

STRATHCONA COUNTY

Benefit Booklet

for
***County Employees under the IAFF
Collective Agreement***

Alberta Blue Cross Group Number: 23660 - F1

Effective Date: April 1, 2012

Issue Date: September 2018



Responsibilities

Your benefits plan is unique to your employer. Please read this booklet to familiarize yourself with the coverage on your plan. Remember that the provisions of your benefit plan may be different from those of another employer benefits plan

YOUR BENEFITS ARE A VALUABLE PART OF YOUR COMPENSATION

Your Responsibilities

- Before visiting a service provider, check the Alberta Blue Cross member services site to determine if the provider is listed as ‘ineligible’ because of non-compliance with benefit-claiming standards
- Ask questions of your service provider to ensure they are licensed / registered with the appropriate Albertan or Canadian regulatory body for their profession. (More details in your Alberta Blue Cross benefit booklet)
- Preventing fraud and benefit plan abuse starts with you. Protect yourself and your benefits against fraud and benefit plan abuse by being a smart consumer.

Why You Should Care

- Purchases from ineligible providers may result in claim denial; leaving you out-of-pocket for the entire cost
- Benefit plan fraud and abuse may result in higher premiums or reduced benefits.
- Doing your part to help reduce benefit plan fraud and abuse will help ensure your benefits are there when you need them – at a cost you can afford.

Fraud versus Abuse

- Fraud is the intentional submission of false or misleading information for the purpose of financial gain.
- Abuse occurs when a service provider or consumer exploits the plan provisions or the health profession’s guidelines. This includes overbilling for services, providing treatment when it is not necessary, overusing services, or returning items after the plan has reimbursed the costs.
- Abuse can be just as expensive and costly as fraud.

Some Ways You Can Help Protect Your Benefit Plan

- Make sure your service provider is licensed / registered with the appropriate regulatory body.
- Even if your provider is licensed / registered, from time to time, eligibility is revoked for providers who have exhibited potentially irregular claiming activities. Check the Alberta Blue Cross member services site to view the list of providers that are now considered ineligible due to non-compliance with benefit-claiming standards.
- Never sign a blank claim form. These can be used to submit fraudulent claims in your name. Inform Alberta Blue Cross (in confidence) of any provider who asks you to pre-sign blank claim forms.

Responsibilities



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- Be sure the services and products you receive are medically necessary. Ask your provider if the same treatment would be used or product recommended if you didn't have benefit coverage.
- Review your Benefits Statement to ensure the information is correct; reflecting services actually received and the charges you were expecting. This is especially important when you have assigned your benefits to be paid directly to the provider. If you have any questions about the information on your benefits statement, please call Alberta Blue Cross.
- Beware of "too good to be true" offers. Find out why a provider is waiving your deductible or co-pay and don't accept 'free gifts' in exchange.

What To Do If You Suspect Fraud or Benefit Plan Abuse

- If you suspect any potential fraud or benefit plan abuse, or any other improprieties which may be related to fraudulent activity, please contact the Alberta Blue Cross fraud hotline toll-free at 1-866-441-8477 or email fraudtips@ab.bluecross.ca
- All information will be kept strictly confidential, including your identity.
- You are accountable and play a role in protecting your benefit plan. Alberta Blue Cross has comprehensive measures in place to detect and prosecute fraud and plan abuse. If it's found through review that you knowingly participated in fraudulent activity without reporting it to Alberta Blue Cross, you may face charges.

For additional information about fraud prevention, please visit ab.bluecross.ca/aboutus/fraud-prevention



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Alberta Blue Cross Group Number: 23660 - F1
Effective Date: April 1, 2012
Employee Classification: All benefit-eligible Employees under the IAFF Collective Agreement
Termination of Benefits: Benefit Coverage terminates the exact date of the earlier of retirement, termination of benefit-eligible employment or age 65.
Maximum: A combined maximum of \$1,000,000 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.

