



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 approved by motion on:

- April 28, 2022
- May 6, 2025

NEXT FORMAL REVIEW Spring 2028