



## **U. S. Steel Canada Inc.**

Stelco Hamilton Works – Active Employees – 5021  
Stelco Hamilton Works – Retired Employees – 5022

This summary of benefits outlines the principal features of the plan effective April 1st, 2007.  
In the event of any discrepancies between the information in this summary and the group contract, the group contract will govern.

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## SUMMARY OF BENEFITS

Your plan is intended to supplement your provincial health insurance plan. **The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury. A pre-authorization should be submitted for Medical Items and Services.**

<b>Deductible:</b> Nil per covered person, per calendar year	<b>Maximum:</b> \$70,000 lifetime, effective July 31, 2010 ( <i>excluding Psychologist, Audio and Vision Care</i> )
<b>Prescription Drugs</b>	\$0.50 per prescription, 100% reimbursement
<b>Hospital Accommodation</b>	Semi-private room
<b>Vision</b> Prescription eye glasses, contact lenses or medically necessary contact lenses, laser eye surgery or eye examinations	\$250 every 24 months or with a prescription change
<b>Audio/Hearing Aids</b>	\$1,000 every 3 years
<b>Medical Items and Services</b>	
<ul style="list-style-type: none"> <li>• <b>Footwear</b> <ul style="list-style-type: none"> <li>▪ custom made orthopaedic boots or shoes</li> <li>▪ custom made foot orthotics</li> </ul> </li> <li>• <b>Diabetic Supplies</b></li> </ul>	<p>1 pair per calendar year, up to a maximum of \$300</p> <p>2 pairs per calendar year for Active employees and Spouses and 1 pair per calendar year for Retired employees, up to a maximum of \$450</p> <p>\$5,000 combined every 5 years for Insulin Pumps and Insulin supplies</p>
<b>Private Duty Nursing</b>	Services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a full or part shift basis, up to \$50,000 per lifetime.
<b>Psychologist</b>	\$300 per calendar year
<b>Emergency Transportation</b>	Professional land or air ambulance to the nearest hospital equipped to provide the required treatment, or when medically required as the result of an injury, illness or acute physical disability. <b>Patient transfers from one hospital to another are not eligible.</b>

**Out of Province/Country Emergency Services**

**Please note:**

***Your Travel coverage is included in the \$70,000 lifetime maximum. Therefore, it is suggested that you purchase private Travel coverage to supplement your coverage. Otherwise, your \$70,000 lifetime maximum will be at risk.***

***It is also suggested that students studying abroad purchase additional Travel coverage.***

- Limitations

Other Medical Items & Services –

You are covered for expenses incurred outside Ontario or Canada when:

- a) You or your dependent is temporarily out-of-country on business or vacation or for furthering education, and the confinement, services or supplies are necessary as the result of an emergency or unexpected sudden illness, or
- b) The required treatment is approved by the government hospital or health plan of your home province but which is not readily available in Canada.

Benefits are limited to those expenses that would have been considered “Covered Expenses” had they been incurred in your home province

**Contact Green Shield Canada  
1.888.711.1119 or [greenshield.ca](http://greenshield.ca)**

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<p><b>Dental Benefit</b></p> <p><b>Fee Guide:</b></p> <p><b>Basic &amp; Comprehensive Basic Services</b></p> <p><b>Major Services</b></p> <p><b>Orthodontic Services</b></p> <p><b>Predetermination</b></p>	<p>The current less 3 years Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>100% - Unlimited maximum</p> <p>80% - \$2,000 maximum per calendar year</p> <p>100% - \$2,500 maximum per lifetime (children only)</p> <p>Before your treatment begins:</p> <ul style="list-style-type: none"> <li>- for all proposed treatment for crowns, onlays and bridges, an estimate completed by your dental practitioner, <b>must</b> be submitted for assessment. Our assessment of the proposed treatment, may result in a lesser benefit being payable or may result in benefits being denied. Failure to submit an estimate prior to beginning your treatment will result in the delay of the assessment.</li> <li>- if the total cost of any other proposed treatment is expected to exceed \$300, it is recommended that you submit an estimate completed by your dental practitioner.</li> </ul>
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## DEFINITIONS

### Dependent means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months;
- b) your former spouse, if you are legally separated, divorced, or ex-common-law spouse when proof of court order documents are provided;
- c) your unmarried child under age 19;
- d) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute.

Your child must reside with you in a parent-child relationship and not be regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

## ELIGIBILITY

You will continue to be covered under this plan when you retire. You **must be a resident of Canada** in order to be eligible.

If you or one of your dependents, other than a newborn child, are confined in hospital on the date the coverage would otherwise take effect, coverage, under the plan, will not take effect for that person until the date of discharge from the hospital.