Schedule of Benefits

Health and Dental Benefits

Administered by: Alberta Blue Cross

Health Benefits

Prescription Drugs
Hospital
Extended Health
Out of Province Emergency Travel

Dental Benefits

Basic
Extensive
Orthodontic

Wellness Spending Account

Benefit Year

January 1st - December 31st

Schedule of Benefits



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Summary of Benefits

Extended Health and Dental Benefits

Extended Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Co-payment:	100%
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Generic Pricing:	Applied
Prescription Substitution:	If the prescription contains a written direction from a Health Care Professional that, due to medical reasons, 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
Maintenance Medication Program:	Included
Allergy Serums:	Included
Contraceptive Drugs:	Included
Diabetic Supplies:	Included
Fertility Drugs:	Excluded
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$400 Lifetime per Participant
Vaccines:	Included
Weight Loss Products:	Excluded

* Selected drugs may be considered for coverage through a special authorization process. This is a process where a Health Care Professional requests coverage for medications as it pertains to their patient's condition. The list of drugs and their clinical criteria for coverage are specified in the current Alberta Blue Cross Drug Benefit List.

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Summary of Benefits

Definitions

1. **Alberta Blue Cross Drug Benefit List:** A listing created and varied from time to time and published by Blue Cross which contains the drugs, drug products and their respective restrictions, limitations and other criteria, defined as Benefits under this Contract.
2. **Eligible Drugs:** Drugs defined as Eligible Drugs in the current Alberta Blue Cross Benefit List.
3. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
4. **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.
5. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
6. **Maintenance Medication Program:** Once a Participant is established on select medications or drugs, the maintenance medication program requires quantities of 90 to 100 days to be filled or dispensed. When select medications or drugs are filled or dispensed for less than 90 days the full dispensing fee cost will be charged to the Participant.
7. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
8. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
9. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
10. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.



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Hospital Benefits

Co-payment:	100%, unless otherwise indicated
Semi-Private Rooms:	Direct payment basis
Long Term Care Facility:	\$1,000 per Participant each Benefit Year for Semi-Private and Private room accommodation
Out of Canada:	Co-payment 50%
<i>Referred Services</i>	Active treatment care in a Semi-Private Room in a Hospital located out of Canada. Treatment must be available in Canada. \$3,000 per Participant in a 3 year period combined with Medical Care Out of Canada (Referred Services).

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, as used in this Contract, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
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.



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Extended Health Benefits

Definitions

Health Care Professional: A person currently licensed, certified, or registered to practice a profession by the appropriate licensing, certification or registration authority in the jurisdiction where the care or services are provided or, where no such authority exists, has a certificate of competency from the professional body which establishes standards of competence and conduct for the profession, and is acting within the scope of that license.

** Indicates that Benefits must be purchased on the written order of a Health Care Professional*

Co-payment:	100%, unless otherwise indicated
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural teeth
Ambulance Services:	
<i>Ground Ambulance</i>	To a maximum set in the current Blue Cross schedule of ambulance rates
<i>Air Ambulance</i>	In the event normal ground transportation is not available or in the best medical interest of the Participant
*Braces:	Custom fitted braces which incorporate a rigid support of metal or plastic, including but not limited to knee braces and leg braces
*Custom Made Foot Orthotics:	2 pair per Participant each Benefit Year Foot orthotics must be dispensed by a duly licensed/registered podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or orthotist; and claim must include a fabrication form completed by the provider
Eye Glasses or Contact Lenses following Cataract Surgery:	If a Participant requires eye glasses or contact lenses immediately following cataract surgery please contact your HR Benefits Administrator
*Home Nursing Care:	\$10,000 per Participant in any 3 year period
*Hospital Beds:	\$1,850 Lifetime per Participant
Ileostomy, Colostomy, Urinary Catheters and Supplies:	\$1,200 per Participant each Benefit Year
*Manual Wheelchairs:	Included
Mastectomy Prosthesis:	Included
<i>Supporting Brassiere</i>	Included



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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

Surgical Stockings must be dispensed by a licensed medical supplier. Written confirmation from the provider must be submitted confirming the surgical stockings have a minimum pressure gradient of 30mmhg.

A copy of the original prescription completed by a physician outlining the medical diagnosis is required

*Traction Kits, *Walkers

Included

Medical Care (Out of Canada):

Referred Services

Co-payment 50%

Eligible expenses on referred basis for physicians and surgeons treatment provided out of Canada. Treatment must be available in Canada.

\$3,000 per Participant in a 3 year period combined with Hospital Out of Canada (Referred Services).

