


CITY OF
Leduc

Benefits Booklet

for

Alberta Blue Cross Group Number: 23689 - FHD, FDE

Effective Date: November 1, 2016

Issue Date: June 2019



Alberta Blue Cross Group Number: 23689 - FHD, FDE
Effective Date: November 1, 2016
Eligibility Period: Exact date following 3 months of employment
Employee Classification: Class D Employees

Schedule of Benefits

Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Health Benefits

- Prescription Drugs
- Hospital
- Extended Health
- Out of Province Emergency Travel
- Vision Care
- Second Opinion

Dental Benefits

- Basic
- Periodontic
- Extensive
- Orthodontic

~~**Employee and Family Assistance Program**~~ (Terminated June 01, 2019)

Benefit Year

July 1st - June 30th

Schedule of Benefits

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Reimbursement
	Prescription Drug Core Benefits
Coverage Level:	100%, unless otherwise indicated
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Aerosol Holding Chamber:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Blood Testing Monitor:	\$150 per Participant in a 5 year period
Contraceptive Drugs:	Included
Diabetic Supplies:	Included
Sexual Dysfunction Products:	Co-payment: 50% \$500 per Participant each Benefit year
Smoking Cessation Products:	\$500 lifetime per Participant
Vaccines:	Included
Weight Loss Products:	Excluded

Summary of Benefits

Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
3. **Over the Counter Drugs:** Drugs not requiring a prescription by law and are usually available for sale in the self-selection area of a pharmacy.
4. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
5. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
6. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
7. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

Hospital Benefits

Coverage Level:	100%
Private Rooms**:	Direct payment basis
Semi-Private Rooms**:	Direct payment basis
Long Term Care Facility**:	180 days per Participant each Benefit Year

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuse.
2. **Long Term Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital, long term care facility or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

Limitations

1. ** Services subject to a Usual, Customary and Reasonable daily maximum as determined by Blue Cross.

Extended Health Benefits**Extended Health Core Benefits**

Coverage Level:	100%
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates. Response fees covered if treatment provided.
Braces:	* Once per limb in a 24 month period
Cosmetic Surgery:	To repair disfigurement due to injury
Diagnostic Services and Laboratory Testing:	* \$150 per Participant each Benefit Year
Eye Examinations:	1 eye examination per Participant in a 24 month period for Participants between 19 and 64 years of age
Foot Orthotics:	* \$400 per Participant each Benefit Year
Hearing Aids:	* \$800 per Participant in a 5 year period
Home Nursing Care:	* \$15,000 per Participant each Benefit Year
Ileostomy, Colostomy, Urinary Catheters and Supplies:	\$1,200 per Participant each Benefit Year
Manual Hospital Beds:	* Rental, purchase or repair to a lifetime maximum of \$1,500 per Participant
Mastectomy Prosthesis:	* \$200 per prosthesis once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses</i>	Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
<i>Traction Kits, Walkers</i>	* Included
<i>Wig/Hairpiece</i>	* \$500 per Participant in a 3 year period
Medical Durable Equipment:	Included
Orthopaedic Shoes:	* 1 pair to a maximum of \$400 per Participant each Benefit Year
Oxygen and Equipment:	\$2,500 per Participant each Benefit Year

Paramedical Practitioners:

<i>Acupuncturist</i>	\$750 per Participant each Benefit Year
<i>Audiologist</i>	\$750 per Participant each Benefit Year
<i>Chiropractor</i>	\$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
<i>Dietician</i>	\$750 per Participant each Benefit Year
<i>Massage Therapist</i>	\$750 per Participant each Benefit Year
<i>Naturopath</i>	\$750 per Participant each Benefit Year
<i>Occupational Therapist</i>	\$750 per Participant each Benefit Year
<i>Osteopath</i>	\$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
<i>Physiotherapist</i>	\$750 per Participant each Benefit Year
<i>Podiatrist/Chiropodist</i>	\$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
<i>Psychologist/ Master of Social Work</i>	\$750 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$750 per Participant each Benefit Year

