

## Benefits at a Glance – Major Medical Plan Out-of-Scope

Coverage	Benefit Description
<b>Hospital</b>	<ul style="list-style-type: none"> <li>Semi-private hospital room accommodation</li> </ul>
<b>Ambulance</b>	<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>
<ul style="list-style-type: none"> <li>80% coverage</li> </ul>	
<b>Drugs</b>	<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 with some exceptions.</li> <li>New drugs that meet the criteria above will be reviewed to determine if the new drug product will be added to the 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). LCA drugs have the same active ingredients as other drug products (e.g. brand name) but are less costly.</li> <li>Prescription smoking cessation products for one continuous course of treatment per lifetime per covered person.</li> <li>Oral contraceptives at 80% up to a maximum of \$250 per year</li> <li>Drugs for the management of obesity or weight loss, sexual dysfunction, fertility and hair replacement are not covered</li> </ul>
<ul style="list-style-type: none"> <li>80% reimbursement of the drug cost based on Least Cost Alternative with some exceptions</li> <li>\$5.00 Dispensing Fee Cap</li> </ul>	
<b>Clinical Psychology</b>	<ul style="list-style-type: none"> <li>Treatment must be provided by either 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</li> </ul>
<ul style="list-style-type: none"> <li>80% of the cost of a treatment session</li> <li>Maximum of \$1000 *</li> </ul>	
<b>Home Nursing</b>	<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> <li>Practical or registered nurse cannot be related to the member or their dependent (s)</li> </ul>
<ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2000 *</li> <li>Physician written order required</li> </ul>	
<b>Respiratory Equipment</b>	<ul style="list-style-type: none"> <li>Oxygen and related supplies (including compressors, nebulizers, masks, aerochambers, and tubing).</li> <li>Air cleaning devices, ionizing machines, vaporizers, and humidifiers are excluded</li> <li>Physician written order required</li> </ul>
<ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2,500 *</li> </ul>	

\* Per calendar year per single or family coverage

Coverage	Benefit Description	
<p><b>Braces &amp; Prosthetics</b></p> <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 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>	
<p><b>Colostomy/Ileostomy/Urostomy</b></p> <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> </ul>	<ul style="list-style-type: none"> <li>• Urostomy Supplies</li> <li>• Adult incontinence supplies</li> </ul>
<p><b>Diabetes Supplies</b></p> <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> </ul>	<ul style="list-style-type: none"> <li>• Urine Test Strips</li> <li>• Syringes</li> <li>• Insulin pen needles</li> </ul>
<p><b>Insulin Pumps</b></p> <ul style="list-style-type: none"> <li>• 80% coverage*</li> </ul>	<ul style="list-style-type: none"> <li>• Excludes transmitters and sensors</li> </ul>	
<p><b>Physiotherapy</b></p> <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 licensed physiotherapist</li> </ul>	
<p><b>Chiropractor</b></p> <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 licensed chiropractor.</li> </ul>	
<p><b>Massage Therapy</b></p> <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 registered massage therapist</li> </ul>	
<p><b>Podiatry</b></p> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$500 *</li> </ul>	<ul style="list-style-type: none"> <li>• Services of a licensed podiatrist</li> <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>	

\* Per calendar year per single or family coverage

Coverage	Benefit Description
<p><b>Acupuncture</b></p> <ul style="list-style-type: none"> <li>80% coverage</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>
<p><b>Hearing Aids</b></p> <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>
<p><b>Eye Exams</b></p> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$80 per covered person in any two consecutive calendar years</li> </ul>	<ul style="list-style-type: none"> <li>Eye examinations administered by an optometrist or ophthalmologist</li> <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 with Edmonton and 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.**

December 18, 2012



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