

1st  
choice

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# Prescription Drug Plan

Alberta



# Prescription Drug Plan

The option levels for Prescription Drugs are Opt Out, Core or Enhanced coverage. The premiums for the Core coverage are cost-shared 50/50 between you and the Employer. You pay a higher premium if you choose Enhanced coverage. You will be required to pay benefit premiums when due, including during periods of leave without pay. For premium information, refer to your **1<sup>st</sup>choice Premium Rate Sheet**.

## SUMMARY OF BENEFITS

	Core Coverage	Enhanced Coverage
Percent Covered	<ul style="list-style-type: none"> <li>80% of the cost of drugs on the Alberta Blue Cross Drug Benefit List</li> </ul>	<ul style="list-style-type: none"> <li>80% coverage on the first \$5,000 of claims paid per person, then coverage is at 100%</li> </ul>
Types of Prescriptions Covered	<ul style="list-style-type: none"> <li>The prescribed drugs or prescription drugs on the Alberta Blue Cross Drug Benefit List and includes the following:               <ul style="list-style-type: none"> <li>Mandatory Generic substitution;</li> <li>Maximum Allowable Cost Pricing (MAC); and</li> <li>Maintenance Medication Program (MMP)</li> </ul> </li> <li>Special Authorization requirement for select drug products on the Alberta Blue Cross Drug Benefit List</li> </ul>	<ul style="list-style-type: none"> <li>Same as Core</li> </ul>
Maximums	<ul style="list-style-type: none"> <li>Maximum of \$25,000 per person per benefit year</li> </ul>	<ul style="list-style-type: none"> <li>No maximum</li> </ul>
Cost Sharing	<ul style="list-style-type: none"> <li>50% employee; 50% employer</li> </ul>	<ul style="list-style-type: none"> <li>Employer and employee contribute the same premium amount as under Core and the employee pays an additional premium for the Enhanced services</li> </ul>
Smoking Cessation Products	<ul style="list-style-type: none"> <li>Lifetime maximum of \$500 per person</li> </ul>	<ul style="list-style-type: none"> <li>Same as Core</li> </ul>

Medications must be prescribed by a Health Care Professional and dispensed by a licensed pharmacist.

Charges incurred for medications prescribed by an immediate family member of the patient, are not eligible for reimbursement.

### Benefit Year

July 1 to June 30

### Claims Adjudicator

All claims are adjudicated by Alberta Blue Cross

## PLAN DESCRIPTION

### CORE COVERAGE

Core coverage provides coverage for prescription drugs on the Alberta Blue Cross Drug Benefit List, and includes the following: Mandatory Generic Substitution, Maximum Allowable Cost Pricing (MAC), and Maintenance Medication Program (MMP).

- 80% of the cost of approved drugs on the Alberta Blue Cross Drug Benefit List
- Maximum of \$25,000 per person per benefit year

This plan covers you for the cost of the generic medication, where there is such an alternative. Generic medications contain the same active ingredients, in the same amounts and the same dosage form as a corresponding brand name product. Generic medications, like all prescribed drugs in Canada, are manufactured to standards set by Health Canada.

Many drugs do not have a generic alternative. If you choose Core coverage and your prescription does not have a generic alternative, you would be reimbursed on the basis of the price of the prescribed drug. If you choose to purchase the brand name drug and there is a generic alternative available, you will be responsible for paying the difference in cost. The Plan will only reimburse the cost of the generic drug.

Maximum Allowable Cost (MAC) pricing is applied to certain drugs used to treat the following conditions:

- stomach acidity;
- blood pressure; and
- cholesterol

Your plan will cover a number of drugs that treat the above conditions, but puts a maximum on the price that will be reimbursed. If you are claiming a drug that costs above the maximum, you can choose to pay the difference out of pocket or talk to your pharmacist or physician about changing the prescription to a drug that is at, or below, the MAC price. If there are unique circumstances where you are unable to use a drug at or below the MAC price, talk to your prescriber.

A Special Authorization process is in place to assist with access to certain medications. These medications are covered only if the clinical coverage criteria for the drugs are met. Your Health Care Professional must complete a special authorization request form, which is then submitted to Alberta Blue Cross to confidentially assess against the clinical coverage criteria.

