

1stchoice

Prescription Drug Plan

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A benefits program for Government of Alberta
managers and non-union employees

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 **1stchoice Premium Rate Sheet**.

Summary of Benefits

	Core Coverage	Enhanced Coverage
Percent Covered	<ul style="list-style-type: none"> 80% of the cost of drugs on the Alberta Blue Cross Drug Benefit List Least Cost Alternative (LCA) policy is in effect 	<ul style="list-style-type: none"> 80% coverage on the first \$5,000 of claims paid per person, then coverage is at 100%
Types of Prescriptions Covered	<ul style="list-style-type: none"> The prescribed drugs or prescription drugs of Least Cost Alternative (LCA) on the Alberta Blue Cross Drug Benefit List 	<ul style="list-style-type: none"> Prescription drugs listed on the Alberta Blue Cross Drug Benefit List
Maximums	<ul style="list-style-type: none"> Maximum of \$25,000 per person per benefit year 	<ul style="list-style-type: none"> No maximum
Cost Sharing	<ul style="list-style-type: none"> 50% employee; 50% employer 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Lifetime maximum of \$500 per person 	<ul style="list-style-type: none"> Same as Core

Medications must be prescribed by a physician, dentist or a licensed health care professional and dispensed by a licensed pharmacist.

Charges incurred for medications as prescribed by a physician, dentist or licensed health care professional, who is an immediate family member of the participant, 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

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 least cost alternative. 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.

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

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, complete and submit a **1stchoice Enrolment** form. 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 Prescription Drug 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 Prescription Drug Plan upon commencement, you will be able to enrol at the next Choice Time or within 31 days of a Life Event.

Changing Your Benefit Coverage

After you have been enrolled in **1stchoice**, 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"> • No change allowed 	<ul style="list-style-type: none"> • Increase coverage one or two levels • Decrease coverage by one level 	<ul style="list-style-type: none"> • Increase coverage one or two levels
Coverage Class Change from Family to Single Change from Single to Family	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Yes • Yes 	<ul style="list-style-type: none"> • Yes • Yes
When to Change		<ul style="list-style-type: none"> • Between specified dates 	<ul style="list-style-type: none"> • 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.

Choice Time

Choice Time is a specific time-frame which occurs during June/July of the odd-numbered years (i.e., 2011, 2013, etc.) and provides you with the opportunity to change your benefit coverage subject to the rules of each benefit plan. You may make the following change 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 an eligible benefit recipient
- Divorce, death, or loss of an eligible benefit recipient
- Birth, adoption or guardianship of a first child;
- Change in your child's eligibility
- Dependent child's loss of coverage under an individual or other parent's benefit plans; or
- Employee's and/or eligible benefit recipient's loss of coverage under individual or group benefit plans

By applying to 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

Co-ordination of Benefits

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

You and your eligible benefit recipient 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 eligible benefit recipient works for the Government of Alberta and is covered under this benefit plan or the **MyCHOICE** Prescription Drug Plan, your claim will be co-ordinated by Alberta Blue Cross provided all the necessary information has been submitted. If your dependent children are covered under both your and your eligible benefit recipient's plans, the claim should first be submitted to the plan of the parent with the birthday earliest in the calendar year, then to the other parents' plan.

Termination of Coverage

Your **1stchoice** 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 **1stchoice** 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 an eligible benefit recipient as defined under the Plan; or
- When the dependent child turns age 21 or 25 years of age and no longer meets the eligibility requirements as defined under the Plan.

Claim Procedures

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.

In the rare instances where the electronic system cannot be accessed, complete an *Alberta Blue Cross Health Services Claim* form. Forms are available from Alberta Blue Cross, their website at www.ab.bluecross.ca and most pharmacists. The reimbursement from the plan will be mailed to you at your home address. The financial settlement of the cost of your prescription is between you and your pharmacist.

Claims must be submitted within 12 months of the date services were provided.

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 eligible benefit recipient's plan?
- Are you taking a drug where there is a Least Cost Alternative 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 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
Fort McMurray.	780-790-3390
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 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 the Government of Alberta managers and non-union employees. The terms and conditions of the plan are governed by a Trust Agreement approved by the Government of Alberta.