Prosthetics:

* Conventional artificial limbs and eyes

Wheelchairs:

<i>Manual Wheelchair</i>	
<i>Purchase</i>	* Once per Participant in a 3 year period
<i>Rental</i>	Included
<i>Repair</i>	Included
<i>Electric Wheelchair</i>	
<i>Purchase</i>	* \$4,000 lifetime per Participant
<i>Rental</i>	Included
<i>Repair</i>	Included

Limitations

- * Benefits must be purchased on the written order of a Health Care Professional.
- Accidental Dental - The repair, extraction and/or replacement must take place within 3 years of the date of the accidental injury.
- Wig/Hairpiece when required for hair loss due to a medical condition, illness or accidental injury.
- Acupuncturist – Eligible Expenses for services provided by a registered acupuncturist.
- Audiologist – Eligible Expenses for services provided by a registered audiologist.
- Chiropractor – Eligible Expenses for services provided by a licensed chiropractor and the cost of 1 x-ray.
- Dietician – Eligible Expenses for services provided by a registered dietician.
- Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
- Naturopath – Eligible Expenses for services provided by a licensed naturopath.

4. Occupational Therapist – Eligible Expenses for services provided by a licensed occupational therapist.
5. Osteopath – Eligible Expenses for services provided by a licensed osteopath, once all provincial government funding has been fully accessed and the cost of 1 x-ray.
6. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist, once all provincial government funding has been fully accessed.
7. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist and the cost of 1 x-ray.
8. Psychologist/Master of Social Work – Eligible Expenses for individual or family counselling, including assessment, provided by a chartered psychologist or master of social work for treatment of mental or emotional illness.
9. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist, once all provincial government funding has been fully accessed.

Out of Province Emergency Travel Benefits

Benefits are provided as a result of a Medical Emergency which occurs outside the Participant's province or territory of residence.

Coverage Level:	100%
Benefit Period:	90 Days
Maximum:	\$5,000,000 in Canadian funds per Participant, per incident
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$300 per Participant per trip
Diagnostic Services:	Laboratory services and x-rays
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
Incidental Expenses:	\$50 per day to a maximum of \$500 per inpatient per hospital stay
Meals and Accommodations:	\$250 per day per Participant to a maximum of \$2,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
<i>Podiatrist/Chiropodist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Return of Dependent Children:	Cost of one way economy airfare per child for the return of Dependent children
Return of Personal Items:	Cost of the return of luggage or personal items to a maximum of \$500 per Participant per incident
Return of Pet(s):	Cost of one way transportation for the return of accompanying pet(s) to a maximum of \$500 per incident
Travel Assistance:	In the event of a Medical Emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident
Restrictions:	The Out of Province Emergency Travel Benefits will only cover the first 90 days per trip

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the Provider or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. If a Participant is medically able to return to their province of residence and refuses to comply with the transfer request, Blue Cross will be absolved of any further liability, whether related to the initial incident or not.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Blue Cross shall have the right to obtain medical information from the Participant's physician(s) and may request an assessment by an independent physician(s) or specialist(s).

4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Benefits are not covered if emergency medical care expenses are incurred in a country, region or city, when a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, prior to the departure date advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
7. Blue Cross may request proof of departure upon receipt of claim. Claims must be supported by receipts from commercial organizations.
8. Blue Cross shall not pay for any Benefit relating to pregnancy or childbirth complications, including treatment for the newborn, if the Medical Emergency occurs after the 32nd week of gestation or is a result of the deliberate inducement of a miscarriage.
9. Blue Cross will not pay for expenses incurred due to:
 - seeking medical advice, surgery, a second opinion or treatment, intentionally or incidentally, even if the trip is on the medical recommendation of a Provider; or
 - abuse of medication, toxic substances, alcohol or the use of non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
10. Blue Cross will not pay for the following unless prior approval is received from the travel assistance provider and are subject to the discretion of Blue Cross:
 - medical evacuation air ambulance services, or
 - medical evacuation repatriation, or
 - friend/family hospital visits, or
 - friend/family identification of deceased, or
 - vehicle services, or
 - return of Dependent children, or
 - return of personal items, or
 - return of pet(s).

