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Extended Medical Benefits Plan

Alberta

Extended Medical Benefits Plan

The Extended Medical Benefits Plan provides coverage for many health care services, supplies and products which are not covered or where coverage is limited, under the Alberta Health Care Insurance Plan. The option levels for Extended Medical are Opt Out, Core or Enhanced coverage. The premiums for the Core coverage are cost-shared 50/50 between you and the Employer. You pay a higher premium if you choose Enhanced coverage. You will be required to pay benefit premiums when due, including during periods of leave without pay. For premium information, refer to your [1stchoice Premium Rate Sheet](#).

SUMMARY OF BENEFITS

	Core Coverage	Enhanced Coverage
Maximums	\$25,000 per benefit year on all expenses combined	No maximum
Cost Sharing	50% employee; 50% employer	Employer and employee contribute the same premium amount as under the Core and employee pays an additional premium for the Enhanced services

Services, Supplies and Products	Covered Under Core Plan	Covered Under Enhanced Plan
Accidental Dental Coverage	Yes	Same as Core
Ambulance	Yes	Same as Core
Auxiliary Hospital Care	Yes	Same as Core
Emergency Travel Benefits	No	Yes
Eye Exams	Maximum of \$50 per person every 24 months from the date of the last exam	Maximum of \$100 per person every 24 months from the date of the last exam
Foot Orthotics	No	Yes
Hearing Aids	No	Yes
Home Nursing Care	Maximum of \$15,000 in a three consecutive year period	Maximum of \$30,000 in a three consecutive year period
Hospital	Semi-private room	Private room
Joint Injectable Materials	Yes	Same as Core
Medical and Durable Equipment and Supplies	Reimbursement will be based on the maximum allowable amount, as per the Alberta Blue Cross Managed Fee Guide	Same as Core
Orthopaedic Shoes	No	Yes
Paramedical Practitioners • Acupuncturist • Chiroprapist • Chiropractor • Massage Therapist • Naturopathic Doctor/Practitioner • Physiotherapist • Podiatrist • Speech Pathologist • Occupational Therapist • Sports Therapist	Maximum of \$50 per visit within the combined maximum of \$1,000 per benefit year for all paramedical services	Per visit, to the maximum allowable amount as per the Alberta Blue Cross Managed Fee Guide*. Maximum of \$1,000 per benefit year for all paramedical services
Permanent Braces	Yes	Same as Core
Prosthetics (artificial limbs and eyes)	Yes	Same as Core
Psychologist	Up to 80% per visit to the maximum allowable amount as per the Alberta Blue Cross Managed Fee Guide*, to a maximum of \$1,000 per benefit year	Up to 100% per visit to the maximum allowable amount as per the Alberta Blue Cross Managed Fee Guide*, to a maximum of \$1,000 per benefit year
Vision Care (lenses, frames, contacts)	No	Yes
Wheelchair or Disability Scooter	Maximum of \$4,000 in a three consecutive year period	Maximum of \$8,000 in a three consecutive year period
Wigs and Hairpieces	Yes	Same as Core

*You can confirm the per visit reimbursement amount under the Alberta Blue Cross Managed Fee Guide by using the "Health Benefit look up" tool. Just go to ab.bluecross.ca, click on "sign in" and choose "Plan Members" to register or sign in.

The Enhanced plan provides coverage for the same services, supplies and products as Core. The difference between the Core and Enhanced plans is, the Enhanced plan:

- provides higher maximums for Eye Exams, Home Nursing Care and Wheelchair/Disability Scooter;
- applies the Alberta Blue Cross Managed Fee Guide per visit maximum allowable amount for the Paramedical Services whereas the Core plan provides coverage at \$50.00 per visit;
- pays psychologist services at 100% based on the Alberta Blue Cross Managed Fee Guide per visit maximum allowable amount, whereas the Core plan coverage is up to 80% based on the Fee Guide per visit maximum allowable amount;
- provides coverage for a private hospital room, Emergency Travel Benefits, Foot Orthotics, Hearing Aids, Orthopaedic Shoes, and Vision Care

Charges incurred for services, supplies and products provided by an immediate family member of the patient are not eligible for reimbursement.

Benefit Year

July 1 to June 30

Claims Adjudicator

All claims are adjudicated by Alberta Blue Cross.

