



Coverage	Benefit Description
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<p><b>Hospital</b></p>	<ul style="list-style-type: none"> <li>• Semi-private hospital room accommodation</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>								
<p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>• Direct Bill</li> <li>• 80% reimbursement of the drug cost based on Least Cost Alternative</li> <li>• 100% reimbursement of the Dispensing Fee Cap to a certain maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Drugs that require a prescription under Provincial or Federal law, prescribed by a physician or dentist and dispensed by a licensed pharmacist and included in the drug formulary.</li> <li>• New drugs that meet the criteria above will be reviewed to determine if the new drug product will be added to formulary.</li> <li>• Drugs that can be purchased over-the-counter are not eligible under the plan.</li> <li>• Reimbursement is based on the Least Cost Alternative (LCA) drug. LCA drugs have the same active ingredients as other drug products (e.g. brand name) but are less costly.</li> <li>• The amount that is paid for a prescription drug includes the cost of the drug product, inventory allowance and a dispensing fee. The dispensing fee charged varies between pharmacies. The Plan will reimburse 100% of the dispensing fee to a certain maximum. The maximum amount reimbursed is based on the cost of the drug including any amount charged for inventory allowance, as described below.</li> </ul> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Drug Cost</th> <th style="text-align: center;">Maximum Dispensing Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0.00 - \$74.99</td> <td style="text-align: center;">\$5.00 reimbursement</td> </tr> <tr> <td style="text-align: center;">\$75.00 - \$149.00</td> <td style="text-align: center;">\$7.50 reimbursement</td> </tr> <tr> <td style="text-align: center;">\$150.00 or greater</td> <td style="text-align: center;">\$10.00 reimbursement</td> </tr> </tbody> </table>	Drug Cost	Maximum Dispensing Fee	\$0.00 - \$74.99	\$5.00 reimbursement	\$75.00 - \$149.00	\$7.50 reimbursement	\$150.00 or greater	\$10.00 reimbursement
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<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>• 80% coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Charges incurred in Canada for professional ambulance services to an active treatment hospital when required due to illness or injury.</li> </ul>								

\* Per calendar year per single or family coverage

Coverage	Benefit Description
<b>Artificial Limbs/Breast Prosthesis</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>\$2000 Maximum*</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Artificial limbs (excluding myoelectric-controlled prosthesis)</li> <li>Artificial eyes</li> <li>Braces which incorporate a rigid support of metal or plastic</li> <li>Trusses</li> <li>Cervical collars</li> <li>Breast prosthesis as a result of a mastectomy</li> <li>All appliances must be required to treat an existing medical condition.</li> <li>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.</li> </ul>
<b>Home Nursing</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2000 *</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Nursing care provided in the home by a practical or registered nurse where the covered person is suffering a chronic or debilitating condition.</li> <li>Home-making services are not eligible.</li> </ul>
<b>Clinical Psychology/Masters Social Work</b> <ul style="list-style-type: none"> <li>80% of the cost of a treatment session</li> <li>Maximum of \$1000 *</li> </ul>	<ul style="list-style-type: none"> <li>Treatment must be provided by a psychologist registered with the Psychologists' Association of Alberta (PAA) or a Masters in Social Work.</li> <li>Coverage is not provided for counselling sessions provided by practitioners who are not registered with PAA or who do not hold a Masters in Social Work.</li> <li>Coverage is not provided for assessments.</li> </ul>
<b>Respiratory Equipment</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2,500 *</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Oxygen and related supplies (including compressors, nebulizers, masks, aerochambers, and tubing).</li> <li>Purchase of one CPAP machine per covered member in each five-year period.</li> <li>One blood glucose monitor per covered member in each five-year period.</li> </ul>
<b>Colostomy/Ileostomy Supplies</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Colostomy Supplies</li> <li>Ileostomy Supplies</li> <li>Urostomy Supplies</li> <li>Adult Incontinence Supplies</li> </ul>
<b>Diabetes Supplies</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Lancets/Penlets</li> <li>Lancing Devices</li> <li>Blood Glucose Test Strips</li> <li>Urine Test Strips</li> <li>Syringes</li> <li>Insulin Pen Needles</li> </ul>
<b>Insulin Pumps</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$5,000 *</li> </ul>	<ul style="list-style-type: none"> <li>Excludes transmitters and sensors</li> </ul>
<b>Physiotherapy</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$1000 *</li> </ul>	<ul style="list-style-type: none"> <li>Services of a qualified physiotherapist</li> </ul>
<b>Chiropractor</b> <ul style="list-style-type: none"> <li>80% of the cost of a treatment session</li> <li>Maximum of \$2000 *</li> </ul>	<ul style="list-style-type: none"> <li>Services of a licensed chiropractor</li> </ul>

\* Per calendar year per single or family coverage

Coverage	Benefit Description
<b>Massage Therapy</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$1000 *</li> </ul>	<ul style="list-style-type: none"> <li>Services of a qualified massage therapist</li> </ul>
<b>Podiatry</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$500 *</li> </ul>	<ul style="list-style-type: none"> <li>The plan will pay for podiatry services once all allowable limits have been reached under Alberta Health Care.</li> <li>A letter from Alberta Health Care stating the date the maximum was reached must be submitted with the claim.</li> </ul>
<b>Acupuncture</b> <ul style="list-style-type: none"> <li>80% of the cost of a treatment session</li> <li>Maximum of \$500 *</li> </ul>	<ul style="list-style-type: none"> <li>Acupuncture administered as a pain reliever or anesthetic.</li> <li>Reason for treatment must be noted on the receipt</li> </ul>
<b>Orthopedic Appliances</b> <ul style="list-style-type: none"> <li>\$350 once in each two year period for the usual and reasonable costs</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Must be required to treat an existing medical condition</li> </ul>
<b>Hearing Aids</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2,500 * in any 5 consecutive calendar years</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Purchase and repair of hearing aids.</li> <li>Maintenance, batteries and recharging devices are not covered.</li> </ul>
<b>Eye Exams</b> <ul style="list-style-type: none"> <li>\$80 per covered person in any two consecutive calendar years</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement in excess of amounts not paid by Alberta Health Care.</li> </ul>

For some benefits the first payer will be a government program or another plan. For further information please call Alberta Blue Cross Customer Service at 780-498-8000 within Edmonton and the area or toll-free at 1-800-661-6995.

*The Major Medical 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.**

May 2022



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