

WHAT IS NOT COVERED?

The following are not covered under the program:

- Benefit expenses exceeding a total of \$25,000 per subscriber in a benefit year (July 1 - June 30). On an exception basis, this annual maximum may be raised.
- Claims for benefit expenses incurred prior to the effective date of coverage.
- Benefit expenses received by Alberta Blue Cross more than 12 months after the service was provided.
- Services covered by the AHCIP.
- Charges for drugs supplied directly and charged for by a physician, with the exception of allergy serums.
- Diabetes supplies (not including insulin).
- Registration, admission or user fees charged by a hospital.
- Drug products not listed in the *Alberta Health and Wellness Drug Benefit List*. Ask your pharmacist and/or physician if your prescribed medication is on this list.

HOW TO CLAIM FOR BENEFITS

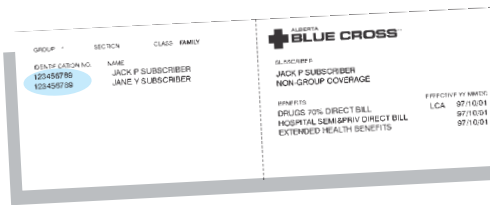
Each subscriber is provided with an Alberta Blue Cross identification card issued in the name of the AHCIP account holder (maximum of two cards).

For eligible prescription drugs, you are responsible for paying 30 per cent of the cost, to a maximum of \$25 for each drug prescribed. The program covers the remaining eligible portion, billed directly to Alberta Blue Cross by the pharmacist. Your Alberta Blue Cross identification card must be presented at the time of purchase.

If you are covered by more than one supplementary health benefit plan, coordination of benefits (sharing the cost) with the other plan may further decrease, or eliminate, your portion of the expenses.

To claim reimbursement for other eligible expenses, submit your claim on an Alberta Blue Cross claim form, available at any Alberta Blue Cross office, Alberta pharmacy or on the Alberta Blue Cross Web site (www.ab.bluecross.ca).

The identification number of the individual who receives the service must be quoted on all claims and correspondence sent to Alberta Blue Cross. This number is displayed on the back of your Alberta Blue Cross card.



To be eligible for reimbursement, claims must be received by Alberta Blue Cross within 12 months of the service date. The service must have been provided after the effective date of your coverage.

If you have any questions about your claim, please call Alberta Blue Cross.

PREMIUMS

The quarterly (three-month) rate is:

	Single	Family
Regular	\$61.50	\$123.00
Subsidized	\$43.05	\$86.10

Subsidized rates are available to those who qualify, based on information reported on their income tax returns. If you qualify for premium subsidy for the AHCIP, you will automatically qualify for subsidized *Non-Group Coverage* rates. For more information on the Premium Subsidy Program, contact Alberta Health and Wellness.

PAYMENT

Premiums are billed quarterly by Alberta Health and Wellness.

Alberta Blue Cross *Non-Group Coverage* will be cancelled if premium payments for either Alberta Blue Cross *Non-Group Coverage* or AHCIP coverage are not maintained. If cancellation occurs due to non-payment, arrears must be cleared, and a new application submitted before coverage can recommence. Coverage will then be reinstated the first day of the fourth month after Alberta Health and Wellness receives the application.

FOR MORE INFORMATION ON CLAIMS OR TO LOCATE THE BLUE CROSS OFFICE NEAREST YOU PLEASE CONTACT ALBERTA BLUE CROSS AT:

- 498-8000 (Edmonton and area)
- 234-9666 (Calgary and area)
- 1-800-661-6995 (toll-free)
- e-mail via www.ab.bluecross.ca

FOR MORE INFORMATION ON COVERAGE, PREMIUMS AND BENEFITS PLEASE CONTACT ALBERTA HEALTH AND WELLNESS AT:

- 427-1432 (Edmonton and area)
- Toll-free for the rest of Alberta to 310-0000 and then (780) 427-1432
- Dial 711 for TTY for the Deaf and Hard of Hearing
- e-mail AHCIPMAIL@health.gov.ab.ca
- Web site at www.health.gov.ab.ca/coverage/benefits/drugs
- In person:
8:15 am–4:30 pm, Monday to Friday
Main floor offices at:
10025 Jasper Avenue, Edmonton
727 - 7 Avenue SW, Calgary

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Non-Group Coverage



Supplementary health coverage
for Albertans



REVISED JUNE 1, 2003

INTRODUCTION

The Government of Alberta offers Alberta Blue Cross *Non-Group Coverage* to ensure all Albertans have access to an economical supplementary health benefits program—coverage for a variety of health related services not covered by the Alberta Health Care Insurance Plan (AHCIP). Alberta Blue Cross administers *Non-Group Coverage* on behalf of Alberta Health and Wellness.

This program does **not** provide travel coverage. If you are planning to travel outside of the province or country, it is strongly recommended you purchase travel insurance to cover emergency hospital and medical expenses.

ELIGIBILITY

Alberta Blue Cross *Non-Group Coverage* is available to all Alberta residents provided their AHCIP premiums are paid, they are under 65 years of age and they are not eligible to receive the Alberta Widows' Pension.