Step Therapy is part of the Special Authorization process and promotes the use of safe, effective and/or less expensive drugs (first-line therapy drugs). The

Step Therapy process utilizes the automated Alberta Blue Cross prescription drug adjudication system to automatically determine eligibility for coverage of the Step Therapy (second-line) drug. If the required first-line drug(s) have been claimed within the required time period, you will be covered for the Step Therapy drug. However, if you have not claimed the first line drug(s), you may still be eligible for coverage if you meet the coverage criteria; your pharmacist may be able to assist you or your Health Care Professional can apply for Special Authorization.

To determine if a prescription drug requires Special Authorization, please ask your pharmacist or you can sign into the Alberta Blue Cross secure website for plan members at [ab.bluecross.ca](http://ab.bluecross.ca) or call Alberta Blue Cross Customer Services.

Maintenance medications are taken on a regular basis and are commonly used for treatment of chronic conditions, such as high blood pressure, cholesterol, depression, asthma and diabetes. If you are stabilized on a maintenance medication, the Plan will cover the dispensing fee for your prescription if the refill is for a three-month supply. If you choose to refill for shorter supplies, the cost of the medication will still be covered, but you will be responsible for paying the cost of the dispensing fee. If there are unique circumstances where more frequent dispensing is required, please talk to your pharmacist.

If your Health Care Professional has prescribed a medication for an extended period, the maximum you can receive is a 100-day supply.

If you will be travelling outside of the country and need more than a 100 day supply, send an e-mail to [GOA.TimeAndBenefits@gov.ab.ca](mailto:GOA.TimeAndBenefits@gov.ab.ca) requesting that this limit be increased. Include in your e-mail the name of the person that the prescription is for, your travel details (departure and return date) and the name and phone number of the pharmacy where you will be purchasing your medication. Your e-mail will be forwarded to Alberta Blue Cross for review and your pharmacy will be advised once the request has been approved. Requests must be submitted five business days prior to your departure to allow sufficient time for processing.

If you have any questions, please contact GoA Time and Benefits, Monday through Friday, from 8:15 a.m. to 4:30 p.m. at 780-644-8114 or via email at [GOA.TimeandBenefits@gov.ab.ca](mailto:GOA.TimeandBenefits@gov.ab.ca).

Core coverage has a \$500 lifetime maximum on smoking cessation products

### **ENHANCED COVERAGE**

Enhanced coverage provides the same coverage as under the Core plan except offers:

- 80% coverage on the first \$5,000 of claims paid per person
- 100% after \$5,000 of claims
- No per year maximum

### **COVERAGE CLASS**

The coverage class is either **Single** or **Family**.

- You may change from the Family to Single class of coverage at any time.
- You may change from Single to Family at a Choice Time or within 31 days of a Life Event.
- You must enrol all eligible dependents in the Prescription Drug Plan in order for them to be covered.

### **LEVEL OF COVERAGE**

There are three levels of coverage under the Prescription Drug Plan:

1. Opt Out
2. Core
3. Enhanced

### **ENROLMENT UPON COMMENCEMENT OF EMPLOYMENT**

To enrol in the Prescription Drug Plan, sign on to MyAGent and submit your choices electronically or complete and submit a **1<sup>st</sup>choice Enrolment/Change Form**. This must be completed within 31 days of your date of hire. Upon initial enrolment you may:

- Enrol in any coverage level of the plan; or
- Opt out

Note: If you do not enrol, you will be without coverage in this benefit plan.

### **EFFECTIVE DATE OF COVERAGE**

If you commence or are eligible for benefits on the first day of the bi-weekly pay period (which is Sunday), your coverage is in effect immediately and the full premium will be deducted.

If you commence employment or are eligible for benefits on the second day of the pay period or later, your coverage will start on the first day of the following pay period and a full premium will be deducted from that bi-weekly paycheque.

If you do not enrol in the Prescription Drug Plan upon commencement, you will be able to enrol at the next Choice Time or within 31 days of a Life Event.

### **SURVIVOR BENEFITS**

Survivor Benefits provide ongoing premium-free coverage in the Core or Enhanced Prescription Drug Plan for 90 days after your date of death to those dependents already enrolled in your Prescription Drug Plan and who remain eligible as per plan rules.

Survivor Benefit coverage is only available if dependents were already enrolled in coverage at the time of death. The coverage is based on the plans and levels in place at the time of death and no subsequent changes can be made to the benefit coverage by your dependents.

