

UNIVERSITY OF CALGARY

Benefits Booklet

for
Postdoctoral Scholars

Alberta Blue Cross Group Number: 18953 - 10C

Effective Date: September 1, 2016

Issue Date: January 2019



General Provisions

Employee

A person who is an eligible Employee of the Contract Holder. 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 Extended Health and Dental Plan, an Employee, must be required to satisfy the required waiting period and work the minimum number of hours per week as required by the Contract Holder.

Dependent

The Employee's eligible Spouse and Children as defined below, residing in Canada or the United States of America:

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

The Employee requesting coverage for a common-law spouse must give written notice to the benefit plan administrator who will notify Blue Cross. Unless such written request is made, the person legally married to the Employee shall be considered to be the covered spouse. A common-law spouse becomes ineligible when the relationship ends.

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, adopted, stepchildren or children for whom the Employee is a guardian who are dependent upon the Employee for financial care and support. Such children must be:
 - i) unmarried,
 - ii) unemployed and not eligible to apply for coverage as an Employee under another employer sponsored plan, and
 - iii) 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 21 years of age or older shall qualify, if they are dependent upon the Employee by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became 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 so disabled since that time shall also qualify as a Dependent.

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

All changes to add or delete eligible Dependents must be made in writing to the Benefit Plan Administrator who will notify Blue Cross electronically.

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 Extended Health and Dental Plan document held by your employer. In the event of a discrepancy between this booklet and the Extended Health and Dental Plan document, the Extended Health and Dental Plan document will be deemed accurate.

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.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about Employees 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.

Conversion Privilege

If an Employee'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 Employee 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 Employee'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 an Employee's death, Blue Cross will waive the monthly rates and continue benefits for the surviving Dependent(s) commencing on the date of the Member's death and will be effective for a period not exceeding 90 days.

Schedule of Benefits

Extended Health Benefits

EXTENDED HEALTH BENEFITS

Underwritten by: Alberta Blue Cross

Extended Health Benefits

Prescription Drugs	Co-payment	80%, unless otherwise indicated
Hospital	Co-payment	100%
Health	Co-payment	100%, unless otherwise indicated
Out of Province		
Emergency Travel	Co-payment	100%
Second Opinion	Included	

Benefit Year January 1st - December 31st

Extended Health Claiming Benefits

1. Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most pharmacies will bill Blue Cross directly.
2. Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. Health Services are covered on a reimbursement basis. The Employee must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy, your employer, the Alberta Blue Cross web site at: www.ab.bluecross.ca or from your local Blue Cross office.
4. Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office or web site at: www.ab.bluecross.ca.

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

Schedule of Benefits

Summary of Benefits

Extended Health Benefits

Extended Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Co-payment:	80%, unless otherwise indicated
Dispensing Fee Maximum:	100% co-payment will be applied to the dispensing fee maximum of \$6.50 (i.e. \$6.50 maximum reimbursement)
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law as defined in the current Alberta Blue Cross Drug Benefit List® (ABCDBL)* Selected Over the Counter products as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL) Convention Drugs
Generic Pricing:	Applied
Prescription Substitution:	If the prescription contains a written direction from a Health Care Professional that the prescribed drug or medicine is not to be substituted with another product and the drug or medicine is a covered expense under this benefit, the eligible cost of the prescribed product is covered
Aerochamber Device:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Excluded
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
Insulin:	Included
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$3,000 lifetime per Participant
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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Summary of Benefits

Prescription Drug 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. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
3. **Dispensing Fee:** The amount that a pharmacist charges to dispense a prescription.
4. **Dispensing Fee Maximum:** The maximum amount that the Plan will pay for the dispensing fee portion of a prescription.
5. **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.
6. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
7. **Over the Counter Drugs:** Drugs not requiring a prescription by law and are usually available for sale in the self-selection area of a pharmacy.
8. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
9. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, 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.

