MyCHOICE

Prescription Drug Plan
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. For premium information, refer to your MyCHOICE Premium Rate Sheet.

SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Core Coverage</th>
<th>Enhanced Coverage</th>
</tr>
</thead>
</table>
| **Percent Covered** | • 80% of the cost of drugs on the Alberta Blue Cross Drug Benefit List  
• Least Cost Alternative (LCA) policy is in effect | • 80% coverage on the first $5,000 of claims paid per person, then coverage is at 100% |
| **Types of Prescriptions Covered** | • The prescribed drugs or prescription drugs of Least Cost Alternative (LCA) on the Alberta Blue Cross Drug Benefit List  
• Special Authorization requirement for select drug products on the Alberta Blue Cross Drug Benefit List | • Prescription drugs listed on the Alberta Blue Cross Drug Benefit List  
• Special Authorization requirement for select drug products on the Alberta Blue Cross Drug Benefit List |
| **Maximums** | • Maximum of $25,000 per person per benefit year | • No maximum |
| **Cost Sharing** | • 50% employee; 50% employer | • Employer and employee contribute the same premium amount as under Core and the employee pays an additional premium for the Enhanced services |
| **Smoking Cessation Products** | • Lifetime maximum of $500 per person | • Same as Core |

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

Charges incurred for medications as prescribed by a Health Care Professional, who is an immediate family member of the participant, are not eligible for reimbursement by the Plan.
This handbook provides a summary of the principal features of the Prescription Drug 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.

**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, with the Least Cost Alternative (LCA) policy in effect.

- 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 LCA, where there is such an alternative. LCA's contain the same active ingredients, in the same amounts and the same dosage form as a corresponding brand name product. LCA's, like all prescribed drugs in Canada, are manufactured to standards set by Health Canada. It is possible, however, that an LCA may not be the appropriate drug in all instances.

Many drugs do not have a LCA. If you choose Core coverage and your prescription does not have an LCA, you would be reimbursed on the basis of the price of the prescribed drug. If you purchase the brand name drug and there is an LCA, the Plan will pay on the basis of the LCA.

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 [www.ab.bluecross.ca](http://www.ab.bluecross.ca) or call Alberta Blue Cross Customer Services.

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 email to GOA.TimeAndBenefits@gov.ab.ca requesting that this limit be increased. Include in your email 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 email 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.

Core coverage has a $500 lifetime maximum on smoking cessation products.
This handbook provides a summary of the principal features of the Prescription Drug 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.

ENHANCED COVERAGE
Enhanced coverage will reimburse prescribed drugs on the Alberta Blue Cross Drug Benefit List. Expenses will be paid on the basis of the prescribed drug cost regardless of whether or not the drug has an LCA.

- 80% coverage on the first $5,000 of claims paid per person
- 100% after $5,000 of claims
- No 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 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
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 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.
PRESCRIPTION DRUG PLAN

This handbook provides a summary of the principal features of the Prescription Drug 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.

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. 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 1st. 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.

When to Change

• No change allowed
• Increase coverage one or two levels
• Decrease coverage by one level
• Between specified dates each year
• Within 31 days of event occurring

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.

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 **1st 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 **MyCHOICE** 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 **MyCHOICE** 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**

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

- a drug prescribed by a Health Care Professional and dispensed by a licensed pharmacist within Canada;
- a claim that will be paid to you or your eligible dependent and not to the pharmacist;
- a drug that does not require additional documentation (i.e. Special Authorization); or
- 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](http://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**

In the rare instances where the electronic system cannot be accessed, complete an *Alberta Blue Cross Health Services Claim* form. Forms are available from the Alberta Blue Cross website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca) and 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. The financial settlement of the cost of your prescription is between you and your pharmacist.

**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 [www.ab.bluecross.ca](http://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 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 you taking a drug where there is a LCA drug which you cannot take?
- If you or a family member takes prescribed medication and you are uncertain if a LCA is available and is suitable, consult your doctor or pharmacist.
- Are your drug expenses likely to exceed $5,000 per person per benefit year?

**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.

This handbook provides a summary of the principal features of the Prescription Drug 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.