*Medical Durable Equipment and Supplies:

Including but not limited to CPAP machine, blood pressure monitor, insulin infusion pump/supplies, blood testing meter, glucose monitoring receiver/sensor/transmitter, LUX lamp, SAD light, neuromuscular stimulator, respirator etc...

*Orthopaedic Shoes:

1 pair per Participant each Benefit Year

Orthopaedic Shoes must be dispensed by a duly licensed/registered podiatrist, pedorthist or orthotist; and claim must include a fabrication form completed by the provider.

A copy of the original prescription completed by a physician, podiatrist or chiropractor outlining the medical diagnosis is required.

Oxygen and Equipment:

Included

Paramedical Practitioners:

Acupuncturist

\$700 per Participant each Benefit Year for eligible expenses for services provided by a registered acupuncturist

Audiologist

\$700 per Participant each Benefit Year for eligible expenses for services provided by an audiologist

Chiropractor/Osteopath

\$700 per Participant each Benefit Year for eligible expenses for services provided by a licensed chiropractor or osteopath and the cost of 1 x-ray



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** Indicates that Benefits must be purchased on the written order of a Health Care Professional*

Paramedical Practitioners cont'd:

Dietician/Nutritionist/Naturopath	Co-payment 80% \$200 per Participant each Benefit Year for eligible expenses for services provided by a registered dietician, nutritionist or licensed naturopath and the cost of 1 x-ray
Massage Therapist	\$700 per Participant each Benefit Year for eligible expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition
Physiotherapist/Occupational Therapist	\$700 per Participant each Benefit Year for eligible expenses for services provided by a licensed physiotherapist or occupational therapist, once all provincial government funding has been fully accessed
Podiatrist/Chiropracist	\$700 per Participant each Benefit Year for eligible expenses for services or supplies provided by a licensed podiatrist or chiropracist and the cost of 1 x-ray
Psychologist/Master of Social Work	\$3,000 per Participant each Benefit Year for 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
Speech Language Pathologist	\$700 per Participant each Benefit Year for eligible expenses for services or supplies provided by a licensed speech language pathologist, once all provincial government funding has been fully accessed
*Prosthetics:	Conventional artificial limbs and eyes
*Wig/Hairpiece:	\$250 Lifetime per Participant



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Out of Province Emergency Travel Benefits

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

Co-payment:	100%
Benefit Period:	90 Days
Maximum	\$5,000,000 in Canadian funds per Participant per incident
Accidental Dental:	\$2,000 per Participant per accident to 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



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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/Chiropracist</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.



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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).



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Dental Plan

Fee Schedule:

Current Usual and Customary dental fees as determined by Alberta Blue Cross plus 5%

Basic Benefits

Adult:

Participants 18 years of age and older

Child:

Participants under 18 years of age

Co-payment:

100%

Maximum:

\$2,000 per Participant each Benefit Year
Combined maximum with Extensive Benefits

Diagnostic Services:

Complete, Comprehensive and General Oral Exams

1 of each exam per Participant in a 24 month period

Limited Oral, Recall or Specific Oral Exam

1 per Participant in a 6 month period

Emergency Exams

Included

Complete Series/Panoramic Imaging

1 set per Participant in a 24 month period

Bitewing Imaging

1 set 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

1 time unit per Participant in a 6 month period

Scaling and/or Root Planing

16 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 for Children under 18 years of age

Restorative Services:

Restorations

1 per surface in a 24 month period to a maximum of 5 surfaces per tooth (or dollar equivalent)

Oral Surgery:

Uncomplicated and Surgical Extractions

Included

General Anesthesia and Deep Sedation

Administration and facilities, when in conjunction with covered oral surgeries, or, when medically necessary with prior approval from Blue Cross



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Endodontics:

<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>Prosthetic Edentulous Exam</i>	1 set per Participant in a 24 month 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

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>Management of Oral Infections</i>	Included
<i>Periodontal Appliances for Bruxism</i>	1 upper and/or 1 lower per Participant in a 24 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>	8 time units per Participant in a 12 month period

Pre-Authorization Amount:

\$1,000



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Extensive Benefits

Adult:	Participants 18 years of age and older
Child:	Participants under 18 years of age
Co-payment:	50%
Maximum:	\$2,000 per Participant each Benefit Year Combined maximum with Basic Benefits
Diagnostic Services:	
<i>Fixed Oral Rehabilitation Exam</i>	1 per Participant in a 24 month 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
Implants:	1 per tooth in a 5 year period to a maximum of \$1,850 per Participant each Benefit Year subject to the Basic and Extensive combined maximum
Pre-Authorization Amount:	\$1,000