Prescription Drug Exclusions and Limitations

1. Blue Cross will not pay for products or services incurred by Participants prior to the effective date of coverage.
2. Where a drug or medication is provided in a quantity which, if consumed and used according to the directions of the prescription, would supply the patient for a period of more than 100 days, benefits are payable only for the charges that would have been made if the prescription had been made for a 100 day supply.
3. Blue Cross will not pay for interest charges on any product or service.
4. Blue Cross will not pay for products used for diagnostic purposes.
5. Blue Cross will not pay for products available through the Health Canada's Special Access Programme.

Hospital Benefits

Co-payment:	100%
Semi-Private Rooms:	Direct Payment Basis
Long Term Care:	Semi-Private Room Accommodation
Outpatient Expenses:	Included, provided outside the Participant's province of residence but within Canada

Hospital 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 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.

Hospital Exclusions and Limitations

1. A Participant may select any general active treatment Hospital or Long Term Care facility to obtain Hospital services under this Contract, but the Hospital services provided to him will be subject to the rules and regulations of the Hospital he selected.
2. If a Participant does not receive, nor is entitled to receive, funds from a government operated program, then the liability of Blue Cross will be limited to the extent of the liability which Blue Cross would have assumed had the Participant received, or been entitled to receive, funds under a government operated program.
3. In the event of a change in semi-private room charges, Blue Cross reserves the right to limit its payment to the charges in force at the time this Extended Health and Dental Plan was issued.
4. Blue Cross will not pay for expenses for registration charges or non-resident surcharges in any hospital.
5. Blue Cross will not pay for expenses for bed rest, rest cures, convalescent care, custodial care, respite care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a general hospital, or expenses incurred by the Participant when, in the opinion of Blue Cross, proper treatment should be in a chronic care unit or institution for the chronically ill.
6. Blue Cross will not pay for expenses for services incurred by Participants prior to the effective date of coverage.
7. Blue Cross will not pay for interest charges on any service or supply.

Health Benefits

Co-payment:	100%, unless indicated otherwise
Accidental Dental:	80% for the 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
Ancillary Services:	
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration*</i>	Included
<i>X-ray Examination</i>	Included
Blood Testing Monitors*:	1 per Participant in a 4 year period
Braces*:	Included
Breathing Monitors*:	Includes purchase, rental, repairs/adjustments
Diabetic Equipment:	
<i>Insulin Infusion Pumps*</i>	1 per Participant in any 5 year period to a maximum of \$2,000 per pump
<i>Insulin Infusion Sets</i>	Included
<i>Insulin Injection Devices</i>	Included
<i>Insulin Pump Supplies</i>	Included
<i>Needleless Insulin Injectors*</i>	1 lifetime per Participant to a maximum of \$1,000 per Participant
Eye Examinations:	\$40 each 24 consecutive month period for Participants between 19 and 64 years of age
Hearing Aids*:	\$500 per Participant in a 5 year period, includes batteries, tubing and ear molds only at the time of initial purchase
Home Nursing Care*:	\$10,000 per Participant in any 12 month period
Ileostomy, Colostomy, Urinary Catheters and Supplies*:	Included
Mastectomy Prosthesis*:	1 per side per Participant each Benefit Year
<i>Supporting Brassiere*</i>	2 per Participant each Benefit Year
Medical Aids:	
<i>Bed Rails</i>	Included
<i>Burn Pressure Garments*</i>	Included
<i>Casts, Canes*</i>	Included
<i>Cervical Collars, Crutches*</i>	Included
<i>Shoulder Harness*/</i>	
<i>Head Halters*</i>	Included

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

Health Benefits cont'd

Medical Aids cont'd:

<i>Splints*</i>	Included
<i>Stump Socks*</i>	Included
<i>Surgical Stockings*</i>	4 pair per Participant each Benefit Year
<i>Traction Kits*</i>	Included
<i>Trapeze Bar*</i>	Included
<i>Walkers</i>	Included
<i>Wig/Hairpiece*</i>	\$200 lifetime per Participant