PLAN DESCRIPTION

CORE COVERAGE

The medical services, supplies and products are listed on the following pages and all maximums are per insured person. Contact Alberta Blue Cross for specific claiming requirements.

Accidental Dental Coverage

- Repair, extraction and/or replacement of natural teeth due to an accidental injury
- Maximum of \$2,000 per person per accident
- Claims must be submitted within 12 months of the date of the accident

Ambulance

- Ambulance services to or from hospital
- Air and/or rail transportation if ground ambulance is not available or if it is in the patient’s best interest

Auxiliary Hospital Care

- Up to \$1,000 per person per benefit year for auxiliary care in a hospital

Eye Exams

- Up to \$50 per person every 24 months, from the date of the last exam

Home Nursing Care

- Covers only medically required nursing services of a RN, RNA, LPN, or RPN after government and agency maximums have been reached
- Up to \$15,000 in a three consecutive year period, from the first billing date of service

- Must be on physician’s written order and pre-approved by Alberta Blue Cross
- Coverage does not apply until all provincial program maximums have been reached

Hospital

- Semi-private accommodation
- Includes out-of-province in Canada hospital benefits

Joint Injectable Materials

- Joint injectable materials prescribed by a Health Care Professional, dispensed by a pharmacist and administered by a Health Care Professional. Does not include any costs associated with the administration of the joint injectable material.

Medical Aids, Supplies, Appliances and Equipment

- **Cervical collars**
- **Colostomy and ileostomy supplies and urinary catheters**, covered at 80% to a maximum of \$1,200 per benefit year
- **Diabetic supplies** including urine and blood testing strips, lancets, penlets, needles, and syringes. Blood glucose test strips limited to 3,000 per participant per benefit year. Up to \$150 towards the purchase of a blood testing monitor on a physician’s written order, once every five years
- **Hospital bed** rental, or purchase and repair. Must be on a physician’s written order, medically required and pre-approved by Alberta Blue Cross
- **Mastectomy prosthesis**, up to \$200 every 24 months per prosthesis — left and/or right side. Must be on a physician’s written order
- **Mastectomy supporting bra**, of up to \$50 per bra — \$100 per benefit year
- **Medical durable or surgical equipment**, and related products or supplies required to support the operation or maintenance of the equipment, on a physician’s written order. Reimbursement will be based on the maximum allowable amount, as per the Alberta Blue Cross Managed Fee Guide.
- **Oxygen and equipment**, rental or purchase, up to \$2,500 per benefit year

- **Permanent braces**, 70% coverage for custom fitted braces once in a 24-month period, must be on a physician's written order. Must incorporate rigid support and be custom fitted (not necessarily custom made). Repairs are included
- **Prosthetics (artificial limbs and eyes)**, includes purchase, repair or replacement of a prosthesis. Must be a rigid support of metal or plastic manufactured according to a physician's written order. Does not include myoelectric controlled prostheses
- **Splints, trusses, crutches, casts and canes**
- **Stump socks**, maximum of six pairs per benefit year
- **Surgical stockings**, maximum of two pairs per benefit year
- **Walkers, traction kits**, on a physician's written order
- **Wheelchair or disability scooter**, purchase, rental or repair of a manual or motorized wheelchair or disability scooter, to a maximum of \$4,000 in a three-year period. Must be on physician's written order, medically required and pre-approved by Alberta Blue Cross. Coverage includes lightweight titanium models within the maximum
- **Wigs and hairpieces**, if required as a result of a medical need, to a lifetime maximum of \$400 per person

Paramedical Practitioners

Acupuncturist, Chiropractor, Chiropractor, Massage Therapist, Naturopathic Doctor/ Practitioner, Occupational Therapist, Physiotherapist, Podiatrist, Speech Pathologist, Sports Therapist

- Up to \$50 per visit including one x-ray per service, within a **combined maximum of \$1,000** per benefit year for all paramedical services. This is after any funding under provincial programs is first accessed, exhausted or not available. The \$1,000 maximum can be applied to the cost of surgery. The maximum visits allowed per day per practitioner is one. Massage therapy treatment must be prescribed by a physician as medically necessary every 12 months.

