Extended Medical Benefits Plan
Extended Medical Benefits Plan

The Extended Medical Benefits Plan provides coverage for many health care services, supplies and products which are not covered or where coverage is limited, under the Alberta Health Care Insurance Plan. The option levels for Extended Medical 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. For premium information, refer to your MyCHOICE Premium Rate Sheet.

SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Core Coverage</th>
<th>Enhanced Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximums</td>
<td>$25,000 per benefit year on all expenses combined</td>
<td>No maximum</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td>50% employee; 50% employer</td>
<td>Employer and employee contribute the same premium amount as under the Core and employee pays an additional premium for the Enhanced services</td>
</tr>
</tbody>
</table>
# EXTENDED MEDICAL BENEFITS PLAN

A Benefits Program for Government of Alberta Union Employees

<table>
<thead>
<tr>
<th>Services, Supplies and Products</th>
<th>Covered Under Core Plan</th>
<th>Covered Under Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Dental Coverage</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Auxiliary Hospital Care</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Emergency Travel Benefits</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye Exams</td>
<td>Maximum of $50 per person every 24 months from the date of the last exam</td>
<td>Maximum of $100 per person every 24 months from the date of the last exam</td>
</tr>
<tr>
<td>Foot Orthotics</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Home Nursing Care</td>
<td>Maximum of $15,000 in a three consecutive year period</td>
<td>Maximum of $30,000 in a three consecutive year period</td>
</tr>
<tr>
<td>Hospital</td>
<td>Semi-private room</td>
<td>Private room</td>
</tr>
<tr>
<td>Joint Injectable Materials</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Orthopaedic Shoes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Paramedical Practitioners</td>
<td>Maximum of $50 per visit within the combined maximum of $1,000 per benefit year for all paramedical services</td>
<td>No per visit maximum. Maximum of $1,000 per benefit year for all paramedical services</td>
</tr>
<tr>
<td>• Acupuncturist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chiropodist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chiropractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Massage Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Naturopathic Doctor/Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Podiatrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech Pathologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Occupational Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sports Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Braces</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Prosthetics (artificial limbs and eyes)</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Up to 80% per visit to a maximum of $1,000 per benefit year</td>
<td>No per visit maximum. Maximum of $1,000 per benefit year</td>
</tr>
<tr>
<td>Vision Care (lenses, frames, contacts)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Wheelchair or Disability Scooter</td>
<td>Maximum of $4,000 in a three consecutive year period</td>
<td>Maximum of $8,000 in a three consecutive year period</td>
</tr>
<tr>
<td>Wigs and Hairpieces</td>
<td>Yes</td>
<td>Same as Core</td>
</tr>
</tbody>
</table>

The Enhanced plan provides coverage for the same services, supplies and products as Core. The difference between the Core and Enhance plans is, the Enhanced plan:

- provides higher maximums for Eye Exams, Home Nursing Care and Wheelchair/Disability Scooter;
- does not have a “per visit” maximum for Paramedical Practitioners and Psychologist services; and
- provides coverage for a private hospital room, Emergency Travel Benefits, Foot Orthotics, Hearing Aids, Orthopaedic Shoes, and Vision Care.

Details regarding specific services, supplies and products can be found on the following pages under the Plan Description. Charges incurred for services, supplies and products provided by an immediate family member of the patient are not eligible for reimbursement by the Plan.
Benefit Year
July 1 to June 30

Claims Adjudicator
All claims are adjudicated by Alberta Blue Cross.

PLAN DESCRIPTION

CORE COVERAGE
The medical services, supplies and products are listed on the following pages and all maximums are per insured person. Contact Alberta Blue Cross for specific claiming requirements.

