HBTA Health Benefit Trust of Alberta

Primary Care Network
EDMONTON SOUTHSIDE

Benefit Plan

All Eligible Employees

Effective March 1, 2024

The Health Benefit Trust of Alberta (HBTA) is owned by health care employers that participate in a diverse, multi-employer plan. The owners are responsible for the HBTA and its management. The HBTA operates on a not-for-profit basis and is governed by a Policy Council whose members are from participating employers. The HBTA Policy Council is committed to being fiscally responsible, operating in the best interests of the participants, and being accountable to the participants.

This booklet describes your benefit plan and has been prepared by the Employee Benefits and Retirement Programs Group of Alberta Health Services, acting in their role as the HBTA Plan Administrator. The HBTA Plan Administrator also provides professional consulting and administrative services to the HBTA Policy Council and employers participating in the HBTA.

The information provided herein does not create or confer any contractual rights. The application of policies, contracts, and legal plan documents will apply should a discrepancy arise.

The HBTA Policy Council is the Group Policyholder for all benefit plan policies and contracts. The authorization to distribute HBTA benefit plan policy copies has been delegated to the HBTA Plan Administrator only. Any inquiries related to copies of the contract or legal action should be directed to your Benefits Representative.

The HBTA Plan Administrator
Employee Benefits & Retirement Programs Centre of Expertise
Alberta Health Services

EDMONTON SOUTHSIDE PRIMARY CARE NETWORK

ALL ELIGIBLE EMPLOYEES

BENEFIT PLAN

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DISCLAIMER

This is a summary of the principal features of the plan and is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Master Policies between the Policy Council of the Health Benefit Trust of Alberta and the insurers/providers of services: Canada Life, Industrial Alliance and Alberta Blue Cross.

Note: **Great-West Life has rebranded as Canada Life. The Great-West Life logo will continue to be seen until the transition to Canada Life is complete.**

Benefit Plan Summary & Section List

Plan		Coverage	Cost Share EE/ER*	Carrier	Policy #	M/O**	Details
Basic Life		2X basic annual earnings	ER 75%	Canada Life	17002	M	Maximum $500,000 for Basic Life and Additional Basic combined
Additional Basic Life		1X basic annual earnings	EE 100%	Canada Life	17002	O	
Optional Life		Purchase in units of $10,000 for yourself and/or your spouse	EE 100%	Canada Life	17202	O	Evidence of Insurability required Maximum $200,000 per person
Optional Dependent Life		$10,000 spouse $5,000 each child	EE 100%	Canada Life	17202	O	
Basic Accidental Death & Dismemberment (AD&D)		2X basic annual earnings	ER 75%	Industrial Alliance	100007623	M	Maximum $500,000 for Basic AD&D and Additional Basic AD&D combined
Additional Basic Accidental Death & Dismemberment (AD&D)		1X basic annual earnings	EE 100%	Industrial Alliance	100007623	O	
Optional Accidental Death & Dismemberment (AD&D)		Purchase in units of $10,000 (family plan available)	EE 100%	Industrial Alliance	100007624	O	Maximum coverage is $350,000
Long Term Disability***		66 2/3% of basic regular salary payable after 24 weeks of disability, to a maximum of $6670/month	ER 75%	Canada Life	17102	M	Benefit is taxable; payable beyond 24 weeks of disability. LTD benefits continue after 24 months of total disability no longer than age 65, subject to maximums
Supplementary Health; Vision Care, Out of Province/Country Emergency Health (OOPC)		Prescription drugs Private/semi-private hospital room Auxiliary hospital Ambulance Medical aids/supplies Paramedical services	ER 75%	Alberta Blue Cross	Group 25000	M	Mandatory coverage unless opt out requirements are met Family coverage must be selected if you have dependents; if no other election is made, single coverage is provided Must have provincial health coverage Must be enrolled in Supplementary Health in order to have Vision Care & OOPC Emergency Health. $1,000,000 combined maximum per person per benefit year, applicable to all benefits excluding OOPC which provides up to $2,000,000 per person per incident for health emergencies outside Alberta
Dental		Basic, extensive and orthodontic coverage	ER 75%	Alberta Blue Cross	Group 25000	M	
Flexible Spending Account (1% of basic annual salary prorated to FTE)	Health Spending	Allocated amount reimburses eligible expense claims	ER 100%	Alberta Blue Cross	Group 25000	M	Covers Canada Revenue Agency approved expenses; original receipts required
	Personal Spending						Covers specified expenses for Wellness, Professional Development and Family Care
	RRSP	Allocated amount purchases RRSP		See Benefits Representative regarding account registrations			Registered Retirement Savings Plan purchased via payroll; see Benefit Representative for details

**ER = Employer; EE = Employee*
***M = Mandatory; O = Optional*
****There is an overall maximum which is detailed in the Long Term Disability section of this booklet.*

Note: Premiums are paid by payroll deduction.
The Flexible Spending Account requires annual selections. If you fail to allocate your selections, default

selections apply. Refer to “If You Do Not Allocate” in the General Provisions section of this booklet

Section #	Mandatory Benefit**	Optional Benefits
18B	Basic Life, Basic AD&D, Long Term Disability, Supplementary Health, Vision, Out of Province/Country Emergency Health, Dental, Flexible Spending Account	Additional Basic Life, Optional Life, Optional Dependent Life, Additional Basic AD&D, Optional AD&D
18F	Basic Life, Basic AD&D, Supplementary Health, Vision, Out of Province/Country Emergency Health, Dental, Flexible Spending Account	Additional Basic Life, Optional Life, Optional Dependent Life, Additional Basic AD&D, Optional AD&D
18I*	Basic Life, Basic AD&D, Long Term Disability, Supplementary Health, Vision, Out of Province/Country Emergency Health, Dental, Flexible Spending Account	Additional Basic Life, Optional Life, Optional Dependent Life, Additional Basic AD&D, Optional AD&D

**Employee on Leave – benefit premiums are 100% employee paid, Flexible Spending Accounts 100% employer paid.*
***If you have coverage for Supplementary Health (includes vision & out of province/country emergency health) or Dental under a spousal plan or with another employer, you may choose to decline coverage under this plan. Evidence of participation in the other plan is required.*

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General Provisions

Eligibility

You may be eligible to participate in the benefit plan if you have permanent status, are regularly scheduled to work at least 15 hours per week averaged over a shift schedule, and have completed the required waiting period. You may also qualify for the benefit plan if you are a temporary employee with a term greater than six months and are scheduled to work at least 15 hours per week averaged over a shift schedule.

