Benefits Booklet

for

Alberta Blue Cross Group Number: 23689 - HDE, DE

Effective Date: November 1, 2016

Issue Date: June 2019

Alberta Blue Cross Group Number:	23689 - HDE, DE
Effective Date:	November 1, 2016
Eligibility Period:	Exact date following 3 months of employment
Employee Classification:	Class A 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)**

Health Spending Account

Benefit Year

Health and Dental Benefits	July 1st - June 30th
Health Spending Account Benefits	January 1st - December 31st

Schedule of Benefits

The information contained in this booklet is important to you and your family and should be kept in a safe place. You should familiarize yourself with the contents of the booklet and refer to it whenever you submit a claim for benefits.

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Generic Pricing:	Applied
	Prescription Drug Core Benefits
Coverage Level:	100%, unless otherwise indicated
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Generic Pricing:	Applied
Prescription Substitution:	If the prescription contains a written direction from a Health Care Professional that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the eligible cost of the prescribed product is covered
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

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. **Generic Price:** The maximum unit price as determined by Blue Cross that will be paid for a drug product (whether it is a brand or generic product) within a grouping. Groupings are determined by Blue Cross.
4. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
5. **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.
6. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
7. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
8. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
9. **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
Supporting Brassiere		$50 each to a maximum of 2 per Participant each Benefit Year
Medical Aids:		
Casts, Canes		Included
Cervical Collars, Crutches		Included
Splints, Trusses		Included
Stump Socks		6 pair per Participant each Benefit Year
Surgical Stockings		2 pair per Participant each Benefit Year
Traction Kits, Walkers	*	Included
Wig/Hairpiece	*	$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:		
Acupuncturist		$750 per Participant each Benefit Year
Audiologist		$750 per Participant each Benefit Year
Chiropractor		$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
Dietician		$750 per Participant each Benefit Year
Massage Therapist		$750 per Participant each Benefit Year
Naturopath		$750 per Participant each Benefit Year
Occupational Therapist		$750 per Participant each Benefit Year
Osteopath		$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
Physiotherapist		$750 per Participant each Benefit Year
Podiatrist/Chiropodist		$750 per Participant each Benefit Year Including 1 x-ray per Participant each Benefit Year
Psychologist/ *Master of Social Work*		$750 per Participant each Benefit Year
Speech Language Pathologist		$750 per Participant each Benefit Year
Prosthetics:	*	Conventional artificial limbs and eyes
Wheelchairs:		
Manual Wheelchair		
Purchase	*	Once per Participant in a 3 year period
Rental		Included
Repair		Included
Electric Wheelchair		
Purchase	*	$4,000 lifetime per Participant
Rental		Included
Repair		Included

Limitations

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

1. Dietician – Eligible Expenses for services provided by a registered dietician.
2. Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
3. 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:	
Transportation	One round trip economy airfare
Meals/Accommodation	$250 per day to a maximum of $2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
Transportation	One round trip economy airfare
Meals/Accommodation	$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:	
Casts, Canes	Included
Crutches, Slings	Included
Splints, Trusses	Included
Temporary Wheelchair Rental, Walkers	Included

Medical Evacuation:	
Air Ambulance	Included
Repatriation	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
Chiropractor	$300 per Participant per trip
Physiotherapist	$300 per Participant per trip
Podiatrist/Chiropodist	$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
- ALS
- Alzheimer's disease
- Any amputation
- Any life threatening illness
- Benign brain tumor
- Cancer
- Cardiovascular conditions
- Chronic pelvic pain
- Coma
- Deafness
- Embolism/Thrombophlebitis
- Emphysema
- Hip/knee replacement
- Kidney failure
- Loss of speech
- Major or severe burns
- Major organ transplant
- Major trauma
- Multiple sclerosis
- Neuro-degenerative disease
- Paralysis
- Parkinson's disease
- Rheumatoid Arthritis
- Stroke
- 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:	
Complete, Comprehensive and General Oral Exams	1 of each exam per Participant in a 5 year period
Recall Exam	Adult 1 per Participant in a 12 month period Child 1 per Participant in a 6 month period
Limited Oral or Specific Oral Exam	Included
Emergency Exams	Included
Complete Series/Panoramic Imaging	1 set per Participant in a 24 month period
Bitewing Imaging	Adult 2 images per Participant in a 12 month period Child 2 images per Participant in a 6 month period
Consultations	Only when performed by another Health Care Professional
Unmounted Diagnostic Casts	In conjunction with the placement of fixed or removable prosthetics
Preventive Services:	
Polishing	Adult 1 time unit per Participant in a 12 month period Child 1 time unit per Participant in a 6 month period
Scaling and Root Planing	4 time units per Participant in any 12 month period
Fluoride Treatment	1 per Participant in a 6 month period
Pit and Fissure Sealant	Child 1 per permanent posterior tooth in a 5 year period
Space Maintainers	Included
Restorative Services:	
Restorations	1 per surface in a 24 month period to a maximum of 5 surfaces per tooth (or dollar equivalent)

