium rates under the Quebec Prescription Drug Insurance Plan, which are a maximum of \$557 per year, we do not expect any of our pensioners to opt for this level of coverage in the CP Plan. We strongly recommend that you remain with the Quebec Prescription Drug Insurance Plan for your basic drug coverage.

4. Q. Why are the premium rates charged by the Régie for the Quebec Prescription Drug Insurance Plan so much lower?

A. The membership in the CP Plan is made up of pensioners who, on average, make frequent drug claims. On the other hand, the Quebec Prescription Drug Insurance Plan is made up of individuals of all ages who have varying drug needs and whose claims should amount to about \$557 per person, on average. Since our group is made up of only pensioners who are expected to have higher drug claims, the premiums are correspondingly higher.

5. Q. What will happen if you join the Quebec Prescription Drug Insurance Plan for your basic drug coverage?

A. When choosing the RAMQ Plan, you and your dependents remain eligible for the drug coverage of the Plan, for the following expenses only and subject to the Deductible and Co-insurance that are applicable to the plan:

- The deductible and coinsurance paid for by you under the RAMQ Plan;
- Once you have exceeded the lifetime maximum under the Plan, you will receive reimbursement of eligible drug expenses unpaid by the RAMQ Plan for only those drugs appearing on RAMQ's List (i.e. Plan is second-payer).
- If you have not exceeded the lifetime maximum under the Plan, you will receive reimbursement of eligible drug expenses unpaid by the RAMQ Plan for drugs included on RAMQ's List (i.e. Plan is second-payer). All other eligible expenses will be subject to the Deductible and Co-insurance that are applicable to the plan.

<p>Note that the dependants of a pensioner age 65 or over enrolled in the provincial government plan must enroll with the Régie, regardless of their age.</p>
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Expenses Not Covered — Part 1

The following expenses are not covered under the Company-paid basic health care plan:

- Charges for the difference between a ward and a semi-private hospital room when hospitalized outside the province of residence.
- Charges for convalescent, rehabilitation and long-term care in any institution, including hospitals.
- Charges incurred in rest homes or nursing homes for seniors and institutions that provide psychiatric care or care and treatment of drug addicts and/or alcoholics and/or people suffering from mental illnesses.
- Charges for accommodation in a private hospital.
- Cost of treatment by chiropractors, osteopaths, podiatrists, speech therapists, dieticians, naturopaths and psychologists.
- Costs of frames, lenses, contact lenses, and eye examinations.
- Cost of hearing aids.
- Cost of breast prostheses.
- Cost of blood-sugar meters.
- Cost of bandages.
- Cost of insulin pumps.
- Subject to the special provisions for Quebec residents, services, or portions thereof, provided under government sponsored programs for which you are eligible, whether or not you are enrolled in such programs.
- Expenses following injuries or diseases for which compensation is available under any law providing workers' compensation benefits, or under any automobile insurance act, if applicable.
- The following drugs or products:
 - Products for the care of contact lenses
 - Contraceptives (other than oral)
 - Drugs for the treatment of infertility
 - Proteins or dietary supplements, amino acids
 - Processed food for infants
 - Hygiene products, including soaps and emollients

- Softeners and protective substances for the skin
- Smoking cessation aids (in excess of eligible expenses under the RAMQ's Plan)
- Minerals
- Homeopathic products
- Hair growth stimulants
- Sexual stimulants, as well as drugs used to treat erectile dysfunction
- Anabolic steroids
- Growth hormones
- Drugs and injections for the treatment of obesity
- Drugs administered for experimental purposes
- Vaccines
- Drugs and drug formats or preparations with no therapeutic indication and intended exclusively to improve the quality of life
- Mouthwashes, dressings, syrups and cough drops**
- Shampoos, oils, creams**
- Vitamins and multivitamins**
- Prenatal supplements or vitamins**

****These elements are covered when requiring a Physician's Prescription, as specified by Canada Revenue Agency.**

- Preventive treatments.
- All family planning processes, including artificial insemination and the cost of drugs, laboratory or any other charges incurred in any infertility treatment, regardless as to whether the infertility is considered to be an illness, as well as all forms of contraceptives other than oral.
- Treatments and prostheses for aesthetic purposes.
- Charges related to services or treatments that are experimental in nature.
- Cost of exercise and therapeutic equipment.
- Dental services (other than described in **Dental Treatment** on page 7).
- Expenses incurred outside Canada.
- Injuries sustained in the practice of a criminal act.
- Services to which the Retired Member is entitled without charge, or for which there would be no charge if there was no coverage.
- Any other services or articles that are not listed as eligible expenses.

