

THE UNIVERSITY OF LETHBRIDGE

Benefits Booklet

for
***Full-Time Faculty, Professional Librarians and
Academic Assistants***

Alberta Blue Cross Group Number: 21105 - 001

Effective Date: February 1, 2011

Issue Date: February 2014



THE UNIVERSITY OF LETHBRIDGE

Alberta Blue Cross Group Number: 21105 - 001
Effective Date: February 1, 2011
Employee Classification: All Eligible Employees

Schedule of Benefits

Extended Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Extended Health Benefits

Prescription Drugs

Payment Basis: Reimbursement
Co-payment: 100%

Hospital

Co-payment: 100%

Health

Co-payment: 100%

Out of Province Emergency

Travel

Co-payment: 100%
Benefit Period: Unlimited with reduction

Vision Care

Co-payment: 100%
Maximum: Adult - \$250 per Participant every 24 consecutive months
Child - \$250 per Participant every 12 consecutive months

Deductible

\$25 each Benefit Year under Single or Family Coverage
Applicable to Prescription Drugs, Hospital and Health Benefits

Dental Benefits

Basic

Co-payment: 100%

Extensive

Co-payment: 80%
Maximum: \$2,000 per Participant each Benefit Year
Combined with Orthodontic Benefits

Orthodontic

Co-payment: 50%
Maximum: \$2,000 per Participant each Benefit Year
Combined with Extensive Benefits
Subject to a Lifetime maximum of \$2,000 per Participant

Fee Schedule

2012 Alberta Blue Cross Dental Schedule®

Employee and Family Assistance Program

Benefit Year January 1st - December 31st

Limitations or maximums may apply.

Please see complete benefit booklet for further information.

Schedule of Benefits

Summary of Benefits

Extended Health and Dental Benefits

Extended Health Plan

Prescription Drug Benefits

Payment Basis:	Reimbursement
Co-payment:	100%
Deductible:	\$25 each Benefit Year under Single or Family Coverage Deductible combined with Hospital and Health Benefits
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Aerochamber Device:	\$40 in a consecutive 24 month period for children under 10 years of age
Allergy Serums:	Included
Fertility Products:	\$30,000 Lifetime per Participant
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$500 Lifetime per Participant
Xenical:	Included

Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
3. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
4. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
5. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

Hospital Benefits

Co-payment:	100%
Deductible:	\$25 each Benefit Year under Single or Family Coverage Deductible combined with Prescription Drug and Health Benefits
Active Treatment Hospital:	\$80 per Participant per day for Private Room accommodation in the Participants province of residence \$48 per Participant per day for Semi-Private Room accommodation in the Participants province of residence
Auxiliary Care:	Private Room accommodation in the Participants province of residence following an active treatment hospital confinement of at least 3 days Semi-Private Room accommodation in Canada following an active treatment hospital confinement of at least 3 days
Chronic Care:	\$20 per Participant per day for services provided in Canada
Outpatient Expenses:	Outside the Participants province of residence
Palliative Care:	Private or Semi-Private Room accommodation in an auxiliary Hospital or in a general active treatment Hospital located in the Participants province of residence

Definitions

1. **Hospital:** An institution located in the Participants province of residence which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, as used in this Contract, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Auxiliary Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital or a publicly funded general active treatment hospital located in the Participants province of residence.
3. **Chronic Care:** Chronic Care shall mean the management of a condition where significant improvement or deterioration is unlikely within the next 12 months. Benefits are payable for care provided during confinement in a Hospital, nursing home or for home nursing care.
4. **Palliative Care** – The charges incurred by a Participant, who receives palliative care in an auxiliary Hospital or in a general active treatment Hospital located in the Participants province of residence.
5. **Private Room:** A room in a Hospital facility which holds only 1 bed.
6. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

THE UNIVERSITY OF LETHBRIDGE

Health Benefits

Co-payment:	100%
Deductible:	\$25 each Benefit Year under Single or Family Coverage Deductible combined with Prescription Drug and Hospital Benefits
Accidental Dental:	Repair, extraction and/or replacement of natural teeth
Ambulance Services:	
<i>Ground Ambulance</i>	To a maximum set in the current Blue Cross schedule of ambulance rates
<i>Air Transport</i>	In the event normal ground transportation is not available or in the best medical interest of the