

## Benefits at a Glance – Major Medical Benefits Amalgamated Transit Union 569 (Main) Employees

| Coverage  | Benefit Description  |                  |                               |                  |                      |                    |                      |                     |                       |
|---|--|------------------|-------------------------------|------------------|----------------------|--------------------|----------------------|---------------------|-----------------------|
| <b>Hospital</b>   | <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>   |                  |                               |                  |                      |                    |                      |                     |                       |
| <b>Drugs</b> <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 style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Drug Cost</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Maximum Dispensing Fee</u></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> | <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 |
| <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  |                  |                               |                  |                      |                    |                      |                     |                       |
| <b>Ambulance</b> <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>   |                  |                               |                  |                      |                    |                      |                     |                       |
| <b>Artificial Limbs/Breast Prosthesis</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>\$3000 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>  |                  |                               |                  |                      |                    |                      |                     |                       |

\* Per calendar year per single or family coverage

| Coverage   | Benefit Description  |
|--|--|
| <b>Orthopedic Appliances</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>\$350 maximum</li> <li>Physician written order required</li> </ul>         | <ul style="list-style-type: none"> <li>Reimbursement is limited to \$350.00 once in each 2 year period.</li> <li>All appliances must be required to treat an existing medical condition.</li> </ul>  |
| <b>Home Nursing</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$3000 *</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>50% of the cost of a treatment session</li> <li>Maximum of \$1500 *</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 \$1500 *</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>Reimbursement is limited to 50% for blood glucose monitors. Reimbursement is also limited to one machine per covered member in each five-year period.</li> <li>Reimbursement for CPAP machines limited to once per lifetime.</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>Chiropractor</b> <ul style="list-style-type: none"> <li>75% of the cost of a treatment session</li> <li>Maximum of \$1000 *</li> </ul>                            | <ul style="list-style-type: none"> <li>The plan will pay for chiropractic services once all allowable limits have been reached under Alberta Health Care.</li> </ul>   |
| <b>Physiotherapy</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$1500 *</li> </ul>   | <ul style="list-style-type: none"> <li>Services of a qualified physiotherapist in excess of those paid by the Regional Health Authority's Community Rehabilitation Program (CRP).</li> </ul>   |

\* Per calendar year per single or family coverage

| Coverage  | Benefit Description  |
|---|--|
| <b>Podiatry</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$800 *</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>50% of the cost of a treatment session</li> <li>Maximum of \$800 *</li> <li>Reason for treatment must be noted on the receipt.</li> </ul> | <ul style="list-style-type: none"> <li>Acupuncture administered by a registered acupuncturist as a pain reliever or anesthetic.</li> </ul>   |
| <b>Hearing Aids</b> <ul style="list-style-type: none"> <li>50% coverage</li> <li>Maximum of \$1000 * 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>Coverage to a maximum of \$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.*

*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.**

**December 2015**



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