## Benefits at a Glance – Supplementary Health Care Edmonton Fire Fighters' Union

| Coverage   | Benefit Description  |  |  |  |
|--|--|--|--|--|
| Hospital   | <ul> <li>Semi-private hospital room accommodation in Alberta.</li> <li>Charges for hospital room accommodation outside Alberta will be paid at the lower of semi-private ward rate or \$40 per day.</li> </ul>                     |  |  |  |
| Deductible   | <ul> <li>\$30 per calendar year – The amount of covered expenses that must be<br/>incurred and paid by the employee each year before benefits become<br/>payable under the Plan.</li> </ul>  |  |  |  |
| Drugs  • Direct Bill   | <ul> <li>Drugs that require a prescription under Provincial or Federal law,<br/>prescribed by a physician or dentist and dispensed by a licensed<br/>pharmacist and included in the drug formulary (drug benefit list).</li> </ul> |  |  |  |
| 80% reimbursement of the drug<br>cost based on Least Cost<br>Alternative | Drugs not requiring a prescription by law but are prescribed by a physician or dentist and are only available for sales under the direct supervision of a pharmacist.  |  |  |  |
|  | <ul> <li>New drugs that meet the criteria above will be reviewed to determine if the<br/>new drug product will be added to formulary.</li> </ul>   |  |  |  |
|  | <ul> <li>Drugs that can be purchased over-the-counter are not eligible under the<br/>plan.</li> </ul>  |  |  |  |
|  | <ul> <li>Reimbursement is based on the Least Cost Alternative (LCA) drug. LCA<br/>drugs have the same active ingredients as other drug products (e.g. brand<br/>name) but are less costly.</li> </ul>                              |  |  |  |
| Ambulance  | Charges incurred in Canada for professional ambulance services to an active treatment hospital when required due to illness or injury.   |  |  |  |
| 80% coverage   |  |  |  |  |
| Artificial Limbs/Breast Prosthesis                                       | <ul> <li>Artificial limbs (excluding myoelectric-controlled prosthesis)</li> </ul>   |  |  |  |
| 80% coverage   | Artificial eyes  |  |  |  |
| • \$2000 Maximum*  | Braces which incorporate a rigid support of metal or plastic   |  |  |  |
| Physician written order required   | • Trusses  |  |  |  |
|  | <ul><li>Cervical collars</li><li>Breast prosthesis as a result of a mastectomy</li></ul>   |  |  |  |
|  | <ul> <li>All appliances must be required to treat an existing medical condition.</li> </ul>  |  |  |  |
|  | The repair or replacement of a breast prosthesis does not require the written order of a physician, however such replacement or repair shall be limited to once in twenty-four (24) months.  |  |  |  |

