



As a member of the NSTU Group Insurance Plan, you have access to a range of hospital benefits designed to supplement your Government Hospital Insurance Plan. In this article, we'll explain what these benefits cover and how they can help you during a period of hospitalization. We know hospital visits aren't fun but understanding your benefits can make it a bit less stressful. So, let's dive in and talk about hospital benefits and hospital cash!

Hospital Benefits

This benefit covers semi-private accommodation charges in Canadian hospitals beyond basic ward rates, up to the semi-private level, without any limit on the number of days or dollar limit. However, there are some exclusions to be aware of, such as charges for chronic care, convalescent care, respite care, or custodial care.

Additional Hospital Benefits Outside Canada

For those traveling outside Canada, the plan covers ancillary hospital services up to \$1,000 per disability while you're an in-patient in a hospital. Keep in mind that charges for transportation to and from scheduled appointments are excluded.

Professional Ambulance Services

The plan covers the actual charges for licensed professional ground ambulance transportation to or from the nearest hospital able to provide the care required when, due to the medical condition of the patient, no other form of transportation can be utilized.

Diagnostic Services

Coverage is provided for the full cost of diagnostic services, including private radiological (x-ray) facilities. It's always a relief to know your medical bills are covered.

Hospital Cash

If you're ever hospitalized due to an injury, you may be eligible for a daily benefit of \$20.00. This benefit is payable to you from the first day of hospitalization (one night admission), but in no event for more than 365 days per injury or sickness. In case of recurrent disability, the maximum benefit of 365 days in a hospital will be reinstated, provided a period of 183 days have elapsed between periods of hospitalization. This benefit is subsidized by the NSTU Group Insurance Trust Fund, so be sure to make the most of it when you need it.

We hope this article helped you understand your

hospital benefits and hospital cash. Remember to take care of yourself and stay healthy!

For more information on the benefits and programs available under the NSTU Group Insurance Program, please visit the NSTU Group Insurance Trust website at <https://nstuinsurance.ca/>.

NSTU Group Insurance Plan – Hospital Benefits and Hospital Cash Frequently Asked Questions

Q: *Is there a limit on the number of days allowed for semi-private hospital accommodation?*

A: No, there is no limit on the number of days allowed for semi-private hospital accommodation.

Q: *What is the amount covered by the hospital benefits?*

A: There is no dollar limit for semi-private hospital accommodation charges within Canada. Outside Canada, coverage is provided up to \$1,000 per disability for ancillary hospital services.

Q: *What is the maximum amount covered by the hospital cash benefit?*

A: The daily benefit is \$20 from the first day of hospitalization, but in no event for more than 365 days per injury or sickness, provided the member is in hospital and under the care of a physician.

Q: *How do I make a claim for Hospital Services?*

A: There are no claim forms to complete in order to obtain hospital services. Presentation of your NSTU Total Care Benefit Card assures credit at the hospital for semi-private room coverage. The hospital will submit the claim directly to Medavie Blue Cross.

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Q: Are there any exclusions for the hospital benefits?

A: Yes, charges for hospital accommodation incurred during any time the patient is not under the active treatment and care of a physician, charges for chronic, convalescent, respite, or custodial care, and charges for any period beyond the date which the patient can be medically discharged from the hospital as determined by the physician are excluded.

Q: What are the exclusions for the hospital cash benefit?

A: The benefit does not cover any period of hospitalization caused or contributed by self-inflicted injuries or illness, a disability resulting from insurrection, war, service in the armed forces of any country, or participation in a riot, and normal pregnancy or childbirth.

NSTU TOTAL CARE MEDICAL PLAN

MEDICAL PROSTHETICS AND OTHER APPLIANCES

As Trustees of your NSTU Group Insurance Plan, we want to make sure that you are fully aware of the medical prostheses and other appliances benefit that is available through your Total Care Medical Plan. We know that medical expenses can be overwhelming, and we want to ease your burden by providing you with coverage for these important items. The plan reimburses you for 80% of the usual and customary charges subject to the limits stated, when ordered by an attending physician. Here's a closer look at what's covered:

Wig Prostheses

Coverage is provided for the purchase of wig prostheses when required as a result of alopecia totalis or loss of hair resulting from chemotherapy or radiation therapy. Wig prostheses required as a result of male pattern alopecia are not covered. The maximum benefit is \$400 in any 12 consecutive month period.

Breast Prostheses

We understand that a mastectomy can be a difficult experience, and we want to make sure that you have the support you need. The cost of one breast prosthesis is covered, except in the event of a bilateral mastectomy when the maximum benefit will be the cost of two breast prostheses, in any 24 consecutive month period. The cost of two surgical brassieres in any 12 consecutive month period is also covered. Replacement of the breast prosthesis will be covered once in any 24 consecutive month period.

Prosthetic Limbs and Prosthetic Eyes

The includes charges for the purchase, repair, adjustment, or maintenance of prosthetic limbs and prosthetic eyes. The physician's documentation including the recommendation and diagnosis is required when submitting a claim. Charges for maintenance are included up to \$40 in any 12 consecutive month period. A maximum of \$40 is allowed for bite planes when necessitated by a joint dysfunction. Please note that the purchase of replacements is covered only in the event of pathological change.

Other Appliances

The Total Care Medical Plan also covers the purchase of custom fitted braces of rigid construction. Additionally, the plan covers the rental or purchase of casts, canes, splints, and crutches as well as the purchase of trusses. Members may want to consider discussing these options with their healthcare provider to determine what equipment may be necessary for their individual needs and to ensure pre-approval is obtained before making any purchases.

For more information on the benefits and programs available under the NSTU Group Insurance Program, please visit the NSTU Group Insurance Trust website at <https://nstuinsurance.ca/>.

NSTU Group Insurance Plan – Medical Prosthetics and Other Appliances Frequently Asked Questions

Q: What is a medical prosthesis?

A: A medical prosthesis is an artificial body part that is used to replace a missing or damaged body part.

Q: How often can I replace my breast prosthesis?

A: You can replace your breast prosthesis once every 24 consecutive months. However, if you have had a bilateral mastectomy, the plan will cover the cost of two breast prostheses.

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Q: What is the maximum benefit for wig prostheses?

A: The maximum benefit for wig prostheses is \$400 in any 12 consecutive month period.

Q: How much coverage is provided for the maintenance of medical prostheses and other appliances?

A: Charges for maintenance are included up to \$40 in any 12 consecutive month period.

Q: Can I get a myoelectric prosthesis under the Total Care Medical Plan?

A: No, the plan does not cover myoelectric prostheses.

Q: Do I need pre-approval for the purchase of custom fitted braces?

A: Yes, the purchase of custom fitted braces of rigid construction must be pre-approved by the Total Care Medical Plan.

Q: Is there a maximum benefit for the rental or purchase of casts, canes, splints, and crutches?

A: There is no maximum benefit for the rental or purchase of casts, canes, splints, and crutches, but all purchases must be pre-approved by the Total Care Medical Plan.