Vision Care Benefits

Adult:	Participants 18 years of age and older	
Child:	Participants under 18 years of age	
Coverage Level:	100%	
Maximum:	Adult	\$250 per Participant each Benefit Period
	Child	\$250 per Participant each Benefit Period
Benefit Period:	Adult	24 consecutive months
	Child	12 consecutive months
Eligible Benefits:	Contact Lenses Eyewear Intraocular Lenses Laser Eye Surgery, including assessment fees	

Second Opinion

Second Opinion is a confidential service that provides you and your dependents with access to medical specialist expertise and the reassurance that you are receiving the right care at the right time. Upon the diagnosis of a qualifying medical condition, you or your dependents can contact Second Opinion to have your medical files reviewed by a medical specialist. With your signed consent, Second Opinion coordinators will assist you through the process and will collect your medical files and all relevant documentation. Your medical files will then be submitted to a medical specialist who will review your case.

The medical specialist will validate your diagnosis and treatment plan in a written report which will be delivered to you and your treating physician. If applicable, the report will include alternate or enhanced treatment options.

The Second Opinion service may be accessed toll-free Monday to Friday from 6 a.m. to 6 p.m. MST at 1-877-940-5071.

Serious conditions, which may qualify for Second Opinion, are diagnoses of the following:

- AIDS
- Alzheimer's disease
- Any life threatening illness
- Cancer
- Chronic pelvic pain
- Deafness
- Emphysema
- Kidney failure
- Major or severe burns
- Major trauma
- Neuro-degenerative disease
- Parkinson's disease
- Stroke
- ALS
- Any amputation
- Benign brain tumor
- Cardiovascular conditions
- Coma
- Embolism/Thrombophlebitis
- Hip/knee replacement
- Loss of speech
- Major organ transplant
- Multiple sclerosis
- Paralysis
- Rheumatoid Arthritis
- Sudden blindness due to illness

After reviewing the patient's medical documentation, the medical specialist will provide recommendations to the patient and their physician. Ongoing treatment decisions will be made between the patient and their physician.

NOTE: This Benefit does not cover the cost of the travel, accommodation or treatment; these costs are the responsibility of the patient. The Participant's Out of Province Emergency Travel Plan Benefits will not pay for emergency expenses incurred while seeking medical advice, surgery, a second opinion or treatment, outside the patient's province of residence, even if the trip is on the recommendation of a Second Opinion medical specialist or a Health Care Professional. Blue Cross shall not be responsible for the availability, quality or results of any medical treatment or the failure of the Participant to obtain recommended treatment.

Second Opinion's privacy policy complies with requirements under the Personal Information Protection and Electronic Documents Act (PIPEDA), as well as provincial privacy legislation.

Dental Plan

Fee Schedule: Usual and Customary dental fees as determined by Blue Cross

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	100%
Maximum:	\$1,500 per Participant each Benefit Year Combined maximum with Periodontic and Extensive Benefits
Diagnostic Services:	
<i>Complete, Comprehensive and General Oral Exams</i>	1 of each exam per Participant in a 5 year period
<i>Recall Exam</i>	Adult 1 per Participant in a 6 month period Child 1 per Participant in a 6 month period
<i>Limited Oral or Specific Oral Exam</i>	Included
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant in a 24 month period
<i>Bitewing Imaging</i>	Adult 2 images per Participant in a 6 month period Child 2 images per Participant in a 6 month period
<i>Consultations</i>	Only when performed by another Health Care Professional
<i>Unmounted Diagnostic Casts</i>	In conjunction with the placement of fixed or removable prosthetics
Preventive Services:	
<i>Polishing</i>	Adult 1 time unit per Participant in a 6 month period Child 1 time unit per Participant in a 6 month period
<i>Scaling and Root Planing</i>	4 time units per Participant in any 12 month period
<i>Fluoride Treatment</i>	1 per Participant in a 6 month period
<i>Pit and Fissure Sealant</i>	Child 1 per permanent posterior tooth in a 5 year period
<i>Space Maintainers</i>	Included
Restorative Services:	
<i>Restorations</i>	1 per surface in a 24 month period to a maximum of 5 surfaces per tooth (or dollar equivalent)