Psychologist

- Up to 80% per visit to the maximum allowable amount, as per the Alberta Blue Cross Managed Fee Guide, to a benefit year maximum of \$1,000 for individual or family therapy (not group) provided by a Chartered Psychologist or person holding a Master of Social Work degree

ENHANCED COVERAGE

The Enhanced coverage provides you with the same coverage as under Core, with the exception of Home Nursing Care and Wheelchair/Disability Scooter, which have higher maximums. It also provides additional coverage as follows:

Eye Exams

- Up to \$100 per person every 24 months from the date of the last exam

Foot Orthotics

- Up to \$200 per person per benefit year if prescribed by a physician, podiatrist or chiropractor

Hearing Aids

- \$2,000 every four years
- Must be prescribed by a physician or audiologist

Home Nursing Care

- Covers only medically required nursing services of a RN, RNA, LPN, or RPN after government or agency maximums have been reached
- Up to \$30,000 in a three consecutive year period, from the first billing date of service
- Must be on a physician's written order and pre-authorized by Alberta Blue Cross

Hospital

- Private accommodation
- Includes out-of-province in Canada hospital benefits

Orthopaedic Shoes

- Up to \$250 per person per benefit year for custom shoes or adjustments to stock item footwear (cost of stock item footwear is excluded)
- Must be prescribed by a physician

Paramedical Practitioners

**Acupuncturist, Chiropractor, Chiropractor,
 Massage Therapist, Naturopathic Doctor/
 Practitioner, Occupational Therapist,
 Physiotherapist, Podiatrist, Speech
 Pathologist, Sports Therapist**

- Per visit to the maximum allowable amount, as per the Alberta Blue Cross Managed Fee Guide, for paramedical services, including one x-ray per service, within a **combined maximum of \$1,000** per benefit year for all paramedical services. This is after any funding under provincial programs is first accessed, exhausted or not available. The \$1,000 maximum can be applied to the cost of surgery. The maximum visits allowed per day per practitioner is one. Massage therapy treatment must be prescribed by a physician as medically necessary every 12 months

Psychologist

- Up to 100% per visit to the maximum allowable amount as per the Alberta Blue Cross Managed Fee Guide, to a benefit year maximum of \$1,000 for individual or family therapy (not group) provided by a Chartered Psychologist or person holding a Master of Social Work degree

Vision Care

- \$350 every 24 months from last date of purchase for prescription eye glasses (lenses and frames), contact lenses, including prescription sunglasses

Wheelchair or Disability Scooter

- Purchase, rental or repair of a manual or motorized wheelchair or disability scooter
- Maximum of \$8,000 in a three-year period
- Must be on physician's written order, medically required and pre-approved by Alberta Blue Cross. Coverage includes lightweight titanium models within the maximum

EMERGENCY TRAVEL COVERAGE

This plan provides coverage for expenses incurred for **emergency treatment while travelling** outside your province of residence or outside of Canada. An emergency is described as a sudden unexpected occurrence of an unforeseen accident or illness requiring immediate medical attention. **To be eligible for emergency travel coverage, you must be**

covered under a provincial health care plan.

Payment is for costs in excess of the allowance provided by your provincial health care coverage in your province of residence. Payment limits are governed by the cost schedule in the jurisdiction in which treatment is provided and the coverage details as outlined in this section.

Your emergency out-of-country travel coverage is not intended to take the place of a basic health plan. Physicians, hospital fees, etc., under the emergency travel plan provides participants with coverage for emergencies or unexpected medical events incurred outside Canada. Medical services accessed for non-emergent purposes will not be covered and in the event of a medical emergency, the participant may be repatriated back to Alberta for treatment. **It is recommended that any person attending school outside of the country acquire a health plan to ensure appropriate coverage is in place.**

Emergency Travel Benefits

Alberta Blue Cross will pay the reasonable and customary charges, for emergency services only, in excess of the amount paid by the provincial government health plan for:

- The cost of hospital accommodation in a public general active treatment hospital
- Out-patient services provided by a public general active treatment hospital
- Incidental expenses up to \$50 per day to a maximum of \$500 per hospital stay will be paid to the inpatient
- Physicians' and surgeons' charges
- Physiotherapist, chiropractor, chiropractor, chiropractor or podiatrist up to \$300 per specialty (including x-rays)
- Nursing services provided by a qualified, private registered nurse during or following hospitalization when ordered by the attending physician
- Drugs, serums and injectables prescribed by a physician
- The cost of blood, blood plasma or specialized treatments using radium and radioisotopes