Accidental Dental Coverage
- Repair, extraction and/or replacement of natural teeth due to an accidental injury
- Maximum of $2,000 per person per accident
- Claims must be submitted within 12 months of the date of the accident

Ambulance
- Ambulance services to or from hospital
- Air and/or rail transportation if ground ambulance is not available or if it is in the patient’s best interest

Auxiliary Hospital Care
- Up to $1,000 per person per benefit year for auxiliary care in a hospital

Eye Exams
- Up to $50 per person every 24 months, from the date of the last exam

Home Nursing Care
- Covers only medically required nursing services of a RN, RNA, LPN, or RPN after government and agency maximums have been reached
- Up to $15,000 in a three consecutive year period, from the first billing date of service
- Must be on physician's written order and pre-approved by Alberta Blue Cross
- Coverage does not apply until all provincial program maximums have been reached

Hospital
- Semi-private accommodation
- Includes out-of-province in Canada hospital benefits

Joint Injectable Materials
- Joint injectable materials prescribed by a Health Care Professional, dispensed by a pharmacist and administered by a Health Care Professional. Does not include any costs associated with the administration of the joint injectable material.

Medical Aids, Supplies, Appliances and Equipment
- Cervical collars
- Colostomy and ileostomy supplies and urinary catheters, covered at 80% to a maximum of $1,200 per benefit year
- Diabetic supplies including urine and blood testing strips, lancets, penlets, needles, and syringes. Blood glucose test strips limited to 3,000 per participant per benefit year. Up to $150 towards the purchase of a blood testing monitor on a physician’s written order, once every five years.
- Hospital bed rental, or purchase and repair. Must be on a physician’s written order, medically required and pre-approved by Alberta Blue Cross
- Mastectomy prosthesis, up to $200 every 24 months per prosthesis — left and/or right side. Must be on a physician’s written order
- Mastectomy supporting bra, of up to $50 per bra — $100 per benefit year
- Medical durable or surgical equipment, and related products or supplies required to support the operation or maintenance of the equipment, on a physician’s written order
- Oxygen and equipment, rental or purchase, up to $2,500 per benefit year
- Permanent braces, 70% coverage for custom fitted braces once in a 24-month period, must be on a physician’s written order. Must incorporate rigid support and be custom fitted (not necessarily custom made). Repairs are included
This handbook provides a summary of the principal features of the Extended Medical Benefits Plan for union employees of the Government of Alberta. The terms and conditions of the plan are governed by a Trust Agreement approved by the Government of Alberta.
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can be applied to the cost of surgery. The maximum visits allowed per day per practitioner is one. Massage therapy treatment must be prescribed by a physician as medically necessary every 12 months.

Psychologist
- Up to a benefit year maximum of $1,000 for individual or family therapy (not group) provided by a Chartered Psychologist or person holding a Master of Social Work degree.

Vision Care
- $350 every 24 months from last date of purchase for prescription eye glasses (lenses and frames), contact lenses, including prescription sunglasses.

Wheelchair or Disability Scooter
- Purchase, rental or repair of a manual or motorized wheelchair or disability scooter.
- Maximum of $8,000 in a three-year period.
- Must be on physician’s written order, medically required and pre-approved by Alberta Blue Cross. Coverage includes lightweight titanium models within the maximum.

EMERGENCY TRAVEL COVERAGE
This plan provides coverage for expenses incurred for emergency treatment while travelling outside your province of residence or outside of Canada. An emergency is described as a sudden unexpected occurrence of an unforeseen accident or illness requiring immediate medical attention. To be eligible for emergency travel coverage, you must be covered under a provincial health care plan. Payment is for costs in excess of the allowance provided by your provincial health care coverage in your province of residence. Payment limits are governed by the cost schedule in the jurisdiction in which treatment is provided and the coverage details as outlined in this section.

Your emergency out-of-country travel coverage is not intended to take the place of a basic health plan. Physicians, hospital fees, etc., under the emergency travel plan provide participants with coverage for emergencies or unexpected medical events incurred outside Canada. Medical services accessed for non-emergent purposes will not be covered and in the event of a medical emergency, the participant may be repatriated back to Alberta for treatment. It is recommended that any person attending school outside of the country acquire a health plan to ensure appropriate coverage is in place.

