

Benefits at a Glance – Major Medical Plan Out-Of-Scope

Coverage	Coverage								
Hospital	<ul style="list-style-type: none"> Semi-private hospital room accommodation 								
Deductible	<ul style="list-style-type: none"> \$30 per calendar year –The amount of covered expenses that must be incurred and paid by the employee each year before benefits become payable under the Plan. 								
Claim Submission Deadline	<ul style="list-style-type: none"> All claims must be received by the Plan Adjudicator (i.e. Alberta Blue Cross) no later than April 30 of the year following the year the expenses are incurred. 								
Drugs <ul style="list-style-type: none"> Direct Bill 80% reimbursement of the drug cost based on Least Cost Alternative 100% reimbursement of the Dispensing Fee Cap to a certain maximum 	<ul style="list-style-type: none"> 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. New drugs that meet the criteria above will be reviewed to determine if the new drug product will be added to formulary. Drugs that can be purchased over-the-counter are not eligible under the plan. 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. 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. 								
<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;"><u>Drug Cost</u></th> <th style="text-align: center; padding: 5px;"><u>Maximum Dispensing Fee</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$0.00 - \$74.99</td> <td style="text-align: center; padding: 5px;">\$5.00 reimbursement</td> </tr> <tr> <td style="text-align: center; padding: 5px;">\$75.00 - \$149.00</td> <td style="text-align: center; padding: 5px;">\$7.50 reimbursement</td> </tr> <tr> <td style="text-align: center; padding: 5px;">\$150.00 or greater</td> <td style="text-align: center; padding: 5px;">\$10.00 reimbursement</td> </tr> </tbody> </table>	<u>Drug Cost</u>	<u>Maximum Dispensing Fee</u>	\$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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Smoking Cessation <ul style="list-style-type: none"> 80% coverage 	<ul style="list-style-type: none"> Prescription smoking cessation products for one continuous course of treatment per lifetime per covered person. 								

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Ambulance <ul style="list-style-type: none"> 80% coverage 	<ul style="list-style-type: none"> Charges incurred in Canada for professional ambulance services to an active treatment hospital when required due to illness or injury. 	
Artificial Limbs/Breast Prosthesis <ul style="list-style-type: none"> 80% coverage \$2000 Maximum* Physician written order required 	<ul style="list-style-type: none"> Artificial limbs (excluding myoelectric-controlled prosthesis) Artificial eyes Braces which incorporate a rigid support of metal or plastic Trusses Cervical collars Breast prosthesis as a result of a mastectomy All appliances must be required to treat an existing medical condition. 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. 	
Home Nursing <ul style="list-style-type: none"> 80% coverage Maximum of \$2000 * Physician written order required 	<ul style="list-style-type: none"> Nursing care provided in the home by a practical or registered nurse where the covered person is suffering a chronic or debilitating condition. Home-making services are not eligible. 	
Clinical Psychology/Masters Social Work <ul style="list-style-type: none"> 50% of the cost of a treatment session Maximum of \$1000 * 	<ul style="list-style-type: none"> Treatment must be provided by a psychologist registered with the Psychologists' Association of Alberta (PAA) or a Masters in Social Work. 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. Coverage is not provided for assessments. 	
Respiratory Equipment <ul style="list-style-type: none"> 80% coverage Maximum of \$1000 * Physician written order required 	<ul style="list-style-type: none"> Oxygen and related supplies (including compressors, nebulizers, masks, aerochambers, and tubing). Reimbursement for CPAP machines limited to once per lifetime. 	
Colostomy/Ileostomy Supplies <ul style="list-style-type: none"> 80% coverage Physician written order required 	<ul style="list-style-type: none"> Colostomy Supplies Ileostomy Supplies 	<ul style="list-style-type: none"> Urostomy Supplies Adult Incontinence Supplies
Diabetes Supplies <ul style="list-style-type: none"> 80% coverage Physician written order required 	<ul style="list-style-type: none"> Lancets/Penlets Lancing Devices Blood Glucose Test Strips 	<ul style="list-style-type: none"> Urine Test Strips Syringes Insulin Pen Needles

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Physiotherapy <ul style="list-style-type: none"> 80% coverage Maximum of \$1000 * 	<ul style="list-style-type: none"> Services of a qualified physiotherapist in excess of those paid by the Regional Health Authority's Community Rehabilitation Program (CRP). Each covered person must satisfy a \$250 deductible per benefit year prior to being eligible to receive reimbursement from the plan for any visits not covered by the CRP program.
Chiropractor <ul style="list-style-type: none"> 75% of the cost of a treatment session Maximum of \$1000 * 	<ul style="list-style-type: none"> The plan will pay for chiropractic services once all allowable limits have been reached under Alberta Health Care. A letter from Alberta Health Care stating the date the maximum was reached must be submitted with the claim.
Podiatry <ul style="list-style-type: none"> 80% coverage Maximum of \$500 * 	<ul style="list-style-type: none"> The plan will pay for podiatry services once all allowable limits have been reached under Alberta Health Care. A letter from Alberta Health Care stating the date the maximum was reached must be submitted with the claim.
Acupuncture <ul style="list-style-type: none"> 50% of cost of a treatment session Maximum of \$500 * Reason for treatment must be noted on the receipt 	<ul style="list-style-type: none"> Acupuncture administered as a pain reliever or anesthetic.
Hearing Aids <ul style="list-style-type: none"> 50% coverage Maximum of \$1000 * in any 5 consecutive calendar years Physician written order required 	<ul style="list-style-type: none"> Purchase and repair of hearing aids. Maintenance, batteries and recharging devices are not covered.
Eye Exams <ul style="list-style-type: none"> 80% coverage to a maximum of \$50 per covered person in any two consecutive calendar years 	<ul style="list-style-type: none"> Reimbursement in excess of amounts not paid by Alberta Health Care.

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. For some benefits the first payer will be a government program or another plan. For more information or to confirm coverage call Alberta Blue Cross Customer Services at 498-8000 or the City's Employee Service Centre at 780/944-4311.

January 6, 2010