Effective Dates of Coverage

The Life, AD&D and Long Term Disability benefit plans become effective 3 months from your date of employment, where applicable. Supplementary Health, Vision Care, Out of Province/Country Emergency Health and Dental benefits become effective on the first of the month following 3 months from your date of employment.

You must be actively at work on the date coverage is to begin. If you are absent because of injury, illness or a leave, coverage will begin when you have resumed your regular and full duties.

Required Participation

All eligible employees must participate in:

- Basic Life
- Basic Accidental Death and Dismemberment
- Long Term Disability
- Supplementary Health (including Vision Care & Out of Province/Country Emergency Health)*
- Dental*
- Flexible Spending Account

Optional Participation

You can choose to participate in the following plans:

- Additional Basic Life and Additional Basic Accidental Death & Dismemberment
- Optional Life
- Optional Dependent Life
- Optional Accidental Death & Dismemberment

If you enroll in these optional plans you will pay 100% of the premium.

* If you have coverage for Supplementary Health or Dental under a spousal plan or with another employer, you may choose to decline coverage under this plan. Evidence of participation in the other plan is required.

* Late applicant penalties, including retroactive premiums, will apply to those seeking Supplementary Health & Dental coverage at a later date unless coverage under the other employer or spousal plan ends. If coverage ends, contact your Benefits Representative as soon as possible as you must make your request to enroll in this plan within 31 days of the loss of the other plan.

Definition of Dependents

Dependents eligible for coverage must permanently reside in Canada and are defined as follows:

Spouse

- A person who is legally married to the employee according to applicable provincial legislation; or
- A common law spouse who has cohabitated with the employee for a minimum of 12 consecutive months, having been represented as the employee's spouse, and who is not a blood relative.

An employee can insure only one spouse at a time. Unless otherwise formally requested by the employee, the person legally married to the insured employee shall be considered to be the spouse. A change from common law spouse to legal spouse is valid only when the legal spouse is cohabitating with the employee. An ex-spouse is not an eligible dependent.

Dependent Children

A child is insurable from live birth if he is unmarried and:

- a natural, adopted or step child of the employee or insured spouse, or
- a child for whom the employee or the insured spouse has been appointed legal guardian by a court of law if in the care and control of the insured employee. Proof of guardianship is required.

A child under age 21 must be financially dependent upon the employee and not working more than 30 hours per week, unless a full time student.

A child age 21 or over must be:

- A full time student under age 25; or
- Incapacitated for a continuous period beginning
    - before age 21; or
    - while a full time student and before age 25.

A child is considered incapacitated if he is incapable of supporting himself due to a physical or psychiatric disorder and is fully dependent upon the employee for maintenance and support.

Note: Incapacitation must be total and permanent and may require ongoing proof.

A child of the insured spouse does not qualify unless:

- he or she is a child of the employee; or
- the spouse is living with the employee and has custody of the child.

A child is considered a full time student if he is in registered attendance at an accredited post-secondary educational institution on a full time basis as defined by that institution, and ineligible for coverage under another employer sponsored benefit plan as an employee or a spouse.

A child being paid to attend an educational institution is not considered to be a full time student.

Termination

Your coverage terminates on the earlier of the date that:

- the policy terminates,

you cease to be actively at work due to termination of employment,

- your employment status changes so that you are no longer eligible for coverage,
- you do not contribute your share of the premiums,
- 30 months from your original date of disability if you are not actively at work.

Dependent coverage (if applicable) terminates on the earlier of the date the employee or the dependent is no longer eligible.

Claims

Supplementary Health and Dental Claims

Payment of eligible Supplementary Health and Dental expenses will be made providing a claim is received by Alberta Blue Cross within 12 months of the date the expense was incurred. If your coverage terminates Alberta Blue Cross must receive your claims within 2 months of your plan termination date.

Some benefit expenses are billed directly to Alberta Blue Cross such as prescriptions dispensed by a pharmacist or expenses submitted electronically by your dentist or optometrist. Hospital benefits may be provided on a direct payment basis. If you are charged for the full amount, it is your responsibility to submit a claim for reimbursement.

Some Health Services are covered on a reimbursement basis. You must pay the provider, obtain an official receipt and submit this to Blue Cross for payment.

A Dentist or Dental Mechanic may elect to bill Blue Cross directly for payment, or may choose to collect the full cost of services from the patient. It is your responsibility to submit the expense to Blue Cross for reimbursement.

Out of Province/Country Emergency Health benefits should be claimed on an Out of Province/Country Claim Form which is available from the Alberta Blue Cross website or from any Alberta Blue Cross office.

Coordination of Benefits

Coordination of Benefits is a process whereby individuals, couples or families can coordinate two or more benefit plans to receive the maximum eligible coverage. The ability to coordinate benefits is standard practice among benefits carriers in Canada.

The insurance industry has guidelines for the order in which individuals, couples or families may submit claims.

The following is an example of how benefits are coordinated with a spouse's plan.

- **If the expense was incurred by you:** submit the claim first under your group plan. Any portion of the expense not covered by your plan may then be submitted under your spouse's plan.
- **If the expense was incurred by your spouse:** submit the claim first under your spouse's plan. Any portion of the expense not covered by your spouse's plan may then be submitted under your group plan.
- **If the expense was incurred by a dependent child:** submit the claim first to the plan of the parent whose birth month occurs first in the calendar year. If both parental birthdays are in the same month, then submit the claim first to the plan of the parent whose day of birth is earlier. If both parental birth dates are on the same month and day (regardless of year), submit the claim first to the plan of the parent whose first letter of their first name is earlier in the alphabet. Any unpaid balance can then be submitted to the other parents plan.

Benefits may be coordinated at your health care professional's office by providing both coverage numbers. You may also submit claim forms directly to your provider. You must answer the question on the claim form regarding the coverage you are coordinating with so the insurers can ensure the claim has been submitted in the correct order.

To find out how to coordinate benefits with another plan contact Alberta Blue Cross directly or refer to the brochure “Understanding Coordination of Benefits” available at: https://www.ab.bluecross.ca/pdfs/80839.pdf

Health Spending Account Claims

Unpaid balances for claims submitted to your Supplementary Health and Dental plans transfer automatically to your Health Spending Account for reimbursement, provided you have credits available.

If you prefer to control which expenses are submitted to your Health Spending Account, are coordinating benefits, or if you are planning to save your credits for a particular medical or dental expense, you can turn the automatic payment feature off by completing a Request for Discretionary Payment form. By asking for discretionary payments, this means that reimbursement will only be paid if a completed form is submitted to Alberta Blue Cross. The Request for Discretionary Payment form is available from your Benefit Representative.