Emergency Travel Benefits
Alberta Blue Cross will pay the reasonable and customary charges, for emergency services only, in excess of the amount paid by the provincial government health plan for:

- The cost of hospital accommodation in a public general active treatment hospital.
- Out-patient services provided by a public general active treatment hospital.
- Incidental expenses up to $50 per day to a maximum of $500 per hospital stay will be paid to the inpatient.
- Physicians’ and surgeons’ charges.
- Physiotherapist, chiropractor, chiropodist or podiatrist up to $300 per specialty (including x-rays).
- Nursing services provided by a qualified, private registered nurse during or following hospitalization when ordered by the attending physician.
- Drugs, serums and injectables prescribed by a physician.
- The cost of blood, blood plasma or specialized treatments using radium and radioisotopes.
- The charge for laboratory tests and x-rays prescribed by the attending physician.
- The cost of splints, casts, crutches, canes, slings, trusses, walkers and/or the temporary rental of a wheelchair on the written order of a physician.
- Reimbursement of usual, customary and reasonable charges as determined by Alberta Blue Cross, up to a maximum of $2,000 per participant per accident for services provided by a licensed health care professional for the repair or extraction and/or replacement of a participant’s natural or permanently attached artificial teeth damaged by a direct accidental external blow to the mouth. The injury must occur after the date the participant became eligible for benefits under the contract and the participant must see a health care professional immediately following the accident.
EXTENDED MEDICAL BENEFITS PLAN

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- Reimbursement up to a maximum of $300 per participant per trip for eligible expenses in a dental office for relief of dental pain, excluding root canals when rendered at least 200 kms outside the participant’s province of residence
- Ambulance charges to the nearest qualified medical facility
- Medical evacuation
- One round trip economy airfare by the most direct route from the participant’s province of residence for a family member or friend to visit the participant while confined to a hospital for at least three days outside the participant’s province of residence provided the attending physician verifies in writing that the situation is serious enough to require the visit, or to identify the deceased prior to the release of the body
- Return of the deceased, includes preparation and transportation but not the cost of the coffin, reimbursed up to $7,000. The cost of cremation or burial at the place of death reimbursed up to $2,500
- Return of vehicle to the participant’s place of residence or to the nearest appropriate rental agency up to $1,000 when the participant is unable to operate the vehicle due to unexpected illness or injury and when the travelling companion is also unable to do so
- The cost of one-way economy airfares to the participants province of residence, if the participant’s vehicle is inoperable due to an accident
- Reimbursement for reasonable and customary charges of a one-way economy airfare for the return of dependent children if the participant has been admitted in hospital for more than 48 hours or has been medically repatriated. Includes the cost of an approved escort, if required, at the discretion of Alberta Blue Cross
- Reimbursement up to a maximum of $500 for the cost of one-way transportation to return a pet if the participant is returned to the province of residence by air ambulance
- Reimbursement up to a maximum of $500 for the cost to return personal items such as luggage, if the participant is returned to the province of residence by air ambulance
- Reimbursement up to $250/day per participant to a maximum of $2500/incident for extra costs of unavoidable additional expenses for meals and accommodations incurred by a participant during and after the effective trip dates when remaining with a sick or injured travelling companion
- Extra costs for commercial accommodation or meals up to $250 per day to a maximum of $2500 incurred by a family member or friend visiting with a participant confined in hospital or to identify the deceased. This must be verified by the attending licensed physician that the situation is serious enough to have required the visit and be supported with receipts from commercial organizations. (Extra costs associated with identification of deceased limited to maximum of three days.)

Travel Assistance

In the event of a medical emergency, contact must be made with the travel assistance service within 24 hours. For contact information, refer to the back of your Alberta Blue Cross card. They will provide:

- **Medical Assistance**
  - Assist in locating an appropriate physician, clinic or hospital
  - Confirm coverage and coordinate payment to the hospital or physician
  - Monitor the medical treatment and keep the family informed
  - Arrange the transportation of a family member to the patient’s bedside or to identify the deceased
  - Arrange for transportation home of the patient, if medically necessary

- **General Assistance**
  - Provide emergency response in most major languages
  - Assist in contacting the participant’s family, business partner or family physician
  - Coordinate the safe return home of dependent children, if the adult is hospitalized
  - Arrange the transmission of urgent messages to family members or business partners
  - Provide referral to legal counsel in the event of a serious accident
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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 Extended Medical Plan in order for them to be covered.