- The charge for laboratory tests and x-rays prescribed by the attending physician
- The cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair on the written order of a physician
- Reimbursement of usual, customary and reasonable charges as determined by Alberta Blue Cross up to a maximum of \$2,000 per participant per accident, for services provided by a licensed health care professional for the repair or extraction and/or replacement of a participant's natural or permanently attached artificial teeth damaged by a direct accidental external blow to the mouth. The injury must occur after the date the participant became eligible for benefits under the contract and the participant must see a health care professional immediately following the accident
- Reimbursement up to a maximum of \$300 per participant per trip for eligible expenses in a dental office for relief of dental pain, excluding root canals when rendered at least 200 kms outside the participant's province of residence
- Ambulance charges to the nearest qualified medical facility
- Medical evacuation
- One round trip economy airfare by the most direct route from the participant's province of residence for a family member or friend to visit the participant while confined to a hospital for at least three days outside the participant's province of residence provided the attending physician verifies in writing that the situation is serious enough to require the visit, or to identify the deceased prior to the release of the body
- Return of the deceased, includes preparation and transportation but not the cost of the coffin, reimbursed up to \$7,000. The cost of cremation or burial at the place of death reimbursed up to \$2,500
- Return of vehicle to the participant's place of residence or to the nearest appropriate rental agency up to \$1,000 when the participant is unable to operate the vehicle due to unexpected illness or injury and when the travelling companion is also unable to do so
- The cost of one-way economy airfares to the participants province of residence, if the participant's vehicle is inoperable due to an accident
- Reimbursement for reasonable and customary charges of a one-way economy airfare for the return of dependent children if the participant has been admitted in hospital for more than 48 hours or has been medically repatriated. Includes the cost of an approved escort, if required, at the discretion of Alberta Blue Cross
- Reimbursement up to a maximum of \$500 for the cost of one-way transportation to return a pet if the participant is returned to the province of residence by air ambulance
- Reimbursement up to a maximum of \$500 for the cost to return personal items such as luggage, if the participant is returned to the province of residence by air ambulance
- Reimbursement up to \$250/day per participant to a maximum of \$2500/incident for extra costs of unavoidable additional expenses for meals and accommodations incurred by a participant during and after the effective trip dates when remaining with a sick or injured travelling companion
- Extra costs for commercial accommodation or meals up to \$250 per day to a maximum of \$2500 incurred by a family member or friend visiting with a participant confined in hospital or to identify the deceased. This must be verified by the attending licensed physician that the situation is serious enough to have required the visit and be supported with receipts from commercial organizations. (Extra costs associated with identification of deceased limited to maximum of three days.)

Travel Assistance

In the event of a medical emergency, contact **must** be made with the travel assistance service within 24 hours. For contact information, refer to the back of your Alberta Blue Cross card. They will provide:

- Medical Assistance
— Assist in locating an appropriate physician, clinic or hospital

- Confirm coverage and coordinate payment to the hospital or physician
- Monitor the medical treatment and keep the family informed
- Arrange the transportation of a family member to the patient's bedside or to identify the deceased
- Arrange for transportation home of the patient, if medically necessary
- **General Assistance**
 - Provide emergency response in most major languages
 - Assist in contacting the participant's family, business partner or family physician
 - Coordinate the safe return home of dependent children, if the adult is hospitalized
 - Arrange the transmission of urgent messages to family members or business partners
 - Provide referral to legal counsel in the event of a serious accident
 - Coordinate claims processing and negotiate health care provider discounts
 - Provide pre-departure information concerning visas and vaccinations

Emergency Travel Limitations

1. The total amount payable for all benefits listed will not exceed \$5,000,000 in Canadian funds per participant per incident.
2. Benefits are payable for expenses incurred only during the period the contract is in force.
3. Benefits are payable only for expenses incurred outside the boundaries of your province of residence. Benefits become effective at the time of crossing the border of province of residence or if travelling by airplane, at the time the airplane takes off. The benefits cease on the return home at the border of province of residence or when the airplane lands.
4. Alberta 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.