All other eligible Health Spending account expenses that are not covered by your Supplementary Health and Dental plan can be submitted directly to Alberta Blue Cross for reimbursement.

You may call the Alberta Blue Cross Customer Service Contact Centre at 1-800-661-6995 during operation hours to check the balance of your account or you may view your statements online.

Note: Your Health Spending Account year end is December 31. Alberta Blue Cross must receive your Spending Account claims within 2 months of year end. Be sure to allow sufficient lead time for mailing and processing. Claims received after 2 months from year end will not be processed.

You can submit most claims to Alberta Blue Cross electronically. The online process is easy, secure and quick with a daily processing schedule. Register online as indicated in the “Online Claim Submission” section.

You can also submit completed paper claim forms. See “Claims Payments” below, as the processing schedule for paper claims is not the same as online claims. Claim forms may be obtained from any Alberta pharmacy, your local Blue Cross office or the Alberta Blue Cross website.

Online Claim Submission

The convenience of electronic submission for your eligible Supplementary Health, Dental and Spending Account claims are available through Alberta Blue Cross. To take advantage of this convenient option, you must register with Alberta Blue Cross on the Plan Member Website at https://www.ab.bluecross.ca/online_services.php and select paperless options that include direct deposit and electronic statements. Electronic claims are processed by Alberta Blue Cross on a daily basis. See “Claims Payments” below for further information. Once your claim(s) are submitted you are required to keep copies of your expense receipts for 24 months in the event you are subject to audit. A list of eligible expenses available for online submission can also be found on this website. Some restrictions apply.

Alberta Blue Cross has online security safeguards in place to protect your information and privacy and to ensure claims are eligible and legitimate.

If you have questions or require assistance with registering for online claim submission or submitting an online claim, contact Alberta Blue Cross at 1-800-661-6995.

Claim Payments

All claim payments issued by Alberta Blue Cross must be made payable to you. Claim payments for these expenses are produced based on the following types of claim submissions:

Electronic/Online claims:

- Daily payment schedule

Paper claims:

- Payment for claims of at least $20 are processed at mid-month and month end.
- Claims of $2 or more but less than $20 paid at the end of the calendar year.
- Claims are paid to the extent that the expenses are eligible.

You may view your statements online anytime at https://www.ab.bluecross.ca/online_services.html. You may also call the Alberta Blue Cross Customer Services Contact Centre at 1-800-661-6995 during operating hours to check the status of your claims.

If you have not registered for online statements, your statements will be sent to the home address on file with Alberta Blue Cross.

Alberta Blue Cross Plan Member Website

The Alberta Blue Cross Plan Member website provides many resources regarding your Supplementary Health, Dental and Spending Accounts. You can elect to go paperless. Online claims submission and claim forms are available. Your claims history, status of claims, explanation of benefits statements and other information regarding your claims and coverage is available on the Alberta Blue Cross Member Services web site: https://www.ab.bluecross.ca/online_services.php. To access your personal information, you must register on the site.

Forms

All Alberta Blue Cross Claim Forms can be found at https://www.ab.bluecross.ca/forms.php.

Life Insurance

In the event of a death of anyone covered under your group life insurance plans, you or your beneficiary will need to contact your Benefits Representative to initiate a claim.

Accidental Death and Dismemberment Insurance

If you or one of your covered dependents is accidentally injured or killed, you or your beneficiary will need to contact your Benefits Representative as soon as possible for assistance initiating an AD&D claim. Industrial Alliance must be informally notified of a pending claim within 30 days of an accident. Industrial Alliance must receive a completed claim within 90 days of the accident. If received later, the claim will not be paid.

Long Term Disability

You should file your claim for disability benefits as soon as possible if it is expected your disability will persist longer than 24 weeks. This will help prevent payment delays. Claims received by Canada Life more than 12 months from your original date of disability will not be paid.

A completed LTD claim form will be required.

Please contact your Benefits Representative if you are unsure of the process to file a claim.

Limitation Periods for Legal Actions

Under the terms of the Insurance Act, the timeframe to initiate a legal action with respect to the denial of a claim under a group life or accident and disability policy is limited to two years.

Supplementary Health

The Supplementary Health plan (including Vision Care) assists with specific medically required expenses that are not covered under the provincial health care plan. All covered expenses are based on reasonable and customary charges. If you also have coverage under another plan for any of these expenses, the claim will be coordinated up to combined reimbursement of 100%.

The Supplementary Health plan benefit year is from April 1 to March 31 of the following year. Coverage terminates at the end of the month following your termination date.

Prescription Drugs

Your direct bill coverage for drugs in the Drug Benefit List is 80% of the cost, providing the drug has been prescribed by a Health Care Professional and dispensed by a licensed pharmacist. $7.00 dispensing fee cap, generic pricing with prescriber substitution, step therapy and special authorization are applied.

Prescription drugs are limited to a 100 day supply at a time. As well, the drug must fall into one of the following categories:

- Drugs requiring a prescription by Provincial or Federal Law as defined in the current Alberta Blue Cross Drug Benefit List;
- Selected Over the Counter products as defined in the current Alberta Blue Cross Drug Benefit List;
- Convention Drugs.

Eligible prescription drugs include, but are not limited to:

- Contraceptive Drugs
- Insulin
- Potassium
- Lactulose
- Allergy Serum
- Fertility Drugs – $10,000 lifetime maximum, per person
- Smoking Cessation Drugs – $1,500 per lifetime, per person
- Weight Loss Drugs
- Vaccines
- Hair Loss Drugs – $2,500 per lifetime, per person
- Sexual Dysfunction Drugs

Other Health Services

You have coverage for the following at 100%, subject to specified limits and maximums: Alberta Blue Cross managed fee guide is applied.

Accidental Dental Care – dental treatment required for the repair, extraction and/or replacement of natural teeth as a result of a direct, accidental, external blow to the mouth. The maximum reimbursement is $3,000 per accident. The injury must occur while you are covered under this plan and the treatment must be made within 12 months of your injury.

Aerochamber – 80% to a maximum of $40 in a 24 consecutive month period for the purchase of an aerochamber device for children under 11 years of age.

Ambulance Service:

- **Ground Ambulance** – eligible expenses to a maximum set in the current Blue Cross schedule of ambulance rates, for services of a professional ground ambulance required to transport a patient who is ill or has an injury, when medically necessary, to or from the nearest hospital able to provide appropriate medical care. The ambulance must be licensed to operate in the jurisdiction where the service was rendered.

Audiologist – $750 per person, per benefit year

Braces – custom fitted braces (excluding sport braces) which incorporate a rigid support of metal or plastic, on the written order of a Health Care Professional. Maximum one custom fitted brace per limb in 24 months.