Oral Surgery:

<i>General Surgery Exam</i>	1 per Participant in a 5 year period
<i>Uncomplicated and Surgical Extractions</i>	Included
<i>General Anesthesia and Deep Sedation</i>	Administration and facilities

Endodontics:

<i>Complete Endodontic Exam</i>	1 per Participant in a 5 year period
<i>Root Canal Therapy</i>	1 per tooth in a 24 month period
<i>Apicoectomy</i>	Included
<i>Retrofill</i>	Included
<i>Pulpectomy</i>	Included
<i>Pulpotomy</i>	Included

Removable Appliances:

<i>Prosthodontic Edentulous Exam</i>	1 per Participant in a 5 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period

Denture Services:

<i>Rebasing and Resetting</i>	Providing at least 5 years has lapsed from placement of denture
<i>Adjustments</i>	Providing at least 3 months has lapsed from placement of denture
<i>Relines</i>	1 service per denture in a 24 month period
<i>Liners</i>	1 service per denture in a 24 month period
<i>Tissue Conditioning</i>	1 service per denture in a 24 month period
<i>Repairs</i>	Included

Pre-Authorization Amount:

\$1,000

Periodontic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	100%
Maximum:	\$1,500 per Participant each Benefit Year Combined maximum with Basic and Extensive Benefits
Diagnostic Services:	
<i>General Periodontal Exam</i>	1 per Participant in a 5 year period
Treatment Procedures:	
Surgical	
<i>Periodontic Surgery</i>	Included
<i>Osseous Surgery</i>	Included
<i>Osseous Grafts</i>	Included
<i>Soft Tissue Grafts</i>	Included
Non-Surgical	
<i>Provisional Splinting</i>	Included
<i>Scaling and Root Planing</i>	6 additional time units per Participant in a 12 month period
<i>Management of Oral Infections</i>	Included
<i>Periodontal Appliances</i>	1 upper or 1 lower per Participant in a 36 month period
<i>Repairs of Periodontal Appliances</i>	Included
<i>Reline of Periodontal Appliances</i>	1 in a 12 month period per appliance
<i>Occlusal Equilibration</i>	4 time units per Participant in a 12 month period
Pre-Authorization Amount:	\$1,000

Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	80%
Maximum:	\$1,500 per Participant each Benefit Year Combined maximum with Basic and Periodontic Benefits
Diagnostic Services:	
<i>Fixed Oral Rehabilitation Exam</i>	1 per Participant in a 5 year period
Prosthetic Services (Limited to one of the following services per tooth):	
<i>Crowns</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in a 5 year period
<i>Inlays and Onlays</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Processed Veneers</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Posts & Cores</i>	1 in a 5 year period
Pre-Authorization Amount:	\$1,000

Orthodontic Benefits

Child:	Participants under 21 years of age
Coverage Level:	50%
Maximum:	\$1,500 lifetime per Participant
Diagnostic Services	
<i>General Orthodontic Exam</i>	1 per Participant in a 5 year period In cases where a Participant chooses to obtain a second opinion from a certified specialist in orthodontics (other than the originating provider) a second general orthodontic exam will be eligible within the 5 year period
Habit-Breaking Appliances:	Included, for primary and mixed dentition only
Orthodontic Services:	
<i>Fixed or Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
Pre-Authorization:	Treatment Plan Required

Contract Maximums and Termination of Benefits

Health and Dental Maximum

A combined maximum of \$2,000,000 per Participant each Benefit Year applies to all Benefits, excluding Out of Province Emergency Travel Benefits.

Out of Province Emergency Travel Benefits are subject to a \$5,000,000 Canadian maximum per Participant, per incident.

