

Extended Medical Benefits Plan

MyCHOICE

A benefits program for Government of Alberta union employees

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

	Core Coverage	Enhanced Coverage
Maximums	\$25,000 per benefit year on all expenses combined	No maximum
Cost Sharing	50% employee; 50% employer	Employer and employee contribute the same premium amount as under the Core and employee pays an additional premium for the Enhanced services

Services, Supplies and Products	Covered Under Core Plan	Covered Under Enhanced Plan
Accidental Dental Coverage	Yes	Same as Core
Ambulance	Yes	Same as Core
Auxiliary Hospital Care	Yes	Same as Core
Emergency Travel Benefits	No	Yes
Eye Exams	Yes	Yes
Foot Orthotics	No	Yes
Hearing Aids	No	Yes
Home Nursing Care	Maximum of \$15,000 in a 3 consecutive year period	Maximum of \$30,000 in a 3 consecutive year period
Hospital	Semi-private room	Private room
Medical Supplies	Yes	Same as Core
Orthopaedic Shoes	No	Yes
Paramedical Practitioners <ul style="list-style-type: none"> • Acupuncturist • Chiropodist • Chiropractor • Massage Therapist • Naturopathic Doctor/Practitioner • Physiotherapist • Podiatrist • Speech Pathologist • Occupational Therapist • Sports Therapist 	Yes	Yes
Permanent Braces	Yes	Same as Core
Prosthetics (artificial limbs and eyes)	Yes	Same as Core
Psychologist	Yes	Yes
Vision Care (lenses, frames, contacts)	No	Yes
Wheelchair or Disability Scooter	Maximum of \$4,000 in a 3 consecutive year period	Maximum of \$8,000 in a 3 consecutive year period
Wigs and Hairpieces	Yes	Same as Core

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 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

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 \$1000 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 or LPN 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

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, syringes and 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
- **Prosthetics (artificial limbs and eyes)**, includes purchase, repair or replacement of a prosthesis. Must be a rigid support of metal or plastic manufactured according to a physician's written order. Does not include myoelectric controlled prostheses
- **Splints, trusses, crutches, casts and canes**
- **Stump socks**, maximum of six pairs per benefit year
- **Surgical stockings**, maximum of two pairs per benefit year
- **Walkers, traction kits**, on a physician's written order
- **Wheelchair or disability scooter**, purchase, rental or repair of a manual or motorized wheelchair or disability scooter, to a maximum of \$4,000 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
- **Wigs and hairpieces**, if required as a result of a medical need, to a lifetime maximum of \$400 per person

Paramedical Practitioners

Acupuncturist, Chiropractor, Chiropractor, Massage Therapist, Naturopathic Doctor/Practitioner, Occupational Therapist, Physiotherapist, Podiatrist, Speech Pathologist, Sports Therapist

- Up to \$50 per visit including one x ray per service, within a **combined maximum of \$1,000** per benefit year for all paramedical services. This is after any funding under provincial programs is first accessed, exhausted or not available. The \$1000 maximum 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 80% per visit to a benefit year maximum of \$1000 for individual or family therapy (not group) provided by a Chartered Psychologist or person holding a Master of Social Work degree

Enhanced Coverage

The Enhanced coverage provides you with the same coverage as under Core, with the exception of Home Nursing Care and Wheelchair/Disability Scooter; which have higher maximums. It also provides additional coverage as follows:

Eye Exams

- Up to \$100 per person every 24 months from the date of the last exam

Foot Orthotics

- Up to \$200 per person per benefit year if prescribed by a physician, podiatrist or chiropodist

Hearing Aids

- \$2,000 every four years
- Must be prescribed by a physician or audiologist

Home Nursing Care

- Covers only medically required nursing services of a RN, RNA or LPN after government or agency maximums have been reached
- Up to \$30,000 in a three consecutive year period, from the first billing date of service
- Must be on a physician's written order and pre authorized by Alberta Blue Cross

Hospital

- Private accommodation
- Includes out of province in Canada hospital benefits

Orthopaedic Shoes

- Up to \$250 per person per benefit year for custom shoes or adjustments to stock item footwear (cost of stock item footwear is excluded)
- Must be prescribed by a physician

Paramedical Practitioners

Acupuncturist, Chiropract, Chiropractor, Massage Therapist, Naturopathic Doctor/Practitioner, Occupational Therapist, Physiotherapist, Podiatrist, Speech Pathologist, Sports Therapist

- Paramedical services, including one x ray per service, within a **combined maximum of \$1,000** per benefit year for all paramedical services. This is after any funding under provincial programs is first accessed, exhausted or not available. The \$1000 maximum 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 \$1000 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 are listed below.

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 \$100 per hospital stay will be paid to the inpatient
- Physicians' and surgeons' charges
- Physiotherapist, chiropractor, chiropract 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

- Abuse of medication, toxic substances, alcohol or non-prescription drugs; or
- Driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
- Commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offence; or
- Participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking or terrorism, or
- Participation in any riot, public confrontation, civil commotion, or any other act of aggression

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, complete and submit a **MyCHOICE** *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 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.

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

Extended Medical Benefits 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 one or two levels Decrease one level 	<ul style="list-style-type: none"> Increase 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 even-numbered years (i.e., 2010, 2012 etc), which 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 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 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 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 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

Co-ordination of Benefits

If you have family coverage under one or more extended medical 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 1st Choice Extended Medical 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 MyCHOICE extended medical 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 extended medical 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

Hospital Benefits

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

Other Medical Expenses

Complete an *Alberta Blue Cross Health Services Claim* form to be reimbursed for covered expenses. Forms are available from their 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.

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 *Outside Canada Claim* form (where applicable), with original receipts to Alberta Blue Cross for reimbursement.

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 eligible benefit recipient'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 two or more years 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
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: 1800 6616995

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 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 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.