Diabetic Equipment – eligible expenses for the purchase of devices used in the management of diabetes:

- Annual combined maximum of $6,000 per year, per person:
  - Flash Glucose Monitoring Reader – 1 per participant in a 24 month period,
  - Flash Glucose Monitoring Sensor – 30 sensors per participant in a 12 month period
  - Continuous Glucose Monitoring Receiver
  - Continuous Glucose Monitoring Transmitter
  - Continuous Glucose Monitoring Sensors
- Insulin Infusion Pump (including supplies) – 1 every 5 years to a maximum of $7,500.
- Insulin pump supplies, infusion sets, syringe/reservoir, tubing – 80% coverage

Diabetic supplies – 100% direct bill coverage for covered diabetic supplies for the monitoring and treatment of diabetes. Maximum of 3,000 blood glucose test strips per year. Other supplies including lancing devices, lancets, pen needles, syringes, and urine test strips is included at 100% coverage.

Foot Orthotics – 80% to a maximum of $550 per person each benefit year on the written order of a Health Care Professional.

Hearing Aids – 80% to a maximum of $2,500 per person, every 4 years. for the purchase of hearing aids on the written order of a Health Care Professional.

Home Nursing Care – $10,000 per person, per benefit year on the written order of a Health Care Professional for nursing services provided by a nurse and certified in writing by the attending Health Care Professional as medically necessary for the condition of the person. Treatment must be provided by a person who does not reside in the person's home and is not related to the person by blood or marriage. Home nursing care will only be covered once all government programs and agency maximums have been reached. Coverage must be pre-approved by Alberta Blue Cross.

Hospital Rooms

- Private or Semi-Private Room – Hospital charges more than the Alberta Health standard ward accommodation for a private or semi-private room in a public general active treatment hospital in Canada subject to a reasonable and customary daily maximum as determined by Alberta Blue Cross
- Auxiliary Care Private or Semi-Private Room – Treatment received for auxiliary care subject to a reasonable and customary daily maximum as determined by Alberta Blue Cross.

Ileostomy, Colostomy, Urinary Catheters & Supplies – $1,500 per person each benefit year.

Joint Injectable

Laboratory Services – Includes Bioavailability, Fertility, HPV test, PSA test, Fecal calprotectin test, Anti-transglutaminase test, Antiphospholipid test and HyCoSy (sonography) test to a maximum of $2,000 per person, per year.

Mastectomy Prosthesis – $250 per prosthesis once per 24 months on the written order of a Health Care Professional. Purchase of a supporting brassiere is covered for a maximum of 2 brassieres, each benefit year per person when used in conjunction with the external mastectomy prosthesis.

Medical Aids – eligible expenses for:

- Casts, canes, cervical collars, crutches, splints, traction kits, trusses, and walkers
- Mechanical/hydraulic patient lifters – 1 every 5 years
- Neuromuscular Stimulator (TENS machine) – 1 every 5 years
- Extremity Pump – 1 every 2 years
- Lux Lamps/SAD Light – 1 every 5 years

Medical Durable Equipment – on the written order of a Health Care Professional and when medically necessary for the person's condition, eligible expenses to the maximums and frequency limits as outlined below:

- Sleep Apnea Appliance – Includes CPAP/BiPAP/dental appliance – eligible if obstructive sleep apnea condition is diagnosed as moderate to severe. Physician written order and sleep study is required to confirm Apnea Hypopnea Index (AHI) of 15 and over – 1 every 3 years.
  Supplies included but do not require a written order of a Health Care Professional.
- Blood testing monitor – $175 every 5 years
- Hospital bed – includes manual or electric; rental, purchase, or repairs – up to $2500 per participant per 5 years.
- Wheelchair – include 1 manual or electric wheelchair every 3 years.
- Respirator/Ventilator, Passive Motion Machine – 1 every 3 years
- Seating Aid – 1 every 2 years
- Alternating Pressure Pump Unit, Coagulation Monitor – 1 every year
- Pulse Meter Machine – 1 every 24 months
- Nebulizer
- Blood Pressure Monitor – 1 every 5 years

Orthopedic Shoes – $1,000 per person each benefit year for custom orthopedic shoes on the written order of a Health Care Professional. Stock item footwear is not covered.

Oxygen and equipment supply– oxygen and the rental or purchase of equipment supplies for its use to a combined maximum of $3,000 each benefit year per person.

Paramedical Practitioners – Licensed Podiatrist/Chiropodist, Chiropractor, Massage Therapist, Osteopath, Physiotherapist, Acupuncturist, Naturopath, Occupational Therapist, Athletic Therapist, Dietician/Nutritionist, Kinesiology and Homeopathic Therapy are covered at 80% to a combined maximum of $2,500 for all paramedical services, per person, each benefit year. Charges for service provided by a Podiatrist/Chiropodist, Osteopath and/or Physiotherapist are covered once all provincial government funding has been accessed. Services are limited to one visit per type of specialty per day.

Prosthetic Appliances – purchase or replacement of conventional artificial limbs which are required to restore form and function, and which are manufactured according to specifications on the written order of a Health Care Professional. Maximum 1 every 2 years per body side.

Psychology Services – services provided by a Psychologist, Master of Social Work, Registered Social Worker, or Councelor for the assessment and treatment of mental or emotional illness including family counseling and group therapy is covered at 80% to a maximum of $3000 per person, per benefit year.

Speech Language Pathologist – services provided by a licensed Speech Language Pathologist to a maximum of $1,000 per person, each benefit year once all provincial government funding has been fully accessed.

Stump Socks – up to 6 pair per person each benefit year.

Surgical Stockings – up to 2 pair per person each benefit year.

Wigs – on the written order of a Health Care Professional indicating the related medical conditions, covered up to $250 per 5 years.

There is a $1,000,000 combined maximum per participant each benefit year for Supplementary Health, Dental and Vision Care.

Survivor Benefits

Supplementary Health and Dental benefits continue for your surviving enrolled dependents without payment of premiums for a period of up to 3 full calendar months following your death.

Vision Care

The Vision Care Plan reimburses you and your eligible dependents up to $400 per person per benefit period (see below). Vision Care benefits are paid only if the corrective glasses or contact lenses are prescribed by a licensed medical doctor, ophthalmologist or an optometrist.

