

COORDINATION OF BENEFITS

In addition to your *Extended Health Benefits* sponsored by the Government of the Northwest Territories, you might also have coverage for prescription drugs or dental services through another supplementary health benefit plan. For example, you might qualify under another plan because you or your spouse work for an employer that provides such benefits, or have coverage through Workers Compensation or a private insurance plan.

In such cases, the *Extended Health Benefits* program is considered payor of last resort. As such, you must first submit your claim to your other plan.

- 1) Claim through your other plan first.
- 2) If the full cost is not covered by your other plan, complete an Alberta Blue Cross claim form and submit it for reimbursement after you have claimed through your other plan. Be sure to attach your confirmation of payment from the other plan carrier. You will then be reimbursed for eligible amounts up to the limits of this program.

CLAIMING AND BENEFIT INQUIRIES...

If you have questions about your prescription drug or dental benefits, or require any assistance with claiming, please contact Alberta Blue Cross toll-free at 1-800-661-6995.

Please have your Alberta Blue Cross identification card on hand when you call.



PROGRAM INFORMATION...

For an application for this program, information regarding eligibility, or for information about other benefits provided through the *Extended Health Benefits Program*, please contact:

Health Benefit Program

Health Services Administration
Department of Health and Social Services
Government of the Northwest Territories
Bag #9, Inuvik, NWT X0E 0T0

Phone toll-free **1-800-661-0830**
Phone **(867) 777-7400**
Fax **(867) 777-3197**
Internet **www.hlthss.gov.nt.ca**

Individuals who are Dene or Inuit need to access benefits through the Non-Insured Health Benefits (NIHB) program administered by Health Services Administration at the above address.



*Brochure disponible en français sur demande.
Translation into other NWT official languages
will be provided upon reasonable request.*

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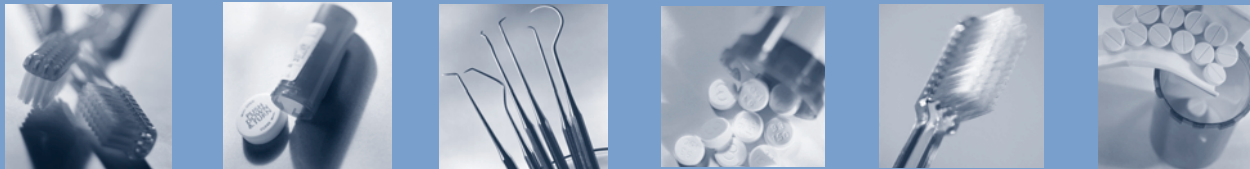


PRESCRIPTION DRUG and DENTAL BENEFITS for SENIORS



This brochure is intended to provide an overview of this program for your convenience. It is not a legal document nor a complete listing of benefits.

This brochure represents your benefits in effect as of April 2004.



INTRODUCTION

The Government of the Northwest Territories (GNWT) sponsors the *Extended Health Benefits for Seniors Program* to provide non-Native and Metis residents of the



Northwest Territories who are 60 years of age and over, with access to a range of benefits not covered by hospital and medical care insurance.

In conjunction with this program, Alberta Blue Cross administers Prescription Drug and Dental Benefits for Seniors on behalf of the Government of the Northwest Territories.

ELIGIBILITY

In order to qualify for this program, you must be:

- non-Native or Metis
- 60 years of age or over
- a permanent resident of the NWT
- registered with the NWT Health Care Plan.

You must apply for the *Extended Health Benefits* program to be eligible for benefits. An *Extended Health Benefits* application form may be obtained from your local health centre, public health unit or medical clinic, or from the Health Services Administration office of the Department of Health and Social Services.

BENEFITS

Alberta Blue Cross administers Prescription Drug and Dental Benefits for Seniors on behalf of the Government of the Northwest Territories.

Prescription Drugs

This program provides you with 100 per cent coverage for eligible prescription drug products as defined in the *NWT Drug Listing*, when the drug is prescribed by a health care professional and dispensed by a licenced pharmacist.

Should a drug that has been prescribed for you not be included in the *NWT Drug Listing*, your health care professional or pharmacist may submit a request to Alberta Blue Cross on your behalf for prior authorization through the *Extended Health Benefits* program.

Dental Services

You are eligible for 100 per cent coverage of the cost of eligible dental services, as defined by the *NWT Schedule of Dental Benefits* and subject to plan limitations and exclusions, to an annual maximum of \$1,000.

Covered services include check-ups, cleanings, fillings, extractions, root canals, crowns, bridges and dentures.

The dental benefit year runs from January 1 to December 31 annually. Any unused maximum cannot be carried over to the following benefit year.

Your dental office should have a copy of the

NWT Schedule of Dental Benefits so it is able to confirm your coverage at the time of your appointment. You may also contact Alberta Blue Cross to confirm your coverage levels for certain services.

Services **not** covered include:

- dental expenses exceeding a total of \$1,000 in a benefit year
- dental expenses incurred prior to the effective date of coverage
- claims for dental expenses received by Alberta Blue Cross more than 12 months after the date of service
- dental benefits not listed in the *NWT Schedule of Dental Benefits*.

HOW TO CLAIM FOR BENEFITS

Each registrant in this program is provided with an Alberta Blue Cross identification card. Please carry this card with you at all times to access services.

Prescription drugs

Show your Alberta Blue Cross identification card when you pay for your prescription at a pharmacy, and the pharmacist will bill Alberta Blue Cross directly for the amount owing.

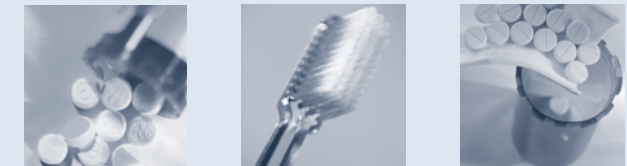
The direct-bill drug card eliminates the need for submitting claim forms and the time you would otherwise have to wait for reimbursement of your claim.

In instances where direct billing is not available, you may complete an *Alberta Blue Cross Health Services Claim Form* (available from your pharmacist or on the Internet at www.ab.bluecross.ca/forms.html) and submit it with original receipts within 12 months of the date the expense was incurred. Reimbursement will be made to you at your home address.



Dental services

Alberta Blue Cross allows all dental offices to bill Alberta Blue Cross directly for services provided to you. If your dentist accepts this method, just show your card and you will only be required to pay amounts not covered by your plan.

If your dentist does not accept direct billing, you will have to pay your dentist directly and claim reimbursement by submitting a completed *Alberta Blue Cross Dental Services Claim Form* (available from your dentist or on the Internet at www.ab.bluecross.ca/forms.html) Your dentist must also complete a section of this form. You then mail your form to Alberta Blue Cross for reimbursement.



Claims must be submitted within 12 months of an expense being incurred.

		
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BENEFITS		EFFECTIVE YY/MM/DD
DRUGS (DIRECT BILL)		XX/XX/XX
DENTAL		XX/XX/XX
<h1>SAMPLE</h1>		