5. Alberta Blue Cross reserves the right to transfer the participant to another hospital or return the patient 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, Alberta Blue Cross will be absolved of any further liability whether related to the initial incident or not.
6. Neither Alberta Blue Cross nor the approved travel provider shall be responsible for the availability, quality or results of any medical treatment or transportation or the failure of the applicant to obtain medical treatment.

Emergency Travel Exclusions

Benefits are not covered if:

1. Travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Alberta Blue Cross shall have the right to obtain medical information from the participant's physician(s) and may request assessment by an independent physician(s) or specialist.
2. A participant travels to another country primarily for hospitalization or services rendered in connection with:
 - Seeking medical advice or treatment intentionally or incidentally, even if the trip is on the medical recommendation of a physician; or
 - General health examination for "check-up" purposes; or
 - Rehabilitation or ongoing care in connection with drugs, alcohol or any other substance abuse; or
 - The nature of a rest cure or travel for health; or—
Cosmetic purposes.
3. 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.
4. Hospital accommodation or treatment is received in a hospital other than a general active treatment hospital.

5. Expenses incurred due to:
- Suicide, attempted suicide or self-inflicted injury, whether sane or insane; or
 - Abuse of medication, toxic substances, alcohol or 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), or the hostile action of the armed forces of any country, service in the armed forces, hijacking or terrorism; or
 - Participation in any riot, public confrontation, civil commotion, or any other act of aggression.

COVERAGE CLASS

The coverage class is either **Single** or **Family**.

- You may change from the Family to Single class of coverage at any time.
- You may change from Single to Family at a Choice Time or within 31 days of a Life Event.
- You must enrol all eligible dependents in the Extended Medical Plan in order for them to be covered.

LEVELS OF COVERAGE

There are three levels of coverage under the Extended Medical Benefits Plan:

1. Opt Out
2. Core
3. Enhanced

ENROLMENT UPON COMMENCEMENT OF EMPLOYMENT

To enrol in the Extended Medical Plan, sign on to 1GX and submit your choices electronically or

complete and submit a **1st Choice Enrolment/Change Form**. This must be completed within 31 days of your date of hire. Upon initial enrolment you may:

- Enrol in any coverage level of the plan; or
- Opt out

Note: If you do not enrol, you will be without coverage in this benefit plan.

EFFECTIVE DATE OF COVERAGE

Coverage in the Extended Medical Benefits Plan will start immediately if you commence or are eligible for benefits on the first day of the bi-weekly pay period (which is Sunday). Your coverage is in effect for that pay period and the full premium will be deducted.

If you commence employment or are eligible for benefits on the second day of the pay period or later, your coverage will start on the first day of the following pay period and a full premium will be deducted from that bi-weekly paycheck.

If you do not enrol in the Extended Medical Benefits Plan upon commencement, you will be able to enrol at the next Choice Time or within 31 days of a Life Event.

SURVIVOR BENEFITS

Survivor Benefits provide ongoing premium-free coverage in the Core or Enhanced Extended Medical Benefits Plan for 90 days after your date of death to those dependents already enrolled in your Extended Medical Benefits Plan and who remain eligible as per plan rules.

Survivor Benefit coverage is only available if dependents were already enrolled in coverage at the time of death. The coverage is based on the plans and levels in place at the time of death and no subsequent changes can be made to the benefit coverage by your dependents.

CHANGING YOUR BENEFIT COVERAGE

After you have been enrolled in **1stchoice**, you may subsequently change your coverage when:

- There is a Choice Time, or
- A Life Event occurred and you request a change in coverage within 31 days from when the event occurred.

Extended Medical Benefits Plan	Anytime	Choice Time	Life Event
Level of Coverage (i.e., moving between Opt Out, Core or Enhanced)	<ul style="list-style-type: none"> • No change allowed 	<ul style="list-style-type: none"> • Increase one or two levels • Decrease one level 	<ul style="list-style-type: none"> • Increase one or two levels
Coverage Class Change from Family to Single Change from Single to Family	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Yes • Yes 	<ul style="list-style-type: none"> • Yes • Yes
When to Change		<ul style="list-style-type: none"> • Between specified dates each year 	<ul style="list-style-type: none"> • Within 31 days of event occurring

Examples:

- To increase one level is to move from Opt Out to Core or from Core to Enhanced.
- To increase two levels is to move from Opt Out to Enhanced.
- To decrease one level is to move from Enhanced to Core or from Core to Opt Out.