Health and Dental Termination of Benefits

Benefit coverage terminates the exact date of the earlier of the Member's retirement, termination of employment or attainment of age 75.

General Provisions

Employee

A person who is a permanent Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Contract as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for benefits an Employee is required to work at least 20 hours per week for the Policyholder.

All eligible Employees must apply for coverage within 31 days of becoming eligible for coverage and maintain coverage, except Employees covered under another group plan through a spouse or other employer.

Once approved for coverage an Employee is referred to as a Member.

Dependent

The Member's eligible Spouse and Children as defined below.

1. Spouse shall mean a person who is legally married to the Member, or who is not legally married to the Member but has continuously resided with the Member for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Member requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Member shall be considered to be the covered spouse. Discontinuance of cohabitation with the Member shall terminate coverage of the common-law spouse.

The Member cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Member's natural, adopted or stepchildren of the Member or Member's Spouse; or any other children for whom the Member or Member's Spouse has been appointed guardian. Such children must:
 - (a) be dependent on the Member for financial care and support,
 - (b) not be legally married or in a common law relationship that is 12 months or more in duration; and
 - (c) be less than 21 years of age; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried and unemployed children over 21 years of age shall qualify, if they are dependent upon the Member by reason of a mental or physical disability, and have been continuously disabled prior to attaining age 21. Unmarried children who become totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 26, and have been continuously disabled since that time shall also qualify as a Dependent.

A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

The children of the Member's common-law spouse shall be covered provided the children are dependent upon the Member for financial care and support.

All changes to add or delete eligible Dependents must be made in writing to Blue Cross.

Conversion Privilege

Health and Dental

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Contract, then the Member may apply within 31 days of the termination date of this Contract to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Survivor Benefit

In the event of a Member's death, Blue Cross will waive the monthly Member rates and continue benefits for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 24 months.

Conversion Privilege

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a reimbursement basis. Claim forms may be obtained from any pharmacy or your local Blue Cross office.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most hospitals will bill Blue Cross directly.
3. * Extended Health benefits are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

Note: Some Extended Health service providers are eligible to bill Blue Cross directly for payment.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel claim form.
5. * Vision Services are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

Note: Some Vision Service providers are eligible to bill Blue Cross directly for payment.

6. * Dental Claim Forms must be completed by the dental office at the time the dental treatment is provided. The provider may elect to bill Blue Cross directly for payment, or may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

* NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Claim forms may be obtained from any pharmacy, dental office or any Blue Cross office.

Claim forms can also be obtained from the Alberta Blue Cross website at www.ab.bluecross.ca/forms.php

Claims may also be submitted to Alberta Blue Cross online via the Alberta Blue Cross secure website for plan members. Sign in at www.ab.bluecross.ca and following the instructions to submit your eligible claim online.

As required by legislation, for insured benefits, if you reside in Alberta or British Columbia, you may obtain copies of the following documents; your enrollment form or application for insurance, and any written statements or other records, not otherwise part of the application, provided to Blue Cross as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the contract.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies. All requests for copies of documents should be requested in writing to Blue Cross.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Misrepresentation/Fraud

Coverage for Participant may be suspended or terminated by Blue Cross immediately, without notice, if a Participant:

- assists a person to obtain, or attempt to obtain, Benefits for which such person is not eligible;
- assists or knowingly participates in any act with a Provider that has the purpose or effect of enabling the Provider or a Participant to submit false, misleading or fraudulent claims; or
- makes any false statements, knowingly provides false information or withholds material information to obtain benefits for which he is not eligible.

The Member must reimburse Blue Cross for any amounts received from Blue Cross in such circumstances.

Blue Cross may, in its discretion, from time to time, review the qualifications, practices and claims of Providers and deem certain Providers ineligible. In such case, Blue Cross reserves the right, in its sole discretion, to refuse to accept claims submitted to it by or on behalf of a Participant in relation to that Provider.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health, dental and life and disability benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enroll them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.