In the event that any service or benefit program, provided by a government-sponsored arrangement, is suspended or revoked, the Plan will not automatically assume the cost of providing such services.

Termination of Coverage

Part 1 coverage terminates as follows:

- With respect to pensioners and surviving spouses: upon their respective dates of death.
- With respect to spouses: upon their divorce from the pensioner, or in the event of a separation when the spouse is not supported financially by the pensioner.
- With respect to dependants: upon the date they cease to be eligible dependants (see **Eligibility** on page 4) or their dates of death, if earlier.

General Exclusions

The Plan does not cover medical services and supplies in the following situations:

- Injuries sustained by the pensioner or surviving spouse while working for pay or profit.
- Injuries sustained by a dependant while working for pay or profit.
- Services, or portions thereof, provided under government-sponsored programs.

More Information

For details on **Coordination of Benefits, How to File a Claim or Dispute of Claims**, with respect to **Part 1**, refer to page 19.

Part 2 — Retiree-paid Optional Extended Health Care Plan

This is a summary of the principal features of the Plan; however, official Plan Contract No. 93100 is the governing document. In the event of any difference between the information in this booklet and the provisions of the contract, the latter shall prevail.

Eligibility

Coverage is available to current and future pensioners of Canadian Pacific as well as their surviving spouses.

The following members of your family are considered to be eligible dependants:

- Your spouse. Your spouse can be a married or common-law spouse, and must have been residing continuously and openly with you for a minimum of one year. However, the minimum 12-month period does not apply if a child is born of this union. A spouse may be of either the same or opposite sex. If you and your spouse are separated, your spouse must depend on you for financial support.
- Your unmarried dependent children, stepchildren and adopted children who are not employed on a regular full-time basis and depend on you for financial support, and:
 - ✦ under age 21 and living with you or your eligible spouse;
 - ✦ under age 25, if registered as a full-time post secondary, college or university student (under age 26 for Quebec residents);
 - ✦ of any age and living with you, if handicapped and solely dependent on you for financial support.

Coverage Effective Date

For eligible pensioners and surviving spouses, the coverage effective date is the employee's retirement date or the survivor pension commencement date.

Cost to Pensioners and Surviving Spouses

This Plan is optional and requires the payment of a monthly premium by the pensioner or surviving spouse. For those receiving a Company pension or a survivor pension, this premium will be deducted from the monthly Company pension payment.

Other arrangements will be made for pensioners and surviving spouses who do not receive a Company pension. Contact:

Canadian Pacific
Pension Services
7550 Ogden Dale Road S.E.
Calgary, AB T2C 4X9
Telephone: 1-888-511-7557
Calgary Area: (403) 319-3035
E-mail: Pension@cpr.ca

Enrollment

Eligible pensioners and surviving spouses may enroll in the Extended Plan as of their respective retirement date or survivor pension commencement date. To do so, eligible pensioners must complete and return the enclosed enrollment card within three months of the effective date of their pension. The surviving spouse is asked to sign off on the Health Care Section of the Acknowledgement Form PF11S, which is sent with the Survivor Kit, confirming their choice to have Part 1 and Part 2 or just Part 1.

When your enrollment request has been processed, appropriate amounts will be deducted from your monthly pension payment.

You should receive an identification card from Blue Cross of Canada indicating that you are covered for **Part 2**. Certain institutions may want to see the identification card in order to invoice Blue Cross directly.

If you lose or damage your identification card, you may request a new one directly from Blue Cross, in writing. When corresponding, please indicate Group No. 93100 and your CP employee number and forward your request to:

Blue Cross of Canada
Group Administration
550 Sherbrooke Street West
Montreal, QC H3A 1B9

If you are retiring without a pension, you will receive a separate letter containing special enrollment instructions.

Note: To cancel your coverage, write to:

Canadian Pacific
Pension Services
7550 Ogden Dale Road SE
Calgary AB T2C 4X9

Or e-mail Pension@cpr.ca

IMPORTANT

Please note that if you cancel your coverage, you will not be permitted to re-enroll in the Plan at a future date.

Summary of Benefits

Part 2 (retiree-paid optional extended health care plan) provides coverage for the following eligible expenses incurred in Canada. **Expenses incurred outside Canada are not covered.** Should you travel outside Canada, it is recommended that you make private arrangements — for example, with Blue Cross — for proper coverage.