LEVELS OF COVERAGE
There are three levels of coverage under the Extended Medical Benefits Plan:
1. Opt Out
2. Core
3. Enhanced

ENROLMENT UPON COMMENCEMENT OF EMPLOYMENT
To enrol in the Extended Medical Plan, sign on to MyAGent and submit your choices electronically or complete and submit a MyCHOICE 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
Coverage in the Extended Medical Benefits Plan will start immediately 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 for that pay period 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 Extended Medical Benefits 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 Extended Medical Benefits Plan for 90 days after your date of death to those dependents already enrolled in your Extended Medical Benefits 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 MyCHOICE, 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.
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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 extended medical 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 extended medical 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 1st choice Extended Medical 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 MyCHOICE Extended Medical Plan coverage 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

For some services, providers will directly bill Alberta Blue Cross for services provided to you. If this method is used, you will only be required to pay the amount not covered by your Plan, otherwise, you will be required to pay the full cost and submit a claim to Alberta Blue Cross for reimbursement.

HOSPITAL BENEFITS

In Alberta, present your Alberta Blue Cross identification card at the hospital for direct billing.

OTHER MEDICAL EXPENSES

Online Claims Submission

Alberta Blue Cross accepts claims online. Electronic claims must be under $1,500 and must be for:

- a product or service provided in Canada;
- a claim that will be paid to you or your eligible dependent and not to the provider of the service;
- a product or service that does not require additional documentation from your health care provider (such as a physician’s written order); or

Coverage for a dependent under your Extended Medical Plan ceases on:

- the last day of the pay period:
- 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.
• a claim that has not been paid, or was paid, in part by another insurance plan. For Coordination of Benefit guidelines, please visit the Alberta Blue Cross website at www.ab.bluecross.ca or contact Alberta Blue Cross directly.

By submitting claims online, you agree to keep your original receipts for a 24-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. To submit claims online, sign-on to the Alberta Blue Cross member online services website.

Manual Submission of Claim Forms
Complete an Alberta Blue Cross Health Services Claim form which is available from the Alberta Blue Cross website at www.ab.bluecross.ca and from most pharmacists. Mail your claim form, with original receipts, directly to Alberta Blue Cross. 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.

EMERGENCY TRAVEL EXPENSES
If you or your eligible dependents experience a medical emergency when travelling outside your province of residence or Canada, you or a travel companion should telephone the Travel Assistance service listed on the back of your Alberta Blue Cross card. If a hospital admission is required, Alberta Blue Cross may, in some situations, be able to coordinate the payment of your hospital claim.

For any remaining emergency travel expenses, an out-of-pocket settlement may be required before returning home and subsequently submitting an Emergency Out of Province/Out of Country Claim form (where applicable), with original receipts to Alberta Blue Cross for reimbursement. Emergency travel claims cannot be submitted online. Travel claim forms can be found on the Alberta Blue Cross website at https://www.ab.bluecross.ca/pdfs/30741.pdf.

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 www.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 email notification each time you are issued a claim payment, claim statement, or treatment plan.
CONSIDERATIONS IN CHOOSING EXTENDED MEDICAL BENEFITS COVERAGE

- Think about your present and anticipated need of such things as eye exams, eyeglasses, paramedical practitioners (i.e., chiropractor, physiotherapist, etc.) — both for yourself and your family
- Do you have coverage through your spouse or benefit partner’s employer?
- Do you have a need for those items available in the Enhanced coverage?
- How comfortable are you that Alberta Health Care and your personal resources would provide adequate coverage for unanticipated medical expenses?
- Are you better off paying a higher premium for the Enhanced coverage or paying out-of-pocket for the expenses if incurred?
- If you want the Enhanced coverage for the emergency travel coverage, is it cheaper to buy this coverage on your own? Will you always remember to buy it whenever you travel outside Canada?

FOR FURTHER INFORMATION

Contact Alberta Blue Cross 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.

You may also contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via email at 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.