

PORTAGE COLLEGE

Benefits Booklet

Alberta Blue Cross Group Number: 20390

Effective Date: July 1, 2018

Issue Date: August 2018



Alberta Blue Cross Group Number: 20390
Effective Date: July 1, 2017
Eligibility Period: Exact date of hire
Employee Classification: Faculty
Management
Staff (Non-Academic)

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

Dental Benefits

Basic
Extensive
Orthodontic

Health Spending Account

Benefit Year

July 1st - June 30th

Schedule of Benefits

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Coverage Level:	Opt Down 80%
	Core 100%
	Opt Up 100%
Generic Pricing:	Opt Down, Core Applied
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Aerosol Holding Chamber:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Contraceptive Drugs:	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period
Diabetic Supplies:	Included
Fertility Products:	Excluded
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$200 lifetime per Participant
Vaccines:	Opt Down, Core \$250 per Participant each Benefit Year
	Opt Up Included
Weight Loss Products:	Excluded

Selected drugs may be considered for coverage through a special authorization process. Special authorization is a process where a physician 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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Prescription Drug Benefits cont'd**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. **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%
	Opt Down
Semi-Private Room:	\$150 per day per Participant
Long Term Care Facility:	\$1,000 combined maximum per Participant each Benefit Year for:
<i>Semi-Private Room</i>	Included
<i>Private Room</i>	Included
<i>Ward Room</i>	Included
	Core
Semi-Private Room:	\$150 per day per Participant
Long Term Care Facility:	\$1,000 combined maximum per Participant each Benefit Year for:
<i>Semi-Private Room</i>	Included
<i>Private Room</i>	Included
<i>Ward Room</i>	Included
	Opt Up
Private Room:	\$180 per day per Participant
Semi-Private Room:	\$150 per day per Participant
Long Term Care Facility:	\$1,250 combined maximum per Participant each Benefit Year for:
<i>Semi-Private Room</i>	Included
<i>Private Room</i>	Included
<i>Ward Room</i>	Included
Out of Canada Hospital:	Active treatment for non-emergent services when such services are not available within Canada to a maximum of \$25,000 per Participant per incident combined with Medical Care (Outside Canada) Benefits

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.

Extended Health Benefits

Coverage Level:	<p>Opt Down 80%</p> <p>Core 100%</p> <p>Opt Up 100%</p>
Accidental Dental:	<p>Opt Down Repair, extraction and/or replacement of natural teeth to a maximum of \$1,500 per Participant per accident</p> <p>Core Repair, extraction and/or replacement of natural teeth to a maximum of \$2,000 per Participant per accident</p> <p>Opt Up Repair, extraction and/or replacement of natural teeth to a maximum of \$2,500 per Participant per accident</p>
Ambulance Services:	
<i>Ground Ambulance</i>	To a maximum set in the current Blue Cross schedule of ambulance rates
<i>Air/Rail Transport</i>	Including commercial air transport in the event normal ground transportation is not available or in the best medical interest of the Participant
Blood Testing Monitor:	* \$150 per Participant in a 60 month period
Eye Examinations:	\$50 per Participant each 24 consecutive month period for Participants between 19 and 64 years of age
Hearing Aids:	<p>Opt Down Excluded</p> <p>Core \$250 per Participant in a 48 month period</p> <p>Opt Up \$500 per Participant in a 48 month period</p>
Home Nursing Care:	<p>Opt Down * \$3,500 per Participant each Benefit Year</p> <p>Core * \$5,000 per Participant each Benefit Year</p> <p>Opt Up * \$7,500 per Participant each Benefit Year</p>
Ileostomy, Colostomy, Urinary Catheters and Supplies:	\$1,200 per Participant each Benefit Year
Manual Wheelchair:	
<i>Purchase</i>	* Once per Participant in a 3 year period
<i>Rental</i>	* Once per Participant in a 3 month period
<i>Repairs</i>	Included