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Orthodontic Benefits

Adult:	Participants 18 years of age and older
Child:	Participants under 18 years of age
Co-payment:	50%
Maximum:	\$2,000 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



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Wellness Spending Account (WSA)

WSA Benefit Year:	January 1st - December 31st WSA expenses must have been incurred on or after January 1, 2017; or date of eligibility, whichever is later
Minimum Payment Amount:	\$25 daily for Members who have signed up for direct deposit and paperless statements \$25 monthly for Members who have not signed up for direct deposit and paperless statements
Credit Allocation:	Credits are deposited to your WSA by your employer on an annual basis
Carry Forward:	Unused WSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
Run Off:	A 3 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 3 month grace period in which to claim for services incurred prior to your termination date.

Benefits of a WSA

The WSA promotes work-life balance and well-being. This account can be used to reimburse a wide variety of employee personal expenses. *It cannot be used for your dependent's expenses or gifts for others.*

Claims paid from your WSA are taxable. Blue Cross will mail out a T4A at the end of each year.

You can claim many expenses through your Wellness Spending Account (WSA) that would not otherwise be covered. Expenses incurred by you which fall under the following WSA categories are eligible for coverage. The eligible expenses in each category are not comprehensive and are limited to the extent that they are deemed reasonable by Blue Cross. Products and services that are deemed a non-taxable medical expense by Canada Revenue Agency (CRA) are ineligible.

Enhanced Benefits

Health Support

Products and services that improve health and wellbeing

- Smoking cessation programs
- Weight management program fees
- Natural health products
- Stress management programs
- Nutritional counseling
- Nutritional supplements and meal replacement products (e.g. meal replacement shakes and protein powder)

Fitness And Sports Activity

Participation in physical activity that promotes good health

- Fitness centre membership
- Physical activity fees (e.g. gym drop in fees, lift tickets)
- Sports league / team membership
- Instruction for physical activities / lessons

* Excludes equipment purchase or rental (see Fitness and Sports Equipment)



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Fitness and Sports Equipment

Fitness and sports equipment that promotes good health

- Fitness equipment (e.g. treadmill, elliptical)
- Sports equipment (e.g. hockey sticks, skates and pads, bicycle helmet)
- Athletic footwear

* *Excludes clothing (some may be covered under Fitness Apparel)*

Professional Development

Supports continuous learning and career development

- Professional membership fees
- Course, seminar, conference or class (e.g. fees, books, texts, etc.)

Personal Interest

Supporting continuous learning in personal interests

- Photography courses
- Pottery classes and supplies
- Art classes and supplies
- Text books associated with personal interest courses

Personal Computing and Mobile Digital Devices

Products and services for personal computing, planning, scheduling and communication

- Computer and peripherals
- Computer equipment repairs
- Software (non-gaming)
- Internet service and data usage fees
- GPS
- Cell phone and accessories
- Digital devices that can access the internet (e.g. iPad, iPod Touch)
- E-readers

* *Excludes MP3 players without internet connection, gaming (consoles, equipment and games) and printer paper*

Fitness Apparel

Clothing used for fitness activity

- Dance wear
- Yoga wear
- Ski gloves

* *Excludes athletic footwear (see Fitness and Sports Equipment)*

Dental Support

Products that support and improve oral health

- Manual and electric toothbrushes
- Floss
- Toothpaste
- Whitening or bleaching kits and strips
- Denture cleaners and adhesive
- Water flossers
- Mouthwash

* *Excludes products or services that are deemed non-taxable expenses per Canada Revenue Agency*

See your employer's intranet for additional examples.



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How Your Wellness Spending Account (WSA) Works

- Claims to your WSA are assessed against the credits in your account as allocated by your employer. Your employer will inform you of the amount credited to your WSA at the time your account is established and annually thereafter.
- When submitting claims for expenses to your WSA submit a claim form accompanied by any receipts or payment statements.
- Your WSA carries forward credits. You can carry forward credits for up to but no more than 12 months from the end of the Benefit Year in which they were allocated.
- A 3 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow Members to direct Blue Cross to reimburse for prior Benefit Year expenses with prior Benefit Year Credits.
- Upon termination of employment, you have a 3 month grace period in which to claim for expenses incurred prior to your termination date. The only credits available to pay for expenses that are incurred prior to termination, are existing credits in your WSA. Credits cease to be earned upon termination, and those remaining after the grace period are forfeited to the employer.