Benefit Period:

Adult (14 years of age and older)
- 24 months

Child (under age 14)
- 12 months

This includes coverage for:
- Frames
- Intraocular lens (lens implants)
- Lenses coatings and tints
- Oversize lens
- Prescription glasses
- Prescription sunglasses
- Prescription lenses (single, bifocal, trifocal, progressive)
- Prescription safety glasses
- Contact lenses
- Corrective/laser eye surgery
- Cataract lens
- Vision repairs

Eye Exams – Eye examinations for adults under 65 are covered once in a 24 month period, in addition to the vision maximum.

Out of Province/Country Emergency Health

You are covered by the Alberta Blue Cross Out of Province/Country Emergency Travel Plan. To ensure your claim is accepted, ensure Travel Assistance Services is advised within 24 hours of using the services listed. A toll-free contact number is shown on the back of your Alberta Blue Cross identification card. Failure to do so can result in the payment of medical expenses being denied or delayed.

Out of Province/Country Emergency Health Insurance covers you and your eligible dependents for emergency medical expenses incurred in excess of the amount covered by your provincial health care plan. These benefits will be paid on a reasonable and customary basis for the area in which the charges are incurred.

Medical Coverage

Blue Cross will cover emergency services for 30 days to a maximum of $2,000,000 in Canadian funds per person per incident. Covered expenses include:

- Cost of hospital accommodation in a public general active treatment hospital
- Physicians' and surgeons' charges
- Outpatient services provided by a public general active treatment hospital
- Incidental expenses up to $100 per hospital stay
- Ambulance/medical evacuation to the nearest qualified medical facility
- Other expenses typically included under your supplementary health care plan

Repatriation

You will be reimbursed for the cost of returning you or your eligible dependents to their home province. The costs covered include:

- A round trip economy airfare for a family member or friend to visit the participant while confined in hospital or in the event of death, to identify the deceased
- Return of the deceased including preparation and transportation, but not the cost of a coffin, is reimbursed up to $7,000. The cost of cremation or burial at the place of death is reimbursed up to $2,500
- Return of the participant's rental or private vehicle up to $1,000 when you or your traveling companion are unable to operate a vehicle
- Reimbursement of up to $150 per day to maximum $1,500 per incident for extra costs incurred by the participant remaining with a traveling companion when return home is delayed due to illness or injury

Travel Assistance

In the event of a medical emergency, Travel Assistance Services provides support worldwide in emergency medical situations while traveling outside of your home province or Canada. They will:

- assist in locating an appropriate physician, clinic or hospital
- confirm coverage and coordinate payment to the hospital or physician
- supervise the medical treatment and keep the family informed
- arrange the transportation of a family member to the patient's bedside or to identify the deceased
- arrange for the transportation home of the patient, if medically necessary

General Assistance

- Provide emergency response in most major languages.
- Assist in contacting the participant's family, business partner or family physician.
- Coordinate the safe return home of dependent children, if the adult is hospitalized.
- Arrange the transmission of urgent messages to family members or business partners.
- Provide referral to legal counsel in the event of a serious accident.
- Coordinate claims processing and negotiate health care provider discounts.
- Provide pre-departure information concerning visas and vaccinations.

Alberta Blue Cross, in consultation with the attending physician, reserves the right to transfer the patient to another hospital or return the participant to his or her province of residence. Refusal to comply with the transfer request will absolve Blue Cross of any further liability.

Limitations

- Benefits are payable only for the period of time your coverage is in force.
- Benefits are payable only for the expenses incurred outside your province of residence.
- The travel assistance service must be contacted within 24 hours of hospital admission. (Note: Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed).
- The insurer reserves the right to transfer the insured person to another hospital or return the insured person to the province of residence (Note: refusal to comply with the transfer request will absolve the insurer of further liability).
- Neither the insurer nor the approved travel provider is responsible for the availability, quality or results of any medical treatment or transportation, or the failure of the insured person to obtain medical treatment.
- Benefits are payable only for the expenses incurred outside your province of residence.

Dental

The Dental plan provides coverage for dental expenses incurred by you and your eligible dependents. The Introduction and Benefit Plan Summary and General Provisions sections of this booklet provide further information about this plan.

The Dental Plan benefit year is from April 1 to March 31 of the following year. Coverage terminates at the end of the month following your termination date.

Covered Expenses

You and your eligible dependents are covered for expenses related to Basic, Extensive and Orthodontic dental expenses as defined below to the level and maximum indicated. Coverage is based on the Usual and Customary Dental fee guide.

Basic Dental Services	80%, to a maximum $2,500 per person each benefit year
Extensive Dental Services	50%, to a maximum $2,500 per person each benefit year
Orthodontic Services	50%, to a maximum $2,500 per person per lifetime

The Dental plan is provided to encourage and maintain good dental health for you and your family. If you also have coverage under another plan for any of these expenses, the claim will be coordinated up to 100% combined allowable reimbursement.

Pre-Treatment Authorization

If you or your dependents require dental services which are expected to cost more than $800, a dental treatment plan evaluation from Alberta Blue Cross is recommended. Once approved, the treatment plan is valid for a maximum period of 120 days from the date issued and is subject to the terms and conditions as noted on the evaluation.

Basic Dental Services

Diagnostic Services

- Complete oral examination – one per lifetime per person per Health Care Professional
- Limited (recall) examinations and/or specific examinations – one in any 12 month period for adults and one in any 6 month period for dependent children
- Consultations – only when performed by another Health Care Professional
- Emergency examinations
- Bite-wing x-rays – one in any 12 month period for adults and one in any 6 month period for dependent children
- Complete series of panoramic radiographs – one set per person in any 24 month period
- General orthodontic examination – one per lifetime per person per Health Care Professional

Preventive Services

- Polishing – one time unit in any 12 month period for adults and one time unit in any 6 month period for dependent children
- Fluoride treatments – one in any 12 month period for adults and one in any 6 month period for dependent children
- Pit and fissure sealants
- Space maintainers when provided to maintain space for the eruption of permanent teeth

Restorative Services

- Restorations – one per 24 months up to 5 surfaces per tooth

Oral Surgery

- Extractions and other oral surgery including pre and post-operative care.

Endodontics

- Pulpal/Root Canal Therapy – one per tooth in any 24 months period

Periodontics

- Scaling and root planing –12 time units per participant in any 12 month period
- Sub-gingival periodontal irrigation – one per 6 month period, per participant
- Periodontic surgery
- Osseous surgery
- Osseous and soft tissue grafts
- Desensitization
- Management of oral infections

General Anesthesia

- When required in the course of dental treatment

Denture Services

- Relines and Rebasing – one service per denture in any 24 month period.
- Liners – one per denture in any 36 month period
- Adjustments – provided at least 3 months has lapsed from placement of denture.
- Repairs – where a further impression is not required.
- Major repairs – where a further impression is required.