Note: When you make changes to your benefit coverage, verify that the changes were accurately updated by reviewing your Benefit information and pay advice in 1GX within one pay period. Contact the Pay and Benefits Office if there are errors.

CHOICE TIME

Choice time is a specific time frame which occurs late May/early June each year and provides you with the opportunity to change your benefit coverage subject to the rules of each benefit plan. The Choice Time open enrolment dates are announced early in May at www.alberta.ca/choice-time.aspx. You are responsible to check this website and make changes to your benefit coverage within the open enrolment period. Choice Time will be communicated via a number of venues, but will not be sent directly to each employee. Set yourself a reminder in May

each year to check the website so you don't miss out. The changes would be effective the first day of the pay period that includes July 1st. You may make the following changes under your extended medical coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may decrease one level of coverage from Core to Opt Out or from Enhanced to Core.

- You may change your coverage class from Single to Family or Family to Single.

LIFE EVENT

A Life Event occurs on:

- Marriage or meeting the requirements for a benefit partner;
- Divorce or death of a spouse;
- Dissolution of a benefit partner relationship or death of a benefit partner;
- Birth, adoption or guardianship of a first child;
- Change in your child's eligibility that allows coverage under the GoA group plans;
- Dependent child's loss of coverage under an individual or other parent's benefit plans; or
- Employee's and/or spouse or benefit partner's loss of coverage under individual or group benefit plans.

Note:

- Once divorced an employee cannot provide coverage for an ex-spouse under the GoA benefit plans. If a court order indicates benefit coverage must be maintained for the ex-spouse the employee will need to purchase a private plan.
- Employees may need to repay the appropriate Trust for claims paid for an ineligible dependent.

By applying online through 1GX or contacting the Pay and Benefits Office **within 31 days** following the occurrence of a Life Event, you may request the following changes to your extended medical coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may change your coverage class from Single to Family or from Family to Single.

COORDINATION OF BENEFITS

If you have family coverage under one or more extended medical plans, you and your dependents may be eligible to coordinate benefits. Coordination of benefits is the process whereby an individual or

family with multiple plans may coordinate claims to receive payment of up to 100% of eligible expenses from both plans combined.

You and your spouse or benefit partner should submit claims under your own benefit plan first. After you are reimbursed from that plan, you can submit a claim to the other plan to be reimbursed for any remaining eligible expense. If your spouse or benefit partner works for the Government of Alberta and is covered under this benefit plan or the **MyCHOICE** Extended Medical Plan, your claim will be coordinated by Alberta Blue Cross provided all the necessary information has been submitted. If your dependent children are covered under both your plan and your spouse or benefit partner's plan, the claim should first be submitted to the plan of the parent with the birthday earliest in the calendar year, then to the other parent's plan.

TERMINATION OF COVERAGE

Your **1stchoice** Extended Medical Plan coverage ceases for you on the last day of the pay period that you:

- Terminate employment; or
- Transfer to a position which is not included in the group eligible for **1stchoice** benefits; or
- Die.

Coverage for a dependent under your Extended Medical Plan ceases on:

- The last day of the pay period:
 - that you terminate coverage; or
 - when the dependent is no longer a spouse or benefit partner as defined under the plan; or
 - when the dependent/guardian child no longer meets the eligibility requirements as defined under this plan.
- 90 days after your date of death if the dependent remains eligible (refer to Section on SURVIVOR BENEFITS).

Note: Employees may be required to repay the appropriate Trust for claims paid for an ineligible dependent.

CLAIM PROCEDURES

For some services, providers will directly bill Alberta Blue Cross for services provided to you. If this method is used, you will only be required to pay the amount not covered by your Plan, otherwise, you will be required to pay the full cost and submit a claim to Alberta Blue Cross for reimbursement.

HOSPITAL BENEFITS

In Alberta, present your Alberta Blue Cross identification card at the hospital for direct billing.

OTHER MEDICAL EXPENSES

Online Claims Submission

Use the Alberta Blue Cross *My Benefits* app or visit ab.bluecross.ca to make a claim.

Online claim submission is possible provided that:

- the claim does not exceed \$3,000;
- the expense was incurred in Canada; and
- the product or service was paid in full and the claim is payable to you for either services incurred by you or your eligible dependent and not to the provider of the service.