<sup>\*</sup> Per calendar year per single or family coverage

| Or   | thopedic Appliances  | •  | Reimbursement is limited to \$250.0   | 00 or                   | nce in twenty-four (24) months.   |  |  |
|--|--|--|---|-------------------------|---|--|--|
| •  | • 100% coverage  |  | All appliances must be custom made and required to treat an existing medical condition.   |                         |   |  |  |
| •  | \$250 maximum  |  | Over the counter footwear is excluded.  |                         |   |  |  |
| •  | Physician written order required   | •  | Over the counter rootwear is exclud   | ueu.                    |   |  |  |
| Home Nursing                               |  | •  | runoning care provided in the normally a practical or regional and  |                         |   |  |  |
| •  | 80% coverage   |  | where the covered person is suffering a chronic or debilitating condition   |                         | a chronic or debilitating condition.  |  |  |
| •  | Maximum of \$2000 *  | •  | Home-making services are not eligible.  |                         |   |  |  |
| •  | Physician written order required   |  |   |                         |   |  |  |
| Clinical Psychology/Masters Social<br>Work |  | Treatment must be provided by a psychologist registered with the<br>Psychology Association of Alberta or a Masters in Social Work. |   |                         |   |  |  |
| •  | 50% of the cost of a treatment session   | •  | Coverage is not provided for counselling sessions provided by practitioners who are not registered with PAA or who do not hold a  |                         |   |  |  |
| •  | Maximum of \$1000 *  |  |   | Masters in Social Work. |   |  |  |
|  |  | •  | Coverage is not provided for asses  |                         |   |  |  |
| Re<br>•                                    | spiratory Equipment<br>80% coverage  | •  | Oxygen and related supplies (inclu aerochambers, and tubing).   | ding                    | compressors, nebulizers, masks,   |  |  |
| •  | Maximum of \$1000 *  | •  | Inhalation devices for delivery of in   | hale                    | d asthmatic medication  |  |  |
| •  | Physician written order required   | •  | Reimbursement is limited to 50% for   | or blo                  | ood glucose monitors.   |  |  |
|  |  | •  | Reimbursement is also limited to o each five-year period.   | ne m                    | nachine per covered member in   |  |  |
| Co   | lostomy/lleostomy Supplies   | •  | Colostomy Supplies  | •                       | Urostomy Supplies   |  |  |
|  |  |  |   |                         |   |  |  |
| •  | 80% coverage   | •  | Ileostomy Supplies  | •                       | Adult Incontinence Supplies   |  |  |
| •  | 80% coverage Physician written order required  | •  | Ileostomy Supplies  | •                       | Adult Incontinence Supplies   |  |  |
| •<br>•<br>Dia                              | _  | •  | Ileostomy Supplies  Lancets/Penlets   | •                       | Adult Incontinence Supplies  Urine Test Strips  |  |  |
| Dia  | Physician written order required   | •  |   | •                       |   |  |  |
| Dia  | Physician written order required   | •  | Lancets/Penlets   | •                       | Urine Test Strips   |  |  |
| •  | Physician written order required  abetes Supplies 80% coverage Physician written order required  ysiotherapy   | •  | Lancets/Penlets Lancing Devices   |                         | Urine Test Strips Syringes Insulin Pen Needles n excess of those paid by the  |  |  |
| •  | Physician written order required  abetes Supplies 80% coverage Physician written order required  | •  | Lancets/Penlets Lancing Devices Blood Glucose Test Strips  Services of a qualified physiotheral Regional Health Authority's Comm  | unity<br>a \$2          | Urine Test Strips Syringes Insulin Pen Needles  n excess of those paid by the Rehabilitation Program (CRP).   |  |  |
| Ph   | Physician written order required  abetes Supplies 80% coverage Physician written order required  ysiotherapy 80% coverage  | •  | Lancets/Penlets Lancing Devices Blood Glucose Test Strips  Services of a qualified physiotheral Regional Health Authority's Comm Each covered person must satisfy to being eligible to receive reimburs covered by the CRP program.  The plan will pay for chiropractic see   | unity<br>a \$2<br>seme  | Urine Test Strips Syringes Insulin Pen Needles  n excess of those paid by the Rehabilitation Program (CRP).  50 deductible per benefit year prior ent from the plan for any visits not es once all allowable limits have                                    |  |  |
| • • • • • • • • • • • • • • • • • • •      | Physician written order required  abetes Supplies  80% coverage Physician written order required  ysiotherapy  80% coverage Maximum of \$1000 *  |  | Lancets/Penlets Lancing Devices Blood Glucose Test Strips  Services of a qualified physiotheral Regional Health Authority's Comm Each covered person must satisfy to being eligible to receive reimburs covered by the CRP program.   | unity<br>a \$2<br>seme  | Urine Test Strips Syringes Insulin Pen Needles  n excess of those paid by the Rehabilitation Program (CRP).  50 deductible per benefit year prior ent from the plan for any visits not es once all allowable limits have                                    |  |  |
| • • • • • • • • • • • • • • • • • • •      | Physician written order required  abetes Supplies 80% coverage Physician written order required  ysiotherapy 80% coverage Maximum of \$1000 *  |  | Lancets/Penlets Lancing Devices Blood Glucose Test Strips  Services of a qualified physiotheral Regional Health Authority's Comm Each covered person must satisfy to being eligible to receive reimburs covered by the CRP program.  The plan will pay for chiropractic see   | unity a \$2 seme        | Urine Test Strips Syringes Insulin Pen Needles  n excess of those paid by the r Rehabilitation Program (CRP).  50 deductible per benefit year prior ent from the plan for any visits not es once all allowable limits have re.  g the date the maximum was  |  |  |
| Ph.  | Physician written order required  abetes Supplies 80% coverage Physician written order required  ysiotherapy 80% coverage Maximum of \$1000 *  iropractor 75% of the cost of a treatment session | •  | Lancets/Penlets Lancing Devices Blood Glucose Test Strips  Services of a qualified physiotheral Regional Health Authority's Comm Each covered person must satisfy to being eligible to receive reimburcovered by the CRP program.  The plan will pay for chiropractic sebeen reached under Alberta Health A letter from Alberta Health Care s | ervice cla              | Urine Test Strips Syringes Insulin Pen Needles  n excess of those paid by the Rehabilitation Program (CRP).  50 deductible per benefit year priorent from the plan for any visits not es once all allowable limits have re.  g the date the maximum was im. |  |  |

<sup>\*</sup> Per calendar year per single or family coverage

## **Benefit Description** Coverage Acupuncture Acupuncture administered by a registered acupuncturist as a pain reliever or anesthetic. 50% of the cost of a treatment session Maximum of \$500 \* Reason for treatment must be noted on the receipt. **Accidental Dental** Repair, extraction and/or replacement of natural teeth damaged by a direct accidental external blow to the mouth. 100% reimbursement of usual and customary charges Repair, extraction and/or replacement must be completed within 12 months of the date of the accidental injury. **Hearing Aids** Purchase and repair of hearing aids. 50% coverage Maintenance, batteries and recharging devices are not covered. Maximum of \$1000 \* in any 5 consecutive calendar years Physician written order required **Speech Therapy** Services provided by a speech therapist for dependents 18 years of age or younger. 100% coverage Excludes services provided to members, their spouses, or dependents over 18 years of age. \$500 Maximum All government funding must be fully accessed first. **Eye Exams** Reimbursement in excess of amounts not paid by Alberta Health Care. 80% coverage to a maximum of \$50 per covered person in any two consecutive calendar years.

For some benefits the first payer will be a government program or another plan. For further information please call Alberta Blue Cross.

The Supplementary Health Care Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.

This summary provides general information only. The terms and conditions of the collective agreement take precedence.

September 6, 2005





<sup>\*</sup> Per calendar year per single or family coverage