Extensive Dental Services

Prosthodontic Appliances

Limited to one of the following services per tooth:

- Crowns – one in any 5 year period when tooth cannot be adequately restored to form and function with a filling.
- Fixed Bridges – one in any 5 year period
- Inlays and Onlays – one in any 5 year period when tooth cannot be adequately restored to form and function with a filling.
- Processed veneers – one in any 5 year period
- Gold restorations – one in any 5 year period
- Implant – $1,250 per implant to accumulate toward the annual maximum.
- Bruxism/TMJ appliance – one in any 3 year period
- Bridge Repairs and Relines

Denture Services

- Dentures – partial or complete, one upper and/or one lower per person in any 5 year period
- Tissue Conditioning

Orthodontics

Diagnostic Services

- Cephalograms, facial and intraoral photographs, diagnostic models
- Consultation and case presentation

Habit Breaking Appliances

- Treatment for correcting a harmful habit such as tongue thrusting or thumb sucking.

Interceptive, Interventive, Preventative

- Fixed or removable appliances, functional appliance therapy, formal banding treatment

Note: A Treatment Plan is required for orthodontic services. Adult Orthodontia is included.

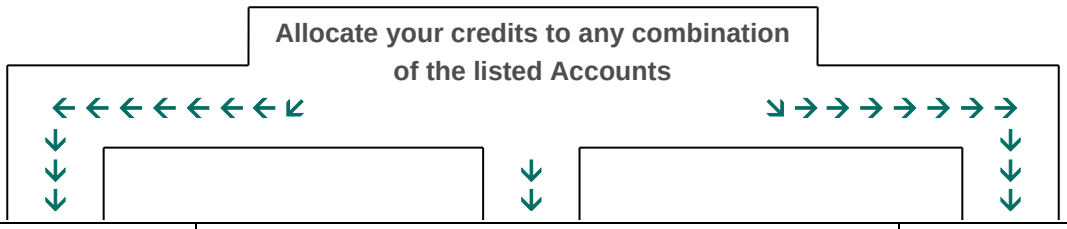
Limitations and Exclusions

Reimbursement will be limited to the maximums described in this booklet. If you select treatment that is more expensive than the treatment normally deemed necessary and adequate, reimbursement will be based on the lesser fee.

Flexible Spending Account

The Flexible Spending Account (FSA) is designed to enhance your Supplementary Health and Dental benefits coverage and encourage fitness, wellness and professional development, and to assist with family care needs and retirement planning. **No employee contribution is required**. This program is fully employer funded. The Introduction and Benefit Plan Summary and General Provisions sections of this booklet provide further information about this plan.

The FSA is an individual employee account that provides benefit dollars (credits). You can direct these credits to a non-taxable Health Spending Account, a taxable Personal Spending Account, or you can also direct your credits into a Registered Retirement Savings Account (RRSP). Once a year you make an irrevocable allocation of your credits among these options.



Health Spending	Personal Spending	Group RRSP
· Expenses above Supplementary Health and Dental Plan maximums · Expenses that exceed the maximum or are not covered by, the Supplementary Health and Dental plans · Employee-paid Supplementary Health and Dental premiums	· Daycare/home care/nanny fees · Dependent Care: Medical and/or non-medical (caregiver support transportation, home care assistance, etc.) · Expenses related to the care of a dependent (spouse, parent, etc.) · Tuition, books, seminars, course travel costs, etc. · Professional and voluntary association fees · Software related to professional development · Nutritional counseling, nutritional supplements · Fitness/Wellness instruction (aerobics, weight counseling, etc.) · Fitness Centre/Sports League/Facility fees · New/used home fitness equipment · Sports equipment (skis, helmets, bicycles, athletic footwear, etc.) Note: Some expenses may be eligible under the Health Spending Account	· Registered Retirement Savings Plans · You can select from a menu of investment options
Non-taxable benefit	Taxable benefit	Taxable benefit (tax receipt issued to offset)
Employee and eligible dependent expenses	Employee and eligible dependent expenses only	Employee and/or spouse

Health Spending – These claims must meet Canada Revenue Agency (CRA) guidelines as an eligible tax-deductible expense.

Personal Spending – All expenses reimbursed under these categories are subject to income tax, CPP and EI and your employer will process the necessary deductions through payroll. Original receipts can be retained, as some expenses may be eligible for personal tax relief.

Group RRSP – No tax is deducted on RRSP contributions, but contributions are included on your T4 as a taxable earning. To defer paying tax, the carrier issues tax receipts to be included when filing personal income tax statements.

Account Balances

The Flexible Spending Account is funded on a calendar year basis. Any funds left in your account at the end of each year will be carried forward to the following year. If these funds are not spent during the year to which they have been carried forward, they will be forfeited at the end of that year. You must ensure that your claim is received by Alberta Blue Cross within two months of the end of the year in which the expense is incurred in order for it to be paid.

Note: Claim balances are available online, anytime, at https://www.ab.bluecross.ca/online_services.php or by calling Alberta Blue Cross at 1-800-661-6995.

Credits

If you are eligible for this program, each January 1st, credits are deposited into your FSA. Your full credit amount is 1% of basic annual salary prorated according to your full time equivalency (FTE) on December 1st of the preceding benefit year. Your credit amount does not change throughout the year if you undergo a FTE or salary change. If you become eligible for this plan mid-year, your credits are prorated relative to the amount of time that remains in the year.

These credits can be allocated to one or more of the following accounts:

1. Health Spending Account
2. Personal Spending Account
3. Group RRSP

Note: Each year, (normally in December) you are required to allocate your flex credits for the following year. If you have not submitted your allocation instructions, and if they have not been received and confirmed within the timeframe provided, 100% of your new credits will default to your Health Spending Account.

Health Spending Account (non-taxable)

The Health Spending Account is a non-taxable account. No personal income taxes are payable on these credits as long as the medical, dental, and vision expenses adhere to Canada Revenue Agency's guidelines. You may cover expenses for yourself and anyone you report on your income tax as an eligible dependent, which is defined by CRA and described later in this document.

The Health Spending Account provides coverage for medical, dental, and vision expenses not fully covered or excluded from coverage under your core benefit plan. The Canada Revenue Agency (CRA) defines non-taxable, eligible expenses under its guidelines, and these are subject to change without notice. A copy of these guidelines is available on the CRA Website.

Personal Spending Account (taxable)

The Personal Spending Account is taxable because the eligible expenses do not adhere to the Canada Revenue Agency guidelines. You are taxed on the claims paid, not on the amount of credits that you allocate.