Calendar Year Deductible

Single Coverage: \$50

Family Coverage: \$100

In other words, only eligible expenses in excess of the **deductible** are reimbursable.

Note: If the deductible amount has been met in respect of the Company-paid Basic Health Care Plan (**Part 1**), it is not necessary to again meet the deductible amount for the Retiree-paid Optional Extended Health Care Plan (**Part 2**)

Co-insurance

80% reimbursement

In other words, 80% of eligible expenses in excess of the **deductible** are reimbursed.

Maximum

\$10,000 lifetime per individual.

Eligible Expenses

- **Part 1 expenses in excess of the \$15,000 lifetime limit.**
- Charges in the province of residence of the participating pensioner for hospital outpatient services
- Charges incurred for the patient admitted to a hospital for treatment of an illness, up to the hospital's average cost of **semi-private** room accommodation (including, where required by law, any admittance, co-insurance or user fees).
- If the patient is confined to a hospital while awaiting transfer to a long-term care facility, the semi-private room charge is not covered.

Note: Semi-private room coverage in the province of residence is not subject to the deductible, co-insurance or lifetime maximum.

- Services of a registered nurse or, when unavailable, a registered nursing assistant, in excess of the calendar year maximum of \$3,000 provided under Part 1.
- Hospitalization charges for Insured Persons admitted as inpatients, for emergency treatment, in a hospital located outside the Insured Person's province of residence (within Canada), up to a daily maximum equivalent to the difference between a semi-private accommodation and the benefits paid under

Part 1, and subject to a maximum of 180 days of confinement per calendar year (including, when lawful, any admission, co-insurance or utilization charges).

- Convalescent care (provided that it is not just for custodial care) with a lifetime maximum of \$5,000. (Included in the \$5,000 is physical rehabilitation in combination with convalescent hospitalization.)

Note: The services of a registered nurse, semi-private room coverage outside the province of residence and convalescent care are subject to the deductible, co-insurance and lifetime maximum.

Expenses Not Covered — Part 2

The following expenses are not covered under the retiree-paid optional extended health care plan:

- Charges for the difference between a semi-private and a private hospital room.
- Charges for long-term care in any institution, including hospitals.
- Charges incurred in rest homes or nursing homes for seniors and institutions that provide psychiatric care or care and treatment of drug addicts and/or alcoholics and/or people suffering from mental illnesses.
- Charges for accommodation in a private hospital.
- Cost of treatment charged by chiropractors, osteopaths, podiatrists, speech therapists, dieticians, naturopaths and psychologists.
- Costs of frames, lenses, contact lenses, and eye examinations.
- Cost of hearing aids.
- Cost of breast prostheses.
- Cost of blood-sugar meters.
- Cost of bandages.
- Cost of insulin pumps.
- Any other services or articles that are not listed as eligible expenses in Part 1 or in Part 2.
- Services, or portions thereof, provided under government sponsored programs for which the Claimant is eligible, whether or not the Claimant has enrolled in such programs.
- Expenses following injuries or diseases for which compensation is available under any law providing workmen's compensation benefits, or under any automobile insurance act, if applicable.
- The following drugs or products:
 - Products for the care of contact lenses
 - Contraceptives (other than oral)
 - Drugs for the treatment of infertility
 - Proteins or dietary supplements, amino acids

- Processed food for infants
- Hygiene products, including soaps and emollients
- Softeners and protective substances for the skin
- Smoking cessation aids
- Minerals
- Homeopathic products
- Hair growth stimulants
- Sexual stimulants, as well as drugs used to treat erectile dysfunction
- Anabolic steroids
- Growth hormones
- Drugs and injections for the treatment of obesity
- Drugs administered for experimental purposes
- Vaccines
- Drugs and drug formats or preparations with no therapeutic indication and intended exclusively to improve the quality of life
- Mouthwashes, dressings, syrups and cough drops**
- Shampoos, oils, creams**
- Vitamins and multivitamins***
- Prenatal supplements or vitamins**

**** These elements are covered when requiring a Physician's prescription, as specified by Canada Revenue Agency.**

- Preventive treatments.
- All family planning processes, including artificial insemination and the cost of drugs, laboratory or any other charges incurred in any fertility treatment, regardless as to whether the infertility is considered to be an illness, as well as all forms of contraceptives other than oral.
- Treatments and prostheses for aesthetic purposes.
- Charges related to services or treatments that are experimental in nature.
- Cost of exercise and therapeutic equipment.
- Dental services (other than described in **Dental Treatment** on page 7).
- Expenses incurred outside Canada.
- Injuries sustained in the practice of a criminal act.
- Services to which the Claimant is entitled without charge, or for which there would be no charge if there was no coverage.

