



## MEDICAL EXPENSE POLICY

### Policy Statement

Reasonable medical expenses may be paid by the Plan if recommended and pre-approved by the Claims Administrator in accordance with the criteria outlined herein. This policy is approved by the Board and reviewed formally every three (3) years, or as warranted.

### Expense Eligibility

The medical expense must satisfy all the following eligibility criteria.

1. Eligible expenses are limited to the following:
  - a. paramedical practitioner services, which are return-to-work focused, designed to improve function as part of a rehabilitation employment program, and expected to have a positive return on investment with respect to Plan benefits, based on the expected impact on the duration of disability, and
  - b. Independent Medical Examinations (IME) to confirm a medical condition.
2. Expenses must be reasonable and customary in amount, meaning the lowest of:
  - a. the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by the Claims Administrator;
  - b. the amount shown in the applicable professional association fee guide; or
  - c. the maximum price established by law.
3. Expenses must also qualify as an eligible expense for the Medical Expense Tax Credit, or for coverage under a Private Health Services Plan under the Income Tax Act.

### Exclusions

No benefits will be paid for the following:

1. prescription and non-prescription medications, and natural health products; and
2. any portion of an expense for which benefits are payable under a Government Plan, Workers' Compensation Program, or any plan or program provided by or through the Employer.

APPROVED BY MOTION November 6, 2018 Board meeting Subsequent review & Board approval by motion on April 28, 2022 NEXT FORMAL REVIEW April 2025
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