Extended Health Benefits cont'd

Mastectomy Prosthesis:	* \$200 per prosthesis
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Medical Care (Outside Canada):	Opt Down Excluded
	Core Excluded
	Opt Up Eligible Expenses for non-emergent/referred services in excess of the amount paid by a provincial health plan and where such services are not available in Canada to a maximum of \$25,000 per Participant per incident combined with Out of Canada Hospital Benefits
Orthopaedic Shoes/Foot Orthotics:	Opt Down * \$100 combined maximum per Participant each Benefit Year
	Core * \$250 combined maximum per Participant each Benefit Year
	Opt Up * \$500 combined maximum per Participant each Benefit Year
Oxygen and Equipment:	\$2,500 per Participant each Benefit Year
Paramedical Practitioners:	Opt Down \$25 per visit per Participant to a combined maximum of \$750 per Participant each Benefit Year for the following paramedical practitioners:
	Core \$25 per visit per Participant to a combined maximum of \$1,000 per Participant each Benefit Year for the following paramedical practitioners:
	Opt Up \$25 per visit per Participant to a combined maximum of \$1,500 per Participant each Benefit Year for the following paramedical practitioners:
<i>Acupuncturist</i>	Included
<i>Athletic Therapist</i>	Included
<i>Chiropractor</i>	Included
<i>Massage Therapist</i>	Included
<i>Master of Social Work</i>	Included
<i>Physiotherapist</i>	Included
<i>Podiatrist/Chiropodist</i>	Included
<i>Speech Language Pathologist</i>	Included

Extended Health Benefits cont'd

Psychologist:	<p>Opt Down \$75 per visit per Participant to a maximum of \$450 per Participant each Benefit Year</p> <p>Core \$75 per visit per Participant to a maximum of \$750 per Participant each Benefit Year</p> <p>Opt Up \$75 per visit per Participant to a maximum of \$900 per Participant each Benefit Year</p>
Stump Socks:	6 pair per Participant each Benefit Year
Surgical Stockings:	2 pair per Participant each Benefit Year

The benefits listed below have a combined maximum of:

Opt Down	\$5,000 per Participant in a 60 month period
Core	\$10,000 per Participant in a 60 month period
Opt Up	\$10,000 per Participant in a 60 month period

Medical Aids:

<i>Casts, Canes</i>	* Included
<i>Cervical Collars, Crutches</i>	* Included
<i>Splints, Trusses</i>	* Included
<i>Traction Kits</i>	* Included
<i>Walkers</i>	* Included

Medical Durable Equipment:

<i>Hospital Beds</i>	* Included
<i>Other Approved Medical Durable Equipment</i>	* Included
<i>Other Approved Medical Durable Equipment Supplies</i>	* Included

Permanent Braces: * Included

Prosthetics: * Included - conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Acupuncturist – Eligible Expenses for services provided by a registered acupuncturist.
3. Athletic Therapist – Eligible Expenses for services provided by a licensed athletic therapist.
4. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor.
5. Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
6. Master of Social Work – Eligible Expenses for services provided by a licensed master of social work.
7. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist.
8. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
9. Psychologist – Eligible Expenses for individual or family counselling, including assessment, provided by a chartered psychologist for treatment of mental or emotional illness.
10. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist.

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

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

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).

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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 21 years of age and older	
Child:	Participants under 21 years of age (or under 25 years of age if in full time attendance at an accredited educational institute)	
Coverage Level:	100%	
Benefit Period:	Adult	24 consecutive months
	Child	12 consecutive months
Maximum:	Opt Down Excluded	
	Core	
	Adult	\$250 per Participant each Benefit Period
	Child	\$250 per Participant each Benefit Period
	Opt Up	
	Adult	\$400 per Participant each Benefit Period
	Child	\$400 per Participant each Benefit Period
Eligible Benefits:	Contact Lenses Eyewear Intraocular Lenses	

Dental Plan

Dental Plan

Fee Schedule:

2017 Usual and Customary dental fees as determined by Blue Cross

Adult:

Participants 19 years of age and older

Child:

Participants under 19 years of age (or under 25 years of age if in full time attendance at an accredited institute, unless otherwise indicated)

Co-payment:

Opt Down

Basic 80%
Extensive 50%

Basic and Extensive combined maximum of \$1,500 per Participant each Benefit Year

Core

Basic 90%
Extensive 55%
Orthodontics 50%

Basic and Extensive combined maximum of \$2,000 per Participant each Benefit Year

Orthodontics lifetime maximum of \$1,500 per Dependent Child

Opt Up

Basic 100%
Extensive 60%
Orthodontics 50%

Basic and Extensive combined maximum of \$2,500 per Participant each Benefit Year