### **CHANGING YOUR BENEFIT COVERAGE**

After you have been enrolled in **1<sup>st</sup>choice**, you may subsequently change your coverage when:

- There is a Choice Time, or
- A Life Event occurred and you request a change in coverage within 31 days from when the event occurred

Prescription Drug Plan	Anytime	Choice Time	Life Event
Level of Coverage (i.e., moving between Opt Out, Core or Enhanced)	<ul style="list-style-type: none"> <li>No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>Increase coverage one or two levels</li> <li>Decrease coverage by one level</li> </ul>	<ul style="list-style-type: none"> <li>Increase coverage one or two levels</li> </ul>
Coverage Class Change from Family to Single Change from Single to Family	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> </ul>
When to Change		<ul style="list-style-type: none"> <li>Between specified dates each year</li> </ul>	<ul style="list-style-type: none"> <li>Within 31 days of event occurring</li> </ul>

Examples:

- To increase one level is to move from Opt Out to Core or from Core to Enhanced.
- To increase two levels is to move from Opt Out to Enhanced.
- To decrease one level is to move from Enhanced to Core or from Core to Opt Out.

Note: When you make changes to your benefit coverage, verify that the changes were accurately updated by reviewing your Benefit Summary and pay advice on MyAGent within one pay period. Contact your Ministry Pay and Benefits Office if there are errors.

## CHOICE TIME

Choice time is a specific time frame which occurs late May/early June each year and provides you with the opportunity to change your benefit coverage subject to the rules of each benefit plan. The Choice Time open enrolment dates are announced early in May at [www.psc.alberta.ca/choicetime](http://www.psc.alberta.ca/choicetime). You are responsible to check this website and make changes to your benefit coverage within the open enrolment period. Choice Time will be communicated via a number of venues, but will not be sent directly to each employee. Set yourself a reminder in May each year to check the website so you don't miss out. The changes would be effective the first day of the pay period that includes July 1<sup>st</sup>. You may make the following changes under your prescription drug coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may decrease one level of coverage from Core to Opt Out or from Enhanced to Core.
- You may change your coverage class from Single to Family or from Family to Single.

## LIFE EVENT

A Life Event occurs on:

- Marriage or meeting the requirements for a benefit partner;
- Divorce or death of a spouse;
- Dissolution of a benefit partner relationship or death of a benefit partner;
- Birth, adoption or guardianship of a first child;
- Change in your child's eligibility that allows coverage under the GoA group plans;
- Dependent child's loss of coverage under an individual or other parent's benefit plans; or
- Employee's and/or spouse or benefit partner's loss of coverage under individual or group benefit plans.

Note:

- Once divorced an employee cannot provide coverage for an ex-spouse under the GoA benefit plans. If a court order indicates benefit coverage must be maintained for the ex-spouse the employee will need to purchase a private plan.
- Employees may need to repay the appropriate Trust for claims paid for an ineligible dependent.

By applying online through MyAGent or contacting your Ministry Pay and Benefits Office **within 31 days** following the occurrence of a Life Event, you may request the following changes to your prescription drug coverage:

- You may increase one or two levels of coverage from Opt Out to Core or Enhanced, or from Core to Enhanced.
- You may change your coverage class from Single to Family or from Family to Single.

## COORDINATION OF BENEFITS

If you have family coverage under one or more prescription drug plans, you and your dependents may be eligible to coordinate benefits. Coordination of benefits is the process whereby an individual or family with multiple plans may coordinate claims to receive payment of up to 100% of eligible expenses from both plans combined.

You and your spouse or benefit partner should submit claims under your own benefit plan first. After you are reimbursed from that plan, you can submit a claim to the other plan to be reimbursed for any remaining eligible expense. If your spouse or benefit partner works for the Government of Alberta and is covered under this benefit plan or the My**CHOICE** Prescription Drug Plan, your claim will be coordinated by Alberta Blue Cross provided all the necessary information has been submitted. If your dependent children are covered under both your plan and your spouse or benefit partner's plan, the claim should first be submitted to the plan of the parent with the birthday earliest in the calendar year, then to the other parent's plan.

## TERMINATION OF COVERAGE

Your **1<sup>st</sup>choice** Prescription Drug Plan coverage ceases for you on the last day of the pay period that you:

- Terminate employment; or
- Transfer to a position which is not included in the group eligible for **1<sup>st</sup>choice** benefits; or
- Die.

Coverage for a dependent under your Prescription Drug Plan ceases on:

- The last day of the pay period:
  - that you terminate coverage; or
  - when the dependent is no longer a spouse or benefit partner as defined under the Plan; or
  - when the dependent/guardian child no longer meets the eligibility requirements as defined under this Plan.
- 90 days after your date of death if the dependent remains eligible (refer to Section on SURVIVOR BENEFITS).