### **Please contact your Human resources Department for information on the following:**

- Eligibility and termination
- Status and address changes
- Dependent eligibility

## CO-ORDINATION OF BENEFITS

If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be co-ordinated with the other plan so that you may be reimbursed **up to 100%** of the eligible expense incurred.

- Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s).

## Spouse

If your spouse is a plan member under another benefit plan, coverage under your plan is always secondary. Your spouse must first submit claims to his/her benefit plan.

## Children

When dependent children are covered under both your plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year,
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date,
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:

- The benefit plan of the parent who has custody of the dependent child,
- The plan of the spouse of the parent who has custody of the dependent child,
- The plan of the parent who does not have custody of the dependent child,
- The plan of the spouse of the parent who does not have custody of the dependent child.

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

## CLAIM INFORMATION

### Inquiries:

For detailed inquiries, contact your Benefits Administrator or contact us:

- ♦ call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and pre-authorization requirements; or
- ♦ visit our web site at [greenshield.ca](http://greenshield.ca) to e-mail your question.

### Pre-authorization

For **pre-authorization** forward a pre-authorization form OR a physician's prescription indicating the diagnosis and what is prescribed.

### Submitting Claims

When submitting a claim, you must show the Green Shield Identification Number for the person who has received the benefit. You can find the applicable Green Shield Identification Number for yourself and each of your dependents listed on your Green Shield Identification Card. Original itemized paid receipts are required for claims reimbursement (cash receipts or credit card receipts alone are not acceptable as proof of payment).

For **claims reimbursement** forward an original itemized paid receipt (**cash receipts or credit card receipts alone are not acceptable**) including:

- Covered person's name, address and Green Shield Identification Number
- Provider's name and address
- Date of service (this is the date of pick up)
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required
- For Audio/Hearing Aids, a copy of audiogram and details of provincial funding, if applicable
- For Vision, the claim must be accompanied by the prescription

For dental claims, forward a dental claim form, completed by both the plan member and the dentist. If your claim is the result of an accident, a Dental Accident Report Form and your dental x-rays must be submitted to Green Shield for prior approval. Failure to comply may result in non-payment.

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

**All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.**

**SUBMIT ALL CLAIM FORMS TO:  
GREEN SHIELD CANADA**

Attn: Drug Department	PO Box 1652	Windsor, ON	N9A 7G5
Attn: Medical Items	PO Box 1623	Windsor, ON	N9A 7B3
Attn: Professional Services	PO Box 1699	Windsor, ON	N9A 7G6
Attn: Vision Department	PO Box 1615	Windsor, ON	N9A 7J3
Attn: Dental Department	PO Box 1608	Windsor, ON	N9A 7G1

**SUBMIT ALL OUT OF COUNTRY/PROVINCE  
CLAIM FORMS TO:**

World Access Canada 4273 King Street East	Kitchener, ON	N2P 2E9
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**Reimbursement**

Reimbursement will be made by one of the following methods:

- a) direct deposit to your personal bank account, when requested;
- b) a reimbursement cheque; or
- c) direct payment to the provider of services, where applicable.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

Reimbursement for Accidental Dental Benefits will be based on the dentist's reasonable and customary fee, not to exceed the current Provincial Dental Association Fee Guide for General Practitioners. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter Green Shield's liability.

When a lump sum fee has been paid toward orthodontic treatment, the total amount of the claim will be split into equal portions to include the initial fee and a monthly fee and will be reimbursed over the duration of the treatment.

**Direct Payment to the Provider of Service (where applicable)**

Present your Green Shield Identification Card to your provider and, after you pay any applicable co-payment, they may bill Green Shield directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

**Subrogation**

Green Shield retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that Green Shield has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by Green Shield, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.

**Out of Country/Province Emergency Services**

Claims incurred are paid by the plan member, directly to the provider. The plan member must submit the claim to the provincial plan first. Any remainder is submitted to World Access Canada.

## OUR COMMITMENT TO PRIVACY

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

### 1. We ask for your personal information for the following purposes:

- To establish your identification
- To provide you and/or your dependents with the applicable benefit coverage
- To protect you and us from error and fraud
- To provide ongoing access to other services at Green Shield

### 2. Consent

When you enrolled in your group benefit plan as a plan member, your personal information was obtained and used only with your consent. We obtained your consent before we:

- Provided benefit coverage
- Offered you other Green Shield services
- Obtained, used or disclosed to other persons, information about you unless we were obliged to do so by law or to protect our interests
- Used your personal information in any way we did not tell you about previously

Your consent can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing group and benefit plan members and their dependents, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

### 3. Withdrawal of Consent

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information, or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield website at [greenshield.ca](https://www.greenshield.ca).