Single coverage—available to Non-Group subscribers with no dependants; and

Family coverage—available to Non-Group subscribers and the following eligible dependants*:

1. Married spouse (husband or wife).
2. Adult interdependent partner**.
3. Unmarried children under 21 years of age who are fully dependent upon the subscriber.

**The same dependants covered under the subscriber's AHCIP account must be included on the subscriber's Non-Group Coverage.*

***An adult interdependent partner is a person who lives together with another person in a relationship of interdependence:*

- for a continuous period of not less than 3 years, or
- of some permanence, if there is a child of the relationship by birth or adoption, or
- if the subscriber and partner have entered into an adult interdependent partner agreement.

4. Unmarried children under 25 years of age who are in full-time attendance at an accredited educational institute.
5. Unmarried children 21 years of age or older who are fully dependent upon the subscriber due to a mental or physical disability.

Alberta Health and Wellness-sponsored supplementary plans cover pre-existing health conditions—no medical review is required.

Note: Alberta seniors and those receiving the Alberta Widows' Pension automatically qualify for premium-free Alberta Blue Cross coverage through Alberta Health and Wellness. For benefit information on these programs, please refer to the *Coverage for Seniors* brochure, which is available at any Alberta pharmacy or Alberta Blue Cross or Alberta Health and Wellness office.

APPLYING FOR COVERAGE

To obtain *Non-Group Coverage* you must complete an application form available by contacting Alberta Health and Wellness.

Coverage will become effective on the first day of the fourth month after Alberta Health and Wellness receives your application.

If you are leaving another individual or employer group plan, provide Alberta Health and Wellness with a completed application within 30 days of your previous coverage ending, and coverage will be continuous.

To cancel *Non-Group Coverage*, Alberta Health and Wellness must be notified. Coverage will be cancelled the last day of the month in which notification is received.

Please note:

The information contained in this brochure is a summary of benefits, restrictions and limitations applying to Alberta Blue Cross Non-Group Coverage, effective June 1, 2003. This summary does not constitute a contract. Rules and regulations governing participation are available for review during business hours at any Alberta Blue Cross or Alberta Health and Wellness office.

BENEFITS

Note: A \$50 annual deductible is applied to the total of all eligible health benefit expenses incurred in a benefit year, except for prescription drugs. The benefit year runs from July 1 to June 30. When no claim has been made for health benefits in a benefit year, any such expenses incurred during April, May or June that do not exceed \$50 may be carried forward into the next benefit year and credited, in whole or in part, toward the deductible in that year.

PRESCRIPTION DRUGS

The co-payment (the portion of the prescription cost you pay to your pharmacy when you have your prescription filled) is 30 per cent to a maximum of \$25. For most prescriptions, you will not have to pay more than \$25 for each prescription when paying your co-payment.

Sometimes you may have to pay more than the \$25 co-payment maximum. Here are some cases when you might have to pay extra:

- If your drugs are not listed in the *Alberta Health and Wellness Drug Benefit List*;
- If you want a more expensive brand of drug than the lowest-cost or generic brand;
- If the brand of drug you want costs more than the maximum cost set by Alberta Health and Wellness for that drug.

To avoid surprises, ask your pharmacist about the cost of your prescription before it is filled.

AMBULANCE SERVICES

Ambulance service charges to the maximum rate established by Alberta Health and Wellness for transportation to or from a public, general, active treatment hospital in the event of illness or injury. Transportation must be provided in a ground vehicle licensed under the *Ambulance Services Act* and Regulations. This does not include inter-facility transfer by ambulance as that service is covered by Alberta's regional health authorities.

CLINICAL PSYCHOLOGICAL SERVICES

Up to \$60 per visit to a maximum of \$300 under either single or family coverage each benefit year (July 1 - June 30) **for treatment of mental or emotional illness by a registered chartered psychologist.**

HOME NURSING CARE

Up to \$200 under single or family coverage each benefit year for charges incurred for nursing care provided in the patient's home on written order of a physician. Home nursing care must be provided by a registered nurse or licensed practical nurse who is not a relative of the patient.

PROSTHETIC AND ORTHOTIC BENEFITS

Up to twenty-five per cent (25%) of the maximum allowable amount for items included on a benefit list as defined by Alberta Health and Wellness. Coverage includes the purchase or repair of artificial eyes, prosthetic devices (except myoelectric-controlled prostheses) and braces required for six months or longer. A physician's written order is required. Foot orthotics are not included as a benefit.

MASTECTOMY PROSTHESIS

Up to twenty-five per cent (25%) of the maximum allowable amount for a mastectomy prosthesis included on a benefit list as defined by Alberta Health and Wellness. This does not apply to the purchase of a supporting brassiere.

HOSPITAL ACCOMMODATION

Private or semi-private room accommodation for insurable, differential charges in a public, general active treatment hospital in Canada. All Alberta hospitals bill Alberta Blue Cross directly – so show your card when you are admitted.