Note: Employees may be required to repay the appropriate Trust for claims paid for an ineligible dependent.

## CLAIM PROCEDURES

### DIRECT BILL

All pharmacies in Alberta are linked to Alberta Blue Cross for electronic adjudication of your drug claims. Provide your pharmacist with the requested information from your Alberta Blue Cross coverage card and you will only need to pay the pharmacist for the portion of the claim not paid by the Plan. The pharmacist will be paid directly for the Plan's portion of the claim.

### REIMBURSEMENT

#### Online Claims Submission

In the rare instances where the Direct Bill system cannot be accessed, use the Alberta Blue Cross *My Benefits* app or visit [ab.bluecross.ca](http://ab.bluecross.ca) to make a claim. Online claim submission is possible provided that:

- the claim does not exceed \$3,000;
- the expense was incurred in Canada;
- the drug does not require additional documentation (i.e. Special Authorization);
- the drug is prescribed by a Health Care Professional and dispensed by a licensed pharmacist within Canada; and
- the claim will be paid to you, for a prescription dispensed to you or an eligible dependent, and not to the pharmacist



For Coordination of Benefit guidelines, please visit the Alberta Blue Cross website at [ab.bluecross.ca](http://ab.bluecross.ca) or contact Alberta Blue Cross directly.

By submitting claims online, you agree to keep your original receipts for a 12-month period from the date of service so that they are available for audit purposes. All claims that are submitted online will be reimbursed through direct deposit only.

The financial settlement of the cost of your prescription is between you and your pharmacist.

Alberta Blue Cross will send you an email notification each time you are issued a claim payment, claim statement or treatment plan.

### Manual Submission of Claim Forms

If you are unable to submit your claim online, complete an *Alberta Blue Cross Health Services Claim* form which is available on the Alberta Blue Cross website at [ab.bluecross.ca](http://ab.bluecross.ca). Attach your original receipt and mail it to:

Alberta Blue Cross  
10009-108 Street NW  
Edmonton, AB T5J 3C5

Your reimbursement cheque will be mailed to your home address unless you set up direct deposit through the Alberta Blue Cross member online services website.

### CLAIMING LIMITATION – TIME FRAME

You must submit your claim within 12 months from the date the service was provided in order to be reimbursed under this Plan. Claims submitted beyond the 12-month claiming limitation period will automatically be denied by Alberta Blue Cross.

If you provide a written explanation for the submission of a late claim to the Trustees of the Group Extended Medical and Prescription Drug Plan Trust, and if they consider the explanation sufficient and that it would be reasonable to do so, they can instruct Alberta Blue Cross to deal with your claim as if it had been received within the 12-month claiming limitation period.

### ONLINE ACCESS TO CLAIMS AND DIRECT DEPOSIT

Register through the Alberta Blue Cross secure website to submit claims online and access detailed information on

treatment plans, claims, and payment information as well as have claims reimbursed directly into your bank account.

Go to the Alberta Blue Cross website at [ab.bluecross.ca](http://ab.bluecross.ca), click on "Sign in" and choose "Plan members" to register or sign in.

Once you are registered, Alberta Blue Cross will send you an e-mail notification each time you are issued a claim payment or claim statement.

### CONSIDERATIONS IN CHOOSING PRESCRIPTION DRUG COVERAGE

- Are your annual prescription drug expenses higher than the cost of the annual premiums?
- Do you and your family have prescription drug coverage through your spouse or benefit partner's plan?
- Are your drug expenses likely to exceed \$5,000 per person per benefit year?

### FOR FURTHER INFORMATION

Contact Alberta Blue Cross Customer Services if you have questions on a claim, or on the benefits and services covered under this plan (have your Alberta Blue Cross card handy when you call). Your Group Number is 5.

Calgary . . . . .	403-234-9666
Edmonton . . . . .	780-498-8000
Grande Prairie . . . . .	780-532-3505
Lethbridge . . . . .	403-328-1785
Medicine Hat . . . . .	403-529-5553
Red Deer . . . . .	403-343-7009

A toll-free line is available for people living outside these major areas: 1-800-661-6995.

Alberta Blue Cross office hours are 6:00 a.m. to 6:00 p.m. (MT) Monday to Friday.

You may also contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via e-mail at [GOA.TimeAndBenefits@gov.ab.ca](mailto:GOA.TimeAndBenefits@gov.ab.ca) for any additional information.

*Outside of Edmonton, dial toll-free 310-0000 followed by 780-644-8114 or hold or press 0 for operator assistance.*