Medical Cannabis **: Excluded

Medical Durable Equipment:

<i>Hospital Beds*</i>	Includes purchase, rental, repairs/adjustments
<i>Mechanical/Hydraulic Lifters*</i>	1 per Participant in a 5 year period to a maximum of \$2,000 per lifter
<i>Other Medical Durable Equipment*</i>	Included
<i>Medical Durable Equipment Supplies</i>	Included
<i>Respirators*</i>	Includes purchase, rental, repairs/adjustments
<i>Transcutaneous Nerve Stimulators (TENS)*</i>	\$700 lifetime per Participant

Nursing Homes*: Government Authorized Co-Payment

**Orthopaedic Shoes*/
Foot Orthotics*:** \$300 combined maximum per Participant each Benefit Year
Custom made orthopaedic shoes that form an integral part of a brace. Stock item footwear excluded.

Paramedical Practitioners:

<i>Acupuncturist</i>	\$500 per Participant each Benefit Year
<i>Chiropractor</i>	\$500 per Participant each Benefit Year
<i>Massage Therapist</i>	\$500 per Participant each Benefit Year
<i>Naturopath</i>	\$500 per Participant each Benefit Year
<i>Osteopath</i>	\$500 per Participant each Benefit Year
<i>Physiotherapist</i>	\$500 per Participant each Benefit Year
<i>Podiatrist/Chiropodist</i>	\$500 per Participant each Benefit Year
<i>Psychologist/ Master of Social Work</i>	\$500 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$500 per Participant each Benefit Year

Prosthetics:

<i>Artificial Limbs and Eyes*</i>	Included
<i>Myoelectric Controlled Arms*</i>	One per side in any 5 year period to a maximum of \$10,000 per prosthesis
<i>Prosthetic Adjustments</i>	Included
<i>Prosthetic Repairs</i>	Included

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

** **Blue Cross will not pay for medical cannabis including all cannabis preparations and derivatives in any form.**

Health Benefits cont'd

Wheelchairs:

<i>Purchase*</i>	Included
<i>Rental*</i>	Included
<i>Repairs</i>	Included
<i>Rechargeable Batteries</i>	Included
<i>Outdoor Wheelchair Ramp*</i>	1 lifetime per Participant to a maximum of \$2,000

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

Health Definitions

1. **Diagnostic Services:** Diagnostic services refers to medically accepted tests required to identify the nature or extent of illness or injury and rendered to a Participant in the office of a licensed Health Care Professional, in a licensed general hospital or in a private facility approved by Blue Cross, when such testing has been ordered by a licensed Health Care Professional.
2. **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.
3. **Nurse:** A Registered Nurse, Registered Nursing Assistant or Licensed Practical Nurse duly registered in the place (or jurisdiction) where the service is provided.
4. **Nursing Services:** Services which require specialized training and professional expertise and can only be legally performed by a Nurse.
5. **Provider:** The business, organization, professional corporation, hospital, clinic, Health Care Professional or any other person having made a diagnosis, treated, attended or rendered a service or product to a Participant as deemed appropriate by Blue Cross.

Health Limitations and Exclusions

1. Blue Cross will not pay for services incurred by Participants prior to the effective date of coverage.
2. Blue Cross will not pay for services of physicians and surgeons in Canada.
3. Blue Cross will not pay for services provided by a government plan program.
4. Blue Cross will not pay for research or experimental medical treatment not approved or recognized by the provincial government health program.
5. Blue Cross will not pay for interest charges on any service or supply.
6. Blue Cross will not pay for stock item footwear.
7. Blue Cross will not pay for services such as, but not limited to, relaxation and sports massages.
8. Blue Cross will not pay for cosmetic surgery or treatment.
9. Blue Cross will not pay for charges for drugs and administration of injectable drugs supplied directly and charged for by a Provider.