Oral Surgery:	
General Surgery Exam	1 per Participant in a 5 year period
Uncomplicated and Surgical Extractions	Included
General Anesthesia and Deep Sedation	Administration and facilities
Endodontics:	
Complete Endodontic Exam	1 per Participant in a 5 year period
Root Canal Therapy	1 per tooth in a 24 month period
Apicoectomy	Included
Retrofill	Included
Pulpectomy	Included
Pulpotomy	Included
Removable Appliances:	
Prosthodontic Edentulous Exam	1 per Participant in a 5 year period
Complete Dentures	1 upper and/or 1 lower per Participant in a 5 year period
Partial Dentures	1 upper and/or 1 lower per Participant in a 5 year period
Denture Services:	
Rebasing and Resetting	Providing at least 5 years has lapsed from placement of denture
Adjustments	Providing at least 3 months has lapsed from placement of denture
Relines	1 service per denture in a 24 month period
Liners	1 service per denture in a 24 month period
Tissue Conditioning	1 service per denture in a 24 month period
Repairs	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:	
General Periodontal Exam	1 per Participant in a 5 year period
Treatment Procedures:	
Surgical	
Periodontic Surgery	Included
Osseous Surgery	Included
Osseous Grafts	Included
Soft Tissue Grafts	Included
Non-Surgical	
Provisional Splinting	Included
Scaling and Root Planing	6 additional time units per Participant in a 12 month period
Management of Oral Infections	Included
Periodontal Appliances	1 upper or 1 lower per Participant in a 36 month period
Repairs of Periodontal Appliances	Included
Reline of Periodontal Appliances	1 in a 12 month period per appliance
Occlusal Equilibration	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:	
Fixed Oral Rehabilitation Exam	1 per Participant in a 5 year period
Prosthodontic Services (Limited to one of the following services per tooth):	
Crowns	1 in a 5 year period when tooth cannot by adequately restored to form and function with a filling
Fixed Bridges	1 in a 5 year period
Inlays and Onlays	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
Processed Veneers	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
Posts & Cores	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	
General Orthodontic Exam	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:	
Fixed or Removable Appliances	Included
Functional Appliance Therapy	Included
Formal Banding Treatment	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.

Health Spending Account (HSA)

HSA Benefit Year:	January 1st - December 31st
Minimum Payment Amount:	$50 monthly $10 following each quarter
Credit Allocation:	Credits are deposited to your HSA by your employer on an annual basis.
Carry Forward:	Unused HSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
Run Off:	A 2 month run-off period will exist after the end of each Benefit Year to submit claims.
Grace period:	Upon termination of employment, you have a 2 month grace period in which to claim for services incurred prior to your termination date.

Benefits of an HSA

You can draw on your HSA to pay for many health related expenses that would not otherwise be covered by your core health or dental plan - all in a tax advantaged manner.

Allowable expenses must be deemed an eligible medical expense by Canada Revenue Agency to be eligible for payment through your HSA. All expenses must meet Canada Revenue Agency's listing of eligible medical expenditures. Any medical or dental costs incurred by you or your dependents may be reimbursed through your HSA as long as they are not eligible for payment through provincial health care, and meet Canada Revenue Agency's requirement for a deduction on your tax return.

Expanded Dependent Eligibility

Canada Revenue Agency permits a broader definition of dependents for expenses claimed through your HSA - the perfect solution if you need to cover expenses for extended family members who are not eligible under your core benefit plan.

Carry Forward

Your HSA carries forward credits. You can carry forward unused credits for 12 months from the end of the Benefit Year in which they were allocated.

A 2 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow active Members to claim for prior Benefit Year claims with prior Benefit Year Credits.

Allowable expenses incurred in the prior Benefit Year not claimed within that Benefit Year or the subsequent run off period will be forfeited.

How Your Health Spending Account Works

- When you submit a Health or Dental claim to Blue Cross, any unpaid portion or ineligible expense is automatically transferred into your HSA. Even claims submitted electronically by a pharmacy, dental office or other health care professional that have unpaid balances are transferred into your HSA.
- If you coordinate benefits (COB) under a spousal or other employer plan, the unpaid portion of your claim must be submitted to the other plan first for their reimbursement prior to being paid through your HSA.
- Claims to your HSA are assessed against the available credits in your account. Your employer will inform you of the amount credited to your HSA at the time your account is established and annually thereafter.
- You may submit claims for allowable expenses you want to pay through your HSA only and not through your core plan. For this you must complete and submit an HSA claim form accompanied by any original receipts or payment statements from another insurer.
- Upon termination of employment, you have a 2 month grace period in which to claim for services incurred prior to your termination date. The only funds available to pay allowable expenses that are incurred prior to your termination date are existing credits in your HSA. Any credits remaining after the grace period are forfeited.

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 Employees must be permanently scheduled to work a minimum of 17.5 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.

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most pharmacies will bill Blue Cross directly.
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.