

# *your*

e m p l o y e e  
b e n e f i t s  
p r o g r a m

Group benefits information for  
Government of Alberta employees  
who are members of the Alberta Union  
of Provincial Employees (AUPE).



Your health benefits program  
includes coverage for **Alberta  
Health Care Insurance** and an  
**Extended Medical Benefits Plan.**

The latter is administered by  
Alberta Blue Cross.



# Alberta Health Care Insurance

This plan covers basic health and hospital services for Albertans.

All AUPE members who hold salaried, full-time or part-time positions are eligible for this benefit. The cost of monthly premiums is equally shared by you and your employer. (Please see the **premiums** insert for details.)

Participation in the Alberta Health Care Insurance plan is **compulsory unless you are covered by your spouse's group plan**. Family or single coverage classes are available.

For details about the services covered, please contact the Alberta Health Care Insurance plan directly. (See the **contacts** insert for the address and telephone number.) For information about coverage effective dates and coverage class options, please contact the human resources office that serves your ministry.

## Extended Medical Benefits Plan

This plan provides medical coverage *in addition to* the services covered under the Alberta Health Care Insurance plan.

The following services are covered under the plan:

- up to 80% of prescription drug costs;
- within plan limits, the cost of hospital accommodation, medical equipment, services, and supplies *in addition to* what is covered by Alberta Health Care Insurance;
- within plan limits, the cost of out-of-province hospital accommodation and treatment *in addition to* what is covered by Alberta Health Care Insurance.

In some cases, these costs are covered by a **direct payment** method. In others, you will need to submit a claim for reimbursement. (Please see the section called “**Making a Claim**” for details.)

Participation in the Extended Medical Benefits Plan is **optional**. Family or single coverage classes are available.

The cost of monthly premiums is equally shared by you and your employer.

### *Benefit Year*

The benefit year is defined as the period from July 1 through June 30 of the following year.

*benefits*



# *Summary*

## EXTENDED MEDICAL BENEFITS PLAN

You and each of your eligible dependents are entitled to the benefits listed in the following table. Some restrictions and maximums apply.

**The maximum coverage for all benefits combined is \$25,000 per person per benefit year.**

## BENEFIT

### Hospital Care

- semi-private or private accommodation
- auxiliary hospitals

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### Prescription Drugs

- as outlined on the Alberta Blue Cross Drug Benefit List
- Least Cost Alternative restriction

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### Medical Aids, Appliances and Equipment

- Medical Aids
  - *cervical collars*
  - *splints, casts, trusses, crutches, and canes*
  - *stump socks*
  - *surgical stockings*
  - *walkers and traction kits*
- Appliances
  - *permanent braces*
  - *prosthetics (artificial limbs and eyes)*
- Medical Durable or Surgical Equipment
  - *hospital beds (manual)*
  - *wheelchairs (manual)*
  - *other medical durable products and supplies*

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### Medical Services

- accidental dental injury
- ambulance
- eye examinations
- home nursing care
- paramedical practitioners
  - *acupuncturist*
  - *chiroprapist/podiatrist*
  - *chiropractor*
  - *clinical psychologist/clinical social worker*
  - *massage therapist*
  - *physiotherapist*
  - *speech pathologist*

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### Medical Supplies

- diabetic supplies
- ileostomy, colostomy and urinary catheters and supplies
- mastectomy prostheses
- oxygen

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### Out-of-Province Care

- accommodation in out-of-province public, general, active treatment hospitals
- charges by out-of-province physicians and surgeons
- out-of-province outpatient charges

**COVERAGE****REIMBURSEMENT**

100% coverage

direct payment

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up to 80% coverage

direct payment

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up to 100% coverage  
(some restrictions and  
maximums apply)

Reimbursement  
upon submission of  
a claim form.

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up to 100% coverage  
(some restrictions and  
maximums apply)

Direct payment for  
approved in-province  
ambulance service.

For other benefits,  
reimbursement upon  
submission of a claim form.

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up to 100% coverage  
(some restrictions and  
maximums apply)

Reimbursement  
upon submission of  
a claim form.

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100% coverage  
for costs in excess  
of the allowance  
provided by Alberta  
Health Care Insurance  
(some limits apply)

In most cases,  
reimbursement upon  
submission of a  
claim form.

# *Hospital Accommodation*

## **Semi-Private or Private**

Hospital stays on wards are covered by your Alberta Health Care Insurance plan. Your Extended Medical Benefits Plan pays for semi-private or private hospital beds in public, general or active treatment hospitals. There is no time limit for your hospital stay.

## **Auxiliary Hospital Care**

The plan pays up to \$1,000 per person per year toward the cost of semi-private or private hospital beds in an auxiliary hospital.

# *Prescription Drugs*

The plan covers up to 80% of the cost of prescription drugs that are listed on the Alberta Blue Cross Drug Benefit List. This list includes a number of over-the-counter drugs, including antihistamines, decongestants and enteric-coated aspirin. These drugs are also covered (up to the 80% maximum) if they are prescribed by a licenced medical practitioner.