Eligible expenses for Commuting to work, dental support, family care, financial contributions, fitness apparel, fitness and sport activities, fitness and sports equipment, health support, legal and financial advice, maintenance assistance, personal computing and mobile digital devices, personal interest, personal insurance, pet care, professional development, professional development travel, recreational and leisure activity, recreation and leisure travel, safety and security, work apparel and work from home are applicable to you and your eligible dependents.

Below are examples of eligible expenses reimbursed from your personal spending account. Contact Blue Cross at 1-800-661-6995 to confirm if specific items are covered.

Commuting to Work

- Transit passes
- Monthly parking fees

Dental Support

- Manual and electric toothbrushes
- Whitening or bleaching kits and strips
- Denture cleaners and adhesives
- Water flossers

Family Care

- Childcare, Daycare, Day Camps and Day Programs, Tutoring
- Elder care, Long Term care facilities, Nursing care/homes, Respite care
- Guide Dogs
- Caregiver support programs

Financial Contributions

- Pension buy-back
- RESP, TFSA and RRSP contributions
- Spousal RRSPs

Fitness Apparel

- Dancewear
- Swimsuits
- Yoga wear

Fitness and Sports Activities

- Fitness club memberships
- Physical activity fees (such as gym drop-in fees and lift tickets)
- Registration fees for athletics, health and wellness events and sports leagues
- Sports league or team membership

Fitness and Sports Equipment

- Purchase or rental of fitness equipment (eg: treadmill or elliptical)
- Purchase or rental of sports equipment (eg; hockey skates, sticks, bike helmet)
- FitBit devices

Health Support

- Cosmetic procedures
- Natural health products (vitamins and minerals)
- Nutritional counseling, nutritional supplements and meal replacements
- Stress management and weight management program fees

Legal and Financial Advice

- Accounting fees
- Financial advisor fees

- Legal fees
- Tax Preparation

Maintenance Assistance

- Composters
- Lawn care maintenance fees
- Low flush toilets
- Push lawn mowers

Personal Computing and Mobile Digital Devices

- Computers, iPads/tablets, E-readers
- Cell phone and accessories
- Printer/ ink cartridges
- Service and usage fees

Personal Interest

- Art classes and supplies
- Driving instruction
- Photography courses, pottery classes
- Textbooks and required supplies for personal interest courses

Personal Insurance

- Critical Illness premiums
- Life and Disability insurance premiums

Pet Care

- Doggie daycare, kennel/boarding fees
- Licensing fees
- Pet insurance
- Veterinary expenses

Professional Development

- Courses, conferences, and seminars
- Professional membership fees
- Software and books for professional development courses

Professional Development Travel

- Transportation to course or seminar
- Parking, hotel accommodation, meals

Recreational and Leisure Activity

- Camping fees
- National Park passes

Recreational and Leisure Travel

- Flights, car rentals, hotel accommodations
- Travel insurance
- Theme Park tickets

Safety and Security

- Bathroom aids, safety-related home items without prescription
- Fire extinguishers, CO2 detectors, smoke detectors
- Snow and all-weather tires
- Home security systems, security cameras or lights (includes installation and monthly fee)

Work Apparel

- Coveralls
- Hard hats
- Safety gloves
- Steel toe boots

Work from home

- Desk, desk chair, headsets
- Ergonomic equipment (eg; standing desk, laptop stand)
- Internet services
- Laptop, shredder, web cams

Exclusions (includes but not limited to):

Products or services that are deemed non-taxable expense as per Canada Revenue Agency, Lessons not related to childcare (swimming lessons), services fees, bank charges, entertainment or spectator activities, spa and salon services (pedicure, manicure), Over the counter products (Advil, Refresh Tears), snow blowers, games and gaming equipment, TVs and smart TVs, pet accessories, pet food, pet supplies, firearms and ammunition, tire rims, rugs, lamps.

Note: Determine first whether or not expenses are eligible under CRA regulation. If they are, they may be claimed under the Supplementary Health Plan and/or Health Spending Account. Other reimbursed expenses will be deemed to be taxable. You can retain your original receipt and apply for personal tax relief, if applicable.

Group RRSP

The Group RRSP is intended to assist employees who wish to set aside additional funds for retirement. You can choose to allocate all or part of your credits to a personal or spousal RRSP.

RRSP contributions made with credits are processed in a lump sum at the beginning of the calendar year and deposited into your Group RRSP account via payroll. A selection of funds and investment mixes is available to choose from.

Although employer contributions to your RRSP are a taxable benefit, income tax deductions are not taken. Your provider will issue annual tax receipts for your contributions to file with your personal tax returns.

It is necessary to open a registered account with your provider in order to have your funds deposited. Please see your Benefits Representative for additional information and application documents.

You are responsible for monitoring remitted amounts as they coordinate with your allowable annual RRSP contribution room and other Canada Revenue Agency regulations.

For more information regarding the Group RRSP, please contact your Benefits Representative.

Life Insurance

You are covered by Life Insurance and Accidental Death and Dismemberment Insurance 24 hours per day for the term of your eligible employment. The HBTA offers a wide range of group life products to ensure that employees have flexibility in selecting the appropriate type and amount of life insurance.

Basic Life

In the event of your death, your designated beneficiary will receive a non-taxable lump sum in the amount of 2X your basic annual earnings.

Additional Basic Life

Additional Basic Life Insurance provides an additional 1X annual salary provided on a discretionary basis. It is an employee paid benefit. This coverage is available without medical evidence providing you apply within 31 days of becoming eligible under this plan. Your Benefit Representative can provide you with premium information.

Maximum coverage is $500,000 combined with Basic Life coverage.

Additional Basic Life must be selected with Additional Basic AD&D.

Optional Life Insurance

Optional Life Insurance is a way for you to customize your life insurance coverage to suit your personal situation. Units of $10,000 can be purchased for yourself and/or your spouse, up to a maximum of $200,000 per person.

You must apply for coverage and medical information is required. Coverage is effective once the insurer has confirmed your application. The employee-paid premiums are based on age, gender and smoking status. Benefits will not be payable if death is the result of suicide within two years of initial or increased coverage and standard exclusions apply. Coverage terminates on the earlier of the date you or your spouse reach age 70.

Optional Dependent Life

This employee-paid plan provides insurance coverage on the lives of your spouse and dependents. You are automatically the beneficiary. Your spouse is covered for $10,000 and each dependent child for $5,000. If you apply within 31 days of becoming eligible or gaining your first dependent (spouse or child), satisfactory medical evidence is not required.

Coverage terminates on the date your dependents are no longer eligible or the date you or your spouse reach age 70.