Orthodontics lifetime maximum of \$2,000 per Participant

Basic Benefits

Diagnostic Services:

<i>Complete Oral Exam</i>	1 per Participant per Health Care Professional in any 3 year period
<i>Any other Oral Exam</i>	Opt Down 1 per Participant per Health Care Professional each Benefit Year
	Core 1 per Participant per Health Care Professional each Benefit Year
	Opt Up 2 per Participant per Health Care Professional each Benefit Year
<i>Emergency Exams</i>	Included
<i>Complete Series Radiographs</i>	1 set per Participant in any 24 month period
<i>Panoramic Radiographs</i>	1 set per Participant in any 5 year period
<i>Bitewing Radiographs</i>	Opt Down 1 set per Participant each Benefit Year
	Core 1 set per Participant each Benefit Year
	Opt Up 2 sets per Participant each Benefit Year
<i>Consultations</i>	Only when performed by another Health Care Professional

Preventive Services:

<i>Polishing</i>	2 time units per Participant each Benefit Year
<i>Fluoride Treatment</i>	Opt Down 1 per Child under 21 years of age each Benefit Year
	Core 1 per Child under 21 years of age each Benefit Year
	Opt Up 2 per Participant each Benefit Year
<i>Space Maintainers</i>	Included
<i>Pit and Fissure Sealants</i>	Included
<i>Oral Hygiene Instruction</i>	Opt Down Excluded
	Core 1 time unit lifetime per Participant
	Opt Up 1 time unit lifetime per Participant

Basic Benefits cont'd

Restorative Services:	
<i>Restorations</i>	Included
Oral Surgery:	
<i>Oral Surgery</i>	Included
Endodontics:	
<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 12 month period
Periodontics:	
<i>Scaling and Root Planing</i>	Opt Down 8 time units per Participant in any 12 month period
	Core 10 time units per Participant in any 12 month period
	Opt Up 12 time units per Participant in any 12 month period
General Anesthesia:	When required in the course of oral surgery
Denture Services:	
<i>Relines and Rebasing</i>	1 service per denture in any 24 month period
<i>Denture Repairs</i>	Included
Pre-Determination Amount:	\$800

Extensive Benefits

Diagnostic Services:

General Exam 1 per Participant in any 3 year period
Recall Exam 1 per Participant in any 12 month period

Prosthodontic Appliances (Limited to one of the following services per tooth):

Crowns 1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
Fixed Bridges 1 in any 5 year period
Inlays and Onlays 1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
Processed Veneers, Jackets 1 in any 5 year period
Posts & Cores 1 in any 5 year period
Gold Restorations 1 in any 5 year period

Removable Appliances:

Partial Dentures 1 upper and/or 1 lower per Participant in any 5 year period
Complete Dentures 1 upper and/or 1 lower per Participant in any 5 year period

Bridge Repairs: Included

Pre-Determination Amount: \$800

Orthodontic Benefits

Opt Down
Excluded

Core
Participants under 19 years of age (or under 25 years of age if in full time attendance at an accredited institute)

Opt Up
All Eligible Participants

Diagnostic Services:

<i>General Orthodontic Exam</i>	1 per Participant in any 3 year period
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included

Habit-Breaking Appliances:

Included

Interceptive, Interventive, Preventive:

<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included

Pre-Authorization:

Treatment Plan Required

Contract Maximums and Termination of Benefits

Health and Dental Maximum

A combined maximum of \$2,000,000 lifetime per Participant 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 70.

Health Spending Account (HSA)

HSA Benefit Year:	July 1st - June 30th
Minimum Payment Amount:	\$50 monthly \$10 prior to the end of the Benefit Year
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 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 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 expenses. You can carry forward expenses for 12 months from the end of the Benefit Year in which they were incurred.

A 3 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow active Members to claim expenses incurred in the prior Benefit Year.

Credits accumulated in the prior Benefit Year not used 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 3 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 an Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Plan as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for benefits an Employee is required to work at least the minimum number of hours per week as identified by the Contract Holder.

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) unemployed and not eligible to apply for coverage as a Member under another employer sponsored plan,
 - (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 25 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 25, and have been continuously disabled since that time shall also qualify as a Dependent.

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

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

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

Conversion Privilege

Health and Dental

Conversion Privilege

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

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

Survivor Benefit

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

Conversion Privilege

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a 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 enrolling 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.