## **Least Cost Alternative**

Sometimes drugs which have the same chemical composition can be used interchangeably. In such instances, the plan covers the **Least Cost Alternative (LCA)** for a prescription. The LCA is the drug that is the least expensive of all the available, therapeutically equivalent choices.



## Prescription Drugs

In some cases, the Least Cost Alternative will be a generic drug.\* Sometimes, a brand-name drug will be designated as the LCA.

Your pharmacist will tell you which type of drug is the approved Least Cost Alternative. If you wish, you may purchase a higher-priced drug and pay the difference between the cost of the approved LCA and this alternative drug.

*\*If your doctor feels it is medically necessary for you to take a prescription drug that is not an approved Least Cost Alternative, the plan may authorize an exception to the LCA policy and pay on the basis of the prescribed drug.*

*\*Generic drugs are referred to by their chemical composition rather than by a protected trade name. For example, acetaminophen is the generic name for Tylenol. Fluoxetine is the generic name for Prozac. Generic and brand-name alternatives are equivalent in terms of their strength and therapeutic effects.*

## Medical Aids, Appliances and Equipment

### Medical Aids

- cervical collars
- splints, casts, trusses, crutches, and canes
- stump socks
  - six each benefit year
- surgical stockings
  - two pairs each benefit year
- walkers and traction kits (on the written order of a physician)

## **Appliances**

- permanent braces
  - on the written order of a physician, 70% of the cost of buying or repairing a custom-fitted, metal or plastic rigid-support permanent brace
  - covered once every 24 months
- prosthetics (artificial limbs and eyes)
  - on the written order of a physician, purchase, repair and replacement of artificial eyes and conventional, rigid-support artificial limbs made from metal or plastic
  - myoelectric-controlled prostheses are not covered

## **Medical Durable or Surgical Equipment**

- on the written order of a physician, reasonable rental, repair or purchase costs for:
  - manual wheelchairs (one per person in any three-year period)
  - manual hospital beds
  - other medical durable or surgical equipment, products and supplies
- purchase and rental costs must be pre-approved by Alberta Blue Cross

## *Medical Services*

### **Accidental Dental Injury**

- repair, extraction, or replacement of natural teeth damaged by a direct accidental blow to the mouth
- maximum of \$2,000 per accident

### Ambulance

- emergency response fees and ambulance services to or from a hospital, to the maximum set in the current Alberta Blue Cross rate schedule
- air and rail transportation are covered if normal ground-ambulance services are not available or not in the patient's best interest

### Eye Examinations

- up to \$50 per person once every 24 months

**NOTE:** Coverage for services provided for home nursing or by a chiropractor, chiropodist, podiatrist, physiotherapist or speech pathologist becomes effective **after** applicable coverage limits under provincial health plans have been first accessed, reached, are not available or not covered. Amounts billed by practitioners that exceed the rates of provincial health plans, do not qualify.

### Home Nursing Care

- coverage does not apply until all provincial program maximums have been reached
- medically necessary nursing services provided by a registered or practical nurse, or registered nursing aide
- maximum of \$15,000 per person in any three-year period
- subject to pre-approval by Alberta Blue Cross

### **Paramedical Practitioners**

All paramedical practitioner coverages are combined under one maximum of \$1,000 per person per benefit year.

#### ***Acupuncturist, Chiropodist, Chiropractor, Massage Therapist, Physiotherapist, Podiatrist, Speech Pathologist***

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

#### ***Clinical Psychologist***

Up to 80% per visit to a benefit year maximum of \$1,000 for individual or family therapy (not group) provided by a Registered Psychologist or person holding a Master of Social Work degree certified to practice as a clinical social worker.

## ***Medical Supplies***

### **Diabetic Supplies**

- diabetic supplies, including needles, syringes, lancets, penlets, urine- and blood glucose-testing strips
- on the written order of a physician, up to \$150 towards the cost of buying a blood-testing monitor, once every five years

### **Ileostomy, Colostomy, and Urinary Catheters and Supplies**

- 80% of the cost of urinary catheters and ileostomy or colostomy supplies, to a combined maximum of \$1,200 per person each benefit year

### **Mastectomy Protheses**

- up to \$200 per physician-ordered, external mastectomy prosthesis once every 24 months
- up to \$50 for the purchase of a mastectomy supporting bra, to a maximum of two bras per person in each benefit year

### **Oxygen**

- the cost of renting or buying oxygen and the equipment for its use, to a maximum of \$2,500 per person each benefit year

## *Out-of-Province Care*

The plan covers your out-of-province hospital and medical costs, including:

- accommodation in out-of-province public, general, active treatment hospitals (no daily limit);
- charges by out-of-province physicians and surgeons; and
- out-of-province outpatient charges.

Payment is for costs in excess of the allowance provided by your

## *Out-of-Province Care*

Alberta Health Care Insurance plan. Payment limits are governed by the cost schedule in the jurisdiction in which treatment is provided.