Advance Life Payment

If you are diagnosed with a terminal illness, you may be eligible to receive a portion of your Basic Life Insurance benefit prior to your death. Please contact your Benefits Representative for more information.

Conversion

When your life insurance terminates, you may apply to have your life insurance (or a portion of it) converted to an individual policy, up to $200,000. The rates for the individual policy will be based on your age, gender and whether or not you smoke at the time of conversion. The primary advantage of the conversion feature is that you can obtain life insurance without producing evidence of good health. You have 60 days from the date the insurance terminates to apply and pay for your converted policy. During this time your life insurance stays in effect.

You cannot convert your (or your spouse's) life insurance if termination occurred because of age.

Accidental Death & Dismemberment (AD&D)

Basic Accidental Death and Dismemberment (AD&D)

Should your death be a result of an accident, your designated beneficiary will receive a principal sum equal to 2X your annual salary in addition to the basic group life coverage. If an accident results in any of the following losses within one year of the accident, the following benefit will be paid:

For Loss of	**Benefit**
Life	Principal Sum
Both hands or both feet	Principal Sum
Entire sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and the entire sight of one eye	Principal Sum
One foot and the entire sight of one eye	Principal Sum
Speech and hearing in both ears	Principal Sum
One arm or one leg	3/4 of the Principal Sum
One hand or one foot	2/3 of the Principal Sum
Entire sight of one eye	2/3 of the Principal Sum
Speech or hearing in both ears	2/3 of the Principal Sum
Thumb and index finger of one hand	1/3 of the Principal Sum
Four fingers of one hand	1/3 of the Principal Sum
Hearing in one ear	1/3 of the Principal Sum
All toes of one foot	1/4 of the Principal Sum
For Total Paralysis of	**Benefit**
Both upper and lower limbs	2 X the Principal Sum
Both lower limbs	2 X the Principal Sum
Upper and lower limbs of one side of body	2 X the Principal Sum

**Principal Sum is equal to 1X basic annual earnings for basic AD&D.*

Additional benefits under the Basic AD&D Plan include:

- Permanent total disability
- Repatriation benefit up to $10,000
- Eyeglasses, lenses, and hearing aids up to $2,000
- Rehabilitation benefits up to $10,000
- Daycare benefit, up to $5,000 per year, up to a maximum of 4 years
- Seat belt benefit, 10% of the principal sum to a maximum of $25,000
- Home/Vehicle Modification up to $10,000
- Special education benefit for dependent children up to $5,000 for a maximum of 4 years
- Family transportation, if confined as an inpatient, up to $10,000
- Occupational training, up to $10,000

Benefits will not be paid if the loss or death is a result of suicide or attempted suicide, a self-inflicted injury, natural causes such as illness, acts or war, or full time service in the armed forces.

Additional Basic Accidental Death & Dismemberment (AD&D)

Additional Basic AD&D Insurance provides an additional 1X annual salary provided on a discretionary basis. It is an employee paid benefit. This coverage is available without medical evidence providing you apply within 31 days of becoming eligible under this plan. Your Benefit Representative can provide you with premium information.

Maximum coverage is $500,000 combined with Basic AD&D coverage.

Additional Basic Life must be selected with Additional Basic AD&D.

Optional Accidental Death and Dismemberment (AD&D)

Under the employee-paid Optional AD&D Plan, you can purchase additional AD&D coverage for you and your dependents.

The Employee-Only Plan provides coverage in units of $10,000 up to a maximum of $350,000 per insured employee under the contract.

Under the Family Plan:

- If you have a spouse but no dependent children your spouse is covered for 50% of your chosen amount.
- If you have a spouse and dependent children, your spouse is covered for 40% and each child is covered for 10% of your chosen amount.
- If you do not have a spouse, but do have dependent children, each child is covered for 15% of your chosen amount.

A similar schedule of loss and additional benefits outlined under Basic AD&D applies to this optional plan. In the event of coverage for additional benefits under more than one plan, payment will be limited to the one plan providing the greatest benefit. Contact your Benefit Representative for further information.

Long Term Disability

If you become disabled, the Long Term Disability Plan (LTD) may provide you with benefits in the event you are unable to work after 24 weeks of being disabled.

Schedule of Benefits

The benefit level is 66 2/3% of your monthly earnings to a non-evidence maximum of $6,670 per month. Benefits are taxable and paid monthly.

Insurance levels between $6,670 and $10,000 may be purchased upon approval of evidence of insurability by Canada Life.

Coordination, Exclusions and Limitations

LTD benefits are reduced by other income including:

- Disability or retirement benefits to which you are entitled under the Canada Pension Plan/Quebec Pension Plan;
- Benefits from the Workers' Compensation Board;
- Employment income (unless approved as rehabilitation income); and
- Early retirement benefits.

If disability income from employment or government sources exceeds 80% of your pre-disability rate of pay, your LTD benefits will be reduced. This includes income such as your dependents' benefits and other benefits available through legislation to you or your family members as a result of this disability.

You will receive LTD benefits if you are unable to perform the duties of your own job during the first 24 month period. At the end of this period, you will be considered disabled only if you are unable to perform the duties of any gainful occupation for which you are suited based on your education, training or experience. LTD benefits continue as long as you satisfy the definition of disability and end upon the earlier of recovery, age 65, death, or normal retirement age.

Disabilities that result from acts of war, participation in a riot, armed forces service, or substance abuse (unless participating in an approved program) will not be covered.

You must be under the care and direction of a physician licensed to practice in Canada. You are also required to cooperate with reasonable treatment programs. You are not eligible for LTD benefits for any period of incarceration, confinement, or imprisonment by authority of law.

Recurring Disabilities

Your LTD benefits will resume immediately if, after recovering and returning to work, you are again disabled due to the same or related causes within 6 months. If you become disabled as a result of an unrelated disability after returning to work, you must file a new claim under the LTD plan.

Rehabilitation

A rehabilitation program is designed to help you return to gainful employment. If you enter an approved program, your earnings will not be used to reduce your monthly LTD benefit unless the combination exceeds 100% of your pre-disability rate of pay. If you choose not to participate in a rehabilitation program approved by the insurer, your LTD benefits end.

Contact

Supplementary Health, Dental, Vision Care
Out of Province/Country Emergency Health & Spending Accounts

Alberta Blue Cross Customer Services Contact Centre
1-800-661-6995 toll free

Monday to Friday: 8:30 a.m. to 5:00 p.m.

Online: www.ab.bluecross.ca/online_services.php

All Benefits

Human Resource Assistant
Nina Deol

Telephone: (780) 395-2623

Email: nina.deol@edmontonsouthsidepcn.ca