Health Limitations and Exclusions cont'd

10. Blue Cross will not pay for nursing services provided primarily for custodial care, homemaking duties, supervision, respite care, normal child care or personal care attendant.
11. If a Participant does not receive, nor is entitled to receive, funds from a government operated program, then the liability of Blue Cross will be limited to the extent of the liability which Blue Cross would have assumed had the Participant received, or been entitled to receive, funds under a government operated program.
12. Blue Cross will not pay for Cochlear Implants, Speech Processors and related devices and supplies.

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:	Unlimited
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

Out of Province Emergency Travel Benefits cont'd

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

Out of Province Emergency Travel Limitations and Exclusions

1. Blue Cross shall not accept liability if services are provided by a Health Care Professional who is related to the Participant.
2. 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.
3. Blue Cross may not accept liability for hospitalization and related expenses 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.
4. 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.
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.

Out of Province Emergency Travel Limitations and Exclusions cont'd

6. 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).
7. Benefits are not covered for hospital accommodation or treatment that is received in a hospital, other than a general active treatment hospital such as a chronic care hospital, a chronic care unit of a general active treatment hospital, a convalescent hospital, nursing home, or health spa.
8. 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.
9. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
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).
11. Payment will be made by Blue Cross by cheque upon receipt and appraisal of the necessary charges and information concerning the accounts as detailed. Claims must be supported by receipts from commercial organizations. Payment will be made in Canadian current, based on the rate of exchange in effect at the time the service was performed or supply was obtained.
12. 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.

Out of Province Emergency Travel Limitations and Exclusions cont'd

13. All eligible expenses listed in the Out of Province Emergency Travel Section shall be payable upon submission of certification by the attending Health Care Professional that services included in the eligible expenses have been required for emergency treatment.
14. Blue Cross will not pay for interest charges on any service or supply.
15. Blue Cross may request proof of departure upon receipt of claim.
16. Neither Blue Cross nor the travel assistance service shall be responsible for the availability, quality or results of any medical treatment or transportation or the failure of the Participant to obtain medical treatment.

Second Opinion

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

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

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

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

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

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

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

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

Schedule of Benefits

Dental Benefits

DENTAL BENEFITS

Underwritten by: Alberta Blue Cross

Dental Benefits

Basic	Co-payment	80%
Periodontic	Co-payment	80%
Extensive	Co-payment	50%

Maximum

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

Fee Schedule

Usual and Customary dental fees as determined by Alberta Blue Cross

Benefit Year

January 1st - December 31st

Dental Claiming Benefits

- Dental Claim Forms may be obtained from your Health Care Professional's office, your employer, the Alberta Blue Cross web site at: www.ab.bluecross.ca or from your local Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he 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.

Schedule of Benefits

Summary of Benefits

Basic Benefits

Diagnostic Services:

<i>Complete Oral Exam</i>	1 per Participant per Health Care Professional in a 36 month period
<i>Limited Oral Exam</i>	1 per Participant per Health Care Professional in any 9 month period
<i>Emergency Exams</i>	Included
<i>Consultations</i>	Only when performed by another Health Care Professional
<i>Complete Series/Panoramic Radiographs</i>	1 set per Participant in any 36 month period
<i>Bitewing Radiographs</i>	1 set per Participant in a 9 month period
<i>Sialography</i>	Included
<i>Radiopaque Dyes</i>	Included
<i>Interpretation of Radiographs</i>	Included
<i>Pulp Vitality Tests</i>	Included, includes microbiological, histological and cytological tests

Preventive Services:

<i>Polishing</i>	1 time unit per Participant in a 9 month period
<i>Fluoride Treatment</i>	1 per Participant in any 9 month period
<i>Scaling</i>	12 time units per Participant in any 12 month period combined with Root Planing under Periodontic Benefits
<i>Space Maintainers</i>	Included
<i>Pit and Fissure Sealant</i>	Child - 1 per tooth in any 5 year period
<i>Interproximal Disking</i>	Included
<i>Recontouring</i>	Included

Restorative Services:

<i>Caries, Trauma and Pain Control</i>	Included
<i>Restorations</i>	Included
<i>Finishing Restorations</i>	Included

Denture Services:

<i>Relines</i>	1 service per denture in any 36 month period
<i>Tissue Conditioning</i>	Included

Basic Benefits

Oral Surgery:

<i>Removal of Teeth</i>	Included
<i>Surgical Exposure of Teeth</i>	Included
<i>Minor Alveoplasty</i>	Included
<i>Gingivoplasty</i>	Included
<i>Stomatoplasty</i>	Included
<i>Surgical Incisions</i>	Included
<i>Surgical Excisions</i>	Included

General Anesthesia:

Administration and facilities included when required for covered dental treatment

Endodontic Services:

Co-payment: 80%

<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 18 month period
<i>Apexification</i>	Included

Pre-Authorization Amount:

\$1,000

Periodontic Benefits

Diagnostic Services:

General Periodontal Exam 1 per Participant in a 3 year period

Treatment Procedures:

Surgical

Periodontic Surgery Included

Osseous Surgery Included

Osseous Grafts Included

Soft Tissue Grafts Included

Non-Surgical

Provisional Splinting Included

Management of Oral Infections Included

Periodontal Appliances 1 upper and/or 1 lower per Participant in a 36 month period

Root Planing 12 time units per Participant in any 12 month period, combined with Scaling under Basic Dental

Repairs of Periodontal Appliances Included

Reline of Periodontal Appliances 1 in a 12 month period per appliance

Occlusal Equilibration/Adjustments 4 time units per Participant in a 12 month period

Pre-Authorization Amount: \$1,000

Extensive Benefits

Diagnostic Services:

Fixed Oral Rehabilitation Exam

1 per Participant in a 5 year period

Prosthetic 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

Onlays

1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling

Posts, Cores and Pins

1 in any 5 year period

Copings

Included when related to covered crowns, 1 in any 5 year period

Bridges and Dentures:

Fixed Bridges

1 in any 5 year period

Partial Dentures

1 in any 5 year period

Complete Dentures

1 upper and 1 lower per Participant in any 5 year period

Denture Related Surgery

Included

Appliance Maintenance:

Denture Adjustments

Once in a 12 month period

Denture Rebasing

1 service per denture in any 36 month period

Denture Remakes

Once in a 60 month period

Denture Repairs

Included

Denture Resetting

Included

Bridge Repairs

Included

Bridge Maintenance

Included

Resilient Liner

1 service per denture in any 24 month period

Pre-Authorization Amount:

\$1,000

Dental Definitions

1. **Adult** – Participants 19 years of age and older.
2. **Child** – Participants under 19 years of age.
3. **Diagnostic** – Procedures to assist in evaluating the existing condition to determine the required dental treatment.
4. **Endodontic** – Treatment of the tooth pulp, root canal and periapical area of the tooth root.
5. **Oral Surgery** – Procedures for extractions and other oral surgery related to teeth and the tissues supporting the teeth.
6. **Orthodontic** – Procedures for preventive and corrective techniques to position teeth in a normal and harmonious relationship and bite.
7. **Periodontic** – Procedures that emphasize the examination, diagnosis and treatment of the tissues that surround and support the teeth.
8. **Preventive** – Procedures to prevent or minimize adverse conditions of teeth.
9. **Prosthodontic** – The provision of fixed (crowns or bridges) or removable (complete or partial dentures) appliances used in the replacement of teeth.
10. **Restorative** – The provision of amalgam, and tooth colored filling restorations, prefabricated full coverage restorations, and tooth colored direct application veneers to restore form and function for the treatment of carious lesions.
11. **Time Unit** – Selected services which are performed in 15 minute intervals are considered to be 1 Time Unit.