For Coordination of Benefit guidelines, please visit the Alberta Blue Cross website at ab.bluecross.ca or contact Alberta Blue Cross directly.

By submitting claims online, you agree to keep your original receipts for a 12-month period from the date of service so that they are available for audit purposes. All claims that are submitted online will be reimbursed through direct deposit only.

Alberta Blue Cross will send you an email notification each time you are issued a claim payment, claim statement or treatment plan.

Manual Submission of Claim Forms

If you are unable to submit your claim online, complete an *Alberta Blue Cross Health Services Claim* form, which is available from the Alberta Blue Cross website at ab.bluecross.ca, attach the original receipt and mail it to:

Alberta Blue Cross
10009-108 Street, NW
Edmonton, AB T5J 3C5

Your reimbursement cheque will be mailed to your home address unless you set up direct deposit through the Alberta Blue Cross member online services website.

CLAIMING LIMITATION – TIME FRAME

You must submit your claim within 12 months from the date the service was provided in order to be reimbursed under this Plan. Claims submitted beyond the 12-month claiming limitation period will automatically be denied by Alberta Blue Cross.

If you provide a written explanation for the submission of a late claim to the Trustees of the Group Extended Medical and Prescription Drug Plan Trust, and if they consider the explanation sufficient and that it would be reasonable to do so, they can instruct Alberta Blue Cross to deal with your claim as if it had been received within the 12-month claiming limitation period.

EMERGENCY TRAVEL EXPENSES

If you or your eligible dependents experience a medical emergency when travelling outside your province of residence or Canada, you or a travel companion should telephone the Travel Assistance service listed on the back of your Alberta Blue Cross card. If a hospital admission is required, Alberta Blue Cross may, in some situations, be able to coordinate the payment of your hospital claim.

For any remaining emergency travel expenses, an out-of-pocket settlement may be required before returning home and subsequently submitting an *Emergency Out of Province/Out of Country Claim* form (where applicable), with original receipts to Alberta Blue Cross for reimbursement. Emergency travel claims cannot be submitted online. Travel claim forms can be found on the Alberta Blue Cross website at ab.bluecross.ca.

ONLINE ACCESS TO CLAIMS AND DIRECT DEPOSIT

Register through the Alberta Blue Cross secure website to submit claims online and access detailed information on treatment plans, claims, and payment information as well as have claims reimbursed directly into your bank account.

Go to the Alberta Blue Cross website at ab.bluecross.ca, click on "Sign in" and choose "Plan members" to register or sign in.

Once you are registered, Alberta Blue Cross will send you an e-mail notification each time you are issued a claim payment, claim statement, or treatment plan.

CONSIDERATIONS IN CHOOSING EXTENDED MEDICAL BENEFITS COVERAGE

- Think about your present and anticipated need of such things as eye exams, eyeglasses, paramedical practitioners (i.e., chiropractor, physiotherapist, etc.) — both for yourself and your family
- Do you have coverage through your spouse or benefit partner's employer?
- Do you have a need for those items available in the Enhanced coverage?
- How comfortable are you that Alberta Health Care and your personal resources would provide adequate coverage for unanticipated medical expenses?
- Are you better off paying a higher premium for the Enhanced coverage or paying out-of-pocket for the expenses if incurred?
- If you want the Enhanced coverage for the emergency travel coverage, is it cheaper to buy this coverage on your own? Will you always remember to buy it whenever you travel outside Canada?

FOR FURTHER INFORMATION

Contact Alberta Blue Cross Customer Services if you have questions on a claim, or on the benefits and services covered under this plan (have your Alberta Blue Cross card handy when you call). Your Group Number is 5.

Calgary	403-234-9666
Edmonton	780-498-8000
Grande Prairie	780-532-3505
Lethbridge	403-328-1785
Medicine Hat	403-529-5553
Red Deer	403-343-7009

A toll-free line is available for people living outside these major areas: 1-800-661-6995.

Alberta Blue Cross office hours are 6:00 a.m. to 6:00 p.m. (MT) Monday to Friday

You may also contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via e-mail at GOA.TimeAndBenefits@gov.ab.ca for any additional information.

Outside of Edmonton, dial toll-free 310-0000 followed by 780-644-8114 or hold or press 0 for operator assistance.