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General Provisions

Employee

A person who is a benefit-eligible 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 all benefits under this Contract, an Employee, must be required to work at least the minimum hours per week as identified by the Contract Holder.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of this eligibility period.

Dependent

The Employee's eligible spouse and children as defined below.

1. Spouse shall mean a person who is legally married to the Employee, or who is not legally married to the Employee but continuously resides with the Employee having been represented as members of a conjugal relationship (common-law).

The Employee 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 Employee's natural or adopted children, stepchildren (includes common-law), or children for whom the Employee is a legal guardian. Such children must be:
 - (a) dependent on the Employee for financial care and support, and
 - (b) unmarried, and
 - (c) not employed full-time (30 plus hours per week), and
 - (d) not eligible for benefits as a Employee through this or another employer sponsored plan, and
 - (e) less than 21 years of age; or, if 21 years of age but less than 26 years of age, must be attending an accredited educational institution, college or university on a full-time basis.

Totally disabled adult children of the Employee may remain on the plan providing they:

- (a) are totally disabled by reason of a mental or physical disability, and
- (b) are dependent on the Employee for financial care and support, and
- (c) are unmarried, and
- (d) are unemployed, or employed on a part-time basis only without access to an employer benefit plan, and
- (e) became totally disabled prior to attaining age 21, or became totally disabled while attending an accredited educational institution, college or university on a full-time basis; and, in either case, have been continuously disabled since that time, and
- (f) have been covered continuously on this plan prior to the date of disability or from the Employee's date of eligibility.

Employees will be required to provide proof of the Dependent Child's condition as often as may reasonably be necessary.

All changes to add or delete eligible Dependents must be made in writing to the County's HR department.

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.

If you have any questions on the conversion option please call the Blue Cross customer service department at 780-498-8000 or the toll free number at 1-800-661-6995.

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 12 months.

Survivor benefits are only applicable if the surviving Spouse does not have their own health and dental benefits. The Contract Holder will advise Blue Cross if the Survivor Benefit is to be offered.

Conversion Privilege



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Claiming Provisions**Claiming Benefits**

Claims must be received by Blue Cross no later than 12 months after the date of service indicated on the receipt.

There are two primary methods of claiming benefits.

1. **Direct billing** – the service provider bills Blue Cross electronically and you pay only your share out-of-pocket (if any).
2. **Reimbursement** – you pay the full amount upfront and submit a claim for reimbursement using one of the following methods:
 - online through your secure personal account with Blue Cross
 - using the Blue Cross ‘My Benefits’ app
 - drop off a paper claim at the Blue Cross office nearest you
 - submit a paper claim via Canada Post or courier services.

Prescription Drugs and Hospitalization

Most pharmacies and hospitals will bill Blue Cross directly.

Paramedical Practitioners

Some providers will bill Blue Cross directly.

Dental

Some providers will bill Blue Cross directly.

If yours does not, you must obtain a completed dental claim form from your dentist and submit the claim to Blue Cross. The dental office may use either a Blue Cross Dental Claim form or a Standard Dental Claim form. (They may offer to submit the claim electronically.)

Emergency Medical Travel

If you contacted the Travel Assistance Emergency Access Number on the back of your Blue Cross card at the time of seeking treatment, in some cases they will be able to arrange for direct billing.

For reimbursement of travel claims, use the Emergency Out of Province / Out of Country Claim form.

Claim Forms

Claim forms can be obtained from the Blue Cross website or from most service providers.

Receipts

If you are submitting a paper claim, the original official receipt must accompany your claim. Keep a copy for your records.

If you are submitting your claim electronically, you must retain the original receipt in case you are randomly selected for a claim audit.

If you are submitting a claim for a service which was partially covered by your spouse’s plan, the Explanation of Benefits and a copy of the original receipt may be used. Contact Blue Cross Customer Service for further clarification.

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 and dental 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.



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