Termination of Coverage

Part 2 coverage terminates at the earliest of the following dates:

- With respect to pensioners and surviving spouses: upon their respective dates of death.
- With respect to spouses: upon their divorce from the pensioner or in the event of a separation, when the spouse is not supported financially by the pensioner.

- With respect to dependants: upon the date they cease to be eligible dependants (see **Eligibility** on page 4) or their dates of death, if earlier.
- The end of the month premiums were last paid by the pensioner or the surviving spouse.

General Exclusions

The Plan does not cover medical services and supplies in the following situations:

- Injuries sustained by the pensioner or surviving spouse while working for pay or profit.
- Injuries sustained by a dependant while working for pay or profit.
- Services, or portions thereof, provided under government-sponsored programs.
- In the event that a service covered by a government-sponsored program is suspended, the retiree-paid optional extended health care plan will not assume coverage of such service.

More Information

For details on **Coordination of Benefits, How to File a Claim or Dispute of Claims**, with respect to **Part 2** see below:

Coordination of Benefits — Part 1 and Part 2

The Claimant will co-ordinate benefits payable under the Plan with any other plans which also cover an Insured Claimant for similar benefits. For the purposes of this Section, any other plan includes any individual, group, family, creditor or savings insurance plan or coverage or any non-government-sponsored employee benefit program including Part 1.

Benefits payable under this Plan will be reduced, when necessary, so that no more than 100% of eligible expenses incurred during a calendar year are jointly paid by this Plan and any other plans.

The order of benefit payments between this Plan and any other plans is established by the Canadian Life and Health Insurance Association Group Insurance, Coordination of Benefit Guidelines, as revised from time to time, hereinafter referred to as the CLHIA Guidelines. If the order of benefit payment cannot be established by the CLHIA Guidelines, benefits will be pro-rated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by only that plan.

Notwithstanding any other provision of the Section or the CLHIA Guidelines, this Plan shall always be considered second payer to benefits payable under the Basic Plan (Part 1).

For the purpose of this Section, eligible expenses are as defined in each plan document, before any applicable payment limitations, such as deductible, benefit

coinsurance percentage and maximums, are applied. An expense is eligible only to the extent that it is Reasonable and Customary.

How to File a Claim — Part 1 and Part 2

Claims must be filed within 90 days following the calendar year during which the expenses for such claims have been incurred.

A copy of the Pensioners Extended Health Care Plan claim form is included at the end of this booklet for your reference. When you file a claim, another claim form will be forwarded to you with your statement of account.

A) Filing a Claim for Hospital Expenses

1. Present your identification card and/or advise the hospital administration of the Blue Cross Contract No. 93100 and your employee number.
2. The claim will be forwarded by the hospital directly to Blue Cross.
3. You will receive a statement of account showing expenses incurred and the amount paid by Blue Cross.
4. Should the hospital be unable or unwilling to invoice Blue Cross directly, you will have to submit a claim to Blue Cross in accordance with the procedure in **B)** below.

B) Filing a Claim for Other Expenses

1. Complete the claim form, attaching all applicable **original** receipts.
2. If you would like the receipts to be returned to you, please indicate this on the claim form.
3. Send the completed form to the Blue Cross office in the province in which you reside. (See list of addresses on page 22.)

Claims should be made only after you have accumulated receipts for eligible expenses totaling in excess of the **deductible** amount for the year.

Hospital expense payments will be made to you or the hospital, depending on the arrangements you have made.

With respect to other expenses, the claim payment will be sent directly to you by Blue Cross.

Dispute of Claims — Part 1 and Part 2

You are responsible for completing claim forms and providing proof of expenses incurred as deemed necessary and appropriate by Blue Cross of Canada.

If you are denied all or any part of a claim, you will receive a notice in writing giving specific reasons for such denial and a description of any additional material required to support the claim.

You have 60 days from the date of denial to contest it.

If denial is on the basis of specific expenses, submit the necessary documentation to the appropriate Blue Cross office for review.