Dental Exclusions and Limitations

1. Radiographs will be covered only if the service is rendered by a Health Care Professional.
2. The fee for an emergency service will be covered only if the service is rendered by an appropriate Health Care Professional.
3. In all cases in which the patient selects a more expensive plan of treatment than is customarily provided for necessary and adequate treatment, Blue Cross' payment and coverage will be based on the lesser fee.
4. Dental Services which cost more than the pre-authorization amount indicated in the Benefit Summary require a pre-authorization by Blue Cross, in writing, in the form of a treatment plan. To facilitate pre-authorization IVR and CDAnet may be used. Such approval will be for a maximum period of 120 days from the date of the approval and not longer than 30 days after the date the patient ceased to be covered by this Dental Services Plan by reason of termination of eligibility and in any event, not longer than the term of this Dental Services Plan.
5. Services rendered for extensive endodontic or periodontic treatment will not be covered unless a treatment plan and radiographs are submitted to Blue Cross for its approval in writing.
6. Blue Cross will not pay for services with respect to congenital, developmental malformations, cosmetic surgery and/or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorosis and anodontia.
7. Blue Cross will not pay for services for any procedure started prior to the date the patient became eligible for such services under this Dental Benefits Plan.
8. Blue Cross will not pay for prosthodontic services, appliances or devices including crowns and bridges.

Dental Exclusions and Limitations cont'd

9. Blue Cross will not pay for orthodontic services including but not limited to diagnostic examinations, appliances or devices.
10. Blue Cross will not pay for experimental procedures.
11. Blue Cross will not pay for fees for failure to keep appointments, fees for completion of forms, fees for letters of expertise and court appearances, and fees for institutional calls and office visits.
12. Blue Cross will not pay for fees for instructions in dental hygiene and/or for nutritional counseling.
13. Blue Cross will not pay for fees for hypnosis or acupuncture in relation to Dental Services.
14. Blue Cross will not pay for procedures, appliances or restorations to increase vertical dimension and/or restore or maintain occlusion. Such procedures and appliances include, but are not limited to periodontic splinting, periodontic appliances, bruxism appliances, temporomandibular joint dysfunction appliances, myofascial pain syndrome appliances, services with respect to temporomandibular joint dysfunctions, restoration of tooth structure loss from attrition and restoration for malalignment of the teeth.
15. Blue Cross will not pay for surgical procedures involved with placement or removal of implants.
16. A stainless steel crown will be covered only when the tooth cannot be restored to contour and contact adequately with a filling.
17. A consultation is covered only if it is supplied by a consultant Health Care Professional on the formal request of a referring Health Care Professional. If the consultant continues with the case, no fee will be paid for the consultation.
18. Blue Cross will limit its payment to the cost of non-precious metals (whether alone or in combination with other materials), except when Blue Cross determines in its sole discretion that a non-precious metal would not provide an adequate restoration or crown.
19. Blue Cross will limit its payment to the cost of a standard cast chrome or acrylic partial denture and for the purposes of a complete denture, Blue Cross will limit its coverage and payment to the cost of a standard complete denture.
20. Where implants are utilized, Blue Cross will limit its payment to the cost of a standard removable or fixed prosthetic appliance, unless otherwise identified in the Benefit Summary.
21. Blue Cross will not pay for the replacement of lost or stolen prosthetic devices.
22. Blue Cross will not pay for a spare or duplicate prosthetic device or appliance.
23. Blue Cross will not pay for dental care which is provided solely for the purpose of improving appearance when form and function of the teeth are satisfactory and no pathological condition exists.
24. Blue Cross shall provide payment for crowns, inlays and onlays only when a filling restoration will not suffice. Any additional costs shall be the Participant's responsibility.
25. Blue Cross shall pay for veneers or similar crown and pontic materials only when same are utilized on or for the 10 upper and 10 lower front teeth.
26. Blue Cross will not pay for myofunctional therapy.
27. Blue Cross will not pay for motivation of patient.
28. Blue Cross will not pay for any procedure following termination from the plan with the exception of certain types of pre-authorized and approved dental procedures already in progress (e.g. root canal, crown, etc.), which must be completed within 30 days of termination from the Plan.