# *your* **C**overage

## EXTENDED MEDICAL BENEFITS PLAN

### *Enrolment*

Enrolment in the Extended Medical Benefits Plan is optional and you may apply to join the plan at any time.

**If you enrol within 31 days** of beginning your job with the Government of Alberta or losing your coverage under another plan, and **you apply on the first day of the month**, your coverage becomes effective on the day you apply. **If you apply on any other day of the month**, your coverage becomes effective on the first day of the following month. For example, if you submit your application on May 1, your coverage becomes effective on May 1. If you submit your application on May 4, your coverage becomes effective on June 1.

**If you enrol later than 31 days** from the time you began your job or lost coverage under another plan, you must serve a **waiting period** of three full calendar months before your Extended Medical Benefits Plan takes effect.

### *Changing Your Coverage Class*

#### From Family to Single

You may change your coverage class from family to single at any time.

**If you apply to make this change on the first day of the month**, your single class coverage becomes effective the same day. **If you apply on any other day of the**

**month**, your coverage becomes effective on the first day of the following month. For example, if you submit your application on May 1, your coverage takes effect on May 1. If you submit your application on May 4, your coverage takes effect on June 1.

### From Single to Family

You may change your coverage class from single to family if you apply within 31 days of acquiring a spouse, a first child, a change in your child's eligibility, losing your coverage under another plan or your dependent child's loss of coverage under the other parent's benefits plans. You will need to submit proof that these events occurred.

**If you have lost coverage under another plan**, you will need to submit a letter of verification from your spouse's/benefit partner's employer.

**If you have acquired a spouse or a first child**, you will need to submit a birth certificate, adoption papers, a marriage certificate, or a statutory declaration—depending on your situation. (A statutory declaration is required if you have a benefit partner.)

If you apply within 31 days of gaining a spouse/benefit partner or a first child or losing coverage under another plan, and your application is made on the first day of the month, your family coverage takes effect the same day.

If you apply within 31 days, but your application is *not* made on the first of the month, your family coverage takes effect on the first day of the following month.

If you apply after 31 days, you must serve a **waiting period** of three full calendar months before your family coverage takes effect.



## *Cancelling Your Coverage*

You may cancel your Extended Medical Benefits Plan coverage at any time. Should you wish to enrol again at a later date, your coverage will not take effect until three calendar months have passed. For example, if you apply in April, your coverage will become effective on August 1.

## *Making a Claim*

When you join the Extended Medical Benefits Plan, you are issued an **Alberta Blue Cross identity card** which facilitates **direct payment** of eligible expenses.

When you are admitted to a hospital in Alberta, simply present your Alberta Blue Cross card. The hospital will bill the plan directly.

Prescriptions are also covered by the direct payment method. When you present your Alberta Blue Cross card at your pharmacy, you will only have to pay the portion of the prescription cost that is not covered by the plan.

Out-of-province hospital care and most medical equipment, services and supplies are covered on a **reimbursement basis**. This means you must pay the provider, obtain an official receipt, and submit a claim to your Alberta Blue Cross Office.

**All claims must be made within 12 months** of the date when allowable expenses were incurred. Claim forms are available at pharmacies, directly from Alberta Blue Cross or on-line at the Alberta Blue Cross website.

## Coordination of Benefits

If your spouse or benefit partner has a medical benefits plan, it may be possible for you to coordinate your claims so that 100% of your medical costs are covered.

**If you are the one receiving medical services**, claim under your own (Government of Alberta) Extended Medical Benefits Plan first. The balance can then be claimed under your spouse's/benefit partner's plan.

**If your spouse/benefit partner is the one receiving medical services**, the initial claim should be made under your spouse's/benefit partner's plan. The balance can then be claimed under your plan.

**If you are claiming for services provided to dependent children covered under both your own and your spouse's/benefit partner's extended medical plans**, submit your initial claim to the plan held by the parent whose birthday falls earliest in the calendar year. For example, if your birthday is in February and your spouse's/benefit partner's is in August, submit your claim to your own plan *first*. Claim the balance under your spouse's/benefit partner's plan.

*If you and your spouse/benefit partner have the same birthday, your first submission should be to the plan held by the person whose first name begins with the earlier letter of the alphabet. For example, if Edith and Jack have the same birthday, Edith should submit the claim to her plan first.*

If both you and your spouse/benefit partner are covered by a Government of Alberta Extended Medical Benefits Plan, Alberta Blue Cross will coordinate the cost-sharing between your two plans automatically.

## *For more information...*

The Extended Medical Benefits Plan is administered by Alberta Blue Cross. If you have any questions about your coverage or about a particular claim, **please contact your local Blue Cross office.** (Please see the **contacts** insert for the address and telephone number.)

*The Extended Medical Benefits Plan for members of the Alberta Union of Provincial Employees bargaining unit is administered by ALBERTA BLUE CROSS. This booklet is a summary of the plan features. If there is any discrepancy between this information and the plan policies and governing documents, the terms of the latter take precedence.*