If denial is on the basis of eligibility, take the matter up with:

Canadian Pacific
Pension Services
7550 Ogden Dale Road S.E.
Calgary, AB T2C 4X9

Or e-mail Pension@cpr.ca

<u>Blue Cross Claims Offices</u>		
Province and Address	Telephone Number	Toll-free Number
<u>Atlantic Provinces</u> Atlantic Blue Cross Care P.O. Box 220 644 Main Street Moncton, NB E1C 8L3	☎ (506) 853-1811	1 888 873-9200
<u>Quebec</u> Quebec Blue Cross Suite L15, 550 Sherbrooke Street West Montreal, QC H3A 6T6	☎ (514) 286-8430 — Customer Service	1 888 873-9200
<u>Ontario</u> Blue Cross 185 The West Mall Suite 600, P.O. Box 2000 Etobicoke, ON M9C 5P1	☎ (416) 626-1646	1 888 873-9200
<u>Manitoba</u> Manitoba Blue Cross P.O. Box 1046 599 Empress Street Winnipeg, MB R3C 2X7	☎ (204) 775-0161	1 888 873-9200
<u>Saskatchewan</u> Saskatchewan Blue Cross 516 -2nd Avenue North P.O. Box 4030 Saskatoon, SK S7K 3T2	☎ (306) 244-1192	1 888 873-9200
<u>Alberta, Yukon and Northwest Territories</u> Alberta Blue Cross 10009 - 108th Street Edmonton, AB T5J 3C5	☎ (780) 498-8100	1 888 873-9200
<u>British Columbia</u> Pacific Blue Cross P.O. Box 7000 Vancouver, B.C. V6B 4E1	☎ (604) 419-2000	1 888 873-9200

Provincial Health Insurance (Medicare)

Please consult the appropriate section below, according to your province of residence.

A. British Columbia — Medical Services Plan of British Columbia

We have no agreement with the Medical Services Plan of British Columbia whereby premiums for this coverage can be deducted from your pension payments. You must arrange to pay your premiums on a pay-direct basis.

B. Alberta — Alberta Health Care Insurance

We have no agreement with the Alberta Health Care Insurance Commission whereby premiums for this coverage can be deducted from your monthly pension payments. Your employing department will be taking the necessary steps to arrange for your coverage as follows:

- I. If you or your spouse are age 65 or older, you will both qualify for special senior citizens premium-free coverage.
- II. If you or your spouse are under age 65, you may be required to continue payment of monthly premiums. If necessary, the Alberta Health Care Insurance Commission will be billing you for your coverage on a pay-direct basis.

C. Saskatchewan	- Saskatchewan Medical Care Insurance Plan
Manitoba	- Manitoba Health Service Insurance Plan
Ontario	- Ontario Health Insurance Plan
Quebec	- Régie de l'assurance-maladie du Québec
New Brunswick	- Medicare New Brunswick
Nova Scotia	- Nova Scotia Medical Services Insurance
Newfoundland & Labrador	- Newfoundland & Labrador Medical Care Plan
Prince Edward Island	- Prince Edward Island Health Service Plan

Premiums for coverage are paid through income tax revenue. All residents who are registered for this coverage as employees will have their coverage automatically continued as pensioners and, therefore, no action is required on your part.

NOTE: Individuals who are not required to pay income tax are considered to be on a premium-free basis and are still totally covered.

Further Information

For further information on this subject, please contact your local provincial medicare plan as indicated on the next page.

NOTE: As telephone numbers and addresses change periodically, please consult the blue pages of your telephone directory. The toll-free numbers shown

for each province are valid **ONLY** for calls made from within that province.

Provincial Medicare Offices			
Province	Address	Telephone Number	
British Columbia	Medical Services Plan of BC P.O. Box 9035, Station Provincial Government Victoria, BC V8W 9E3	Vancouver: Toll-free: Fax:	(604) 683-7151 1 800 663-7100 (250) 405-3595
Alberta	Alberta Health Care Insurance Plan P.O. Box 1360 Edmonton, AB T5J 2N3	Edmonton: Toll-free: Fax:	(780) 427-1432 (780) 310-0000 (then dial (780) 427-1432 (780) 422-0102
	Service for deaf or hard of hearing callers (TTY/TDD)	Available through BCTEL or Telus (dial 711)	
Saskatchewan	Saskatchewan Health Insurance Registration 100 – 1942 Hamilton Street Regina, SK S4P 2C5	Regina: Toll-free:	(306) 787-3251 1 800 667-7551
Manitoba	Insured Benefits Branch Manitoba Health 300 Carlton Street Winnipeg, MB R3B 3M9	Winnipeg: Toll-free:	(204) 786-7101 1 800 392-1207
	Service for deaf or hard of hearing callers (TTY/TDD)	Winnipeg: Elsewhere: Fax:	(204) 774-8618 Relay service through 711 or 1 800 432-4444 (204) 783-2171
Ontario	Consult blue pages of your telephone directory for nearest Ministry of Health office.		
Quebec	Régie de l'assurance-maladie du Québec Services des opérations et des renseignements aux personnes assurées P.O. Box 6000 Quebec City, QC G1K 7T3	Quebec City: Montreal: Toll-free:	(418) 646-4636 (514) 864-3411 1 800 561-9749
	Service for deaf or hard of hearing callers (TTY/TDD)	Quebec City: Elsewhere:	(418) 682-3939 1 800 361-3939
Nova Scotia	Nova Scotia Medical Services Insurance (MSI) P.O. Box 500 Halifax, NS B3J 2S	Halifax: Toll-free:	(902) 496-7008 1 800 563-8880
Newfoundland and Labrador	Newfoundland and Labrador Medical Care Plan P.O. Box 5000 22 High Street Grand Falls-Windsor, NL A2A 2Y4	St. John's Elsewhere	1-866-449-4459 1-800-563-1557
New Brunswick	New Brunswick Department of Health & Wellness 520 King Street Fredericton, NB E3B 6G3	Fax:	(506) 457-4800 (506) 453-5442
Prince Edward Island	Prince Edward Island Health Services Plan Second Floor, Jones Building 11 Kent Street P.O. Box 2000 Charlottetown, PE C1A 7N8	Fax:	(902) 368-6130 (902) 368-6136

Frequently Asked Questions

1. Q. What is the difference between Part 1 and Part 2 Blue Cross health coverage?

- A. Part 1 is paid for by the company and Part 2 is paid for by you. Part 2 is an extension of the coverage in Part 1. The major difference between the two is that Part 2 covers a semi-private hospital room, whereas Part 1 only covers a ward room in the hospital. Part 2 also has an extra \$10,000 lifetime maximum per individual claim limit above the \$15,000 lifetime maximum per individual claim limit under Part 1.

2. Q. Where do I get a Blue Cross Claim Form?

- A. There is a claim form at the back of this booklet. When you submit a claim they will send another blank claim form back with your reimbursement.

3. Q. Can a Survivor/Pensioner enroll in Part 2 at anytime?

- A. If you are a pensioner you would have to choose Part 2 at time of retirement. As a survivor, you can choose Part 2 only if your husband/wife had the coverage at the time of their death.

4. Q. If I lose my Blue Cross card what do I do?

- A. As long as there are no other changes required (address, family status, etc) you can call Blue Cross toll free at 1-888-873-9200. If you have an address change, family status change, and need a new card, then you would call Canadian Pacific Pension Services toll free at 1-888-511-7557 or 403-319-3035 in the Calgary area.

5. Q. Can I use my Blue Cross card for direct payment of prescriptions at the pharmacy?

- A. Unfortunately you cannot. You must pay for your prescriptions first and then submit them on a claim form to Blue Cross for reimbursement.

6. Q. What are the changes when I move from one province to another?

- A. There would be a change in your monthly premium rate for Part 2 as these rates vary depending on which province you reside in.

7. Q. If I were to move out of Canada, what happens to my Blue Cross coverage?

- A. Your coverage with Blue Cross would stop. However, it would be reinstated if you were to move back to Canada. Please notify Pension Services should a move take place.

8. Q. Are the maximum amounts of \$15,000 and \$10,000 per family?

A. No, the maximum amounts are per individual.

9. Q. Is there dental and vision coverage?

A. No, there is no dental (except as the result of an accident) or vision coverage under this plan.

10. Q. Will I be covered by Blue Cross if I travel outside of Canada?

A. Blue Cross Plan does not provide coverage outside of Canada.

11. Q. If I take a lump sum payment on retirement and I live in Quebec, how do I pay for Part 2?

A. You will be required to send in a cheque at the beginning of each year to cover the premiums for the whole year.

12. Q. Do the premiums change from year to year?

A. Each year the premium rates are reviewed by Blue Cross and Canadian Pacific. Depending on the experience (number of claims paid) by province, it is possible that some rates may change.

13. Q. How do I avoid having claims for expensive items rejected by Blue Cross?

A. We recommend that you contact Blue Cross and ask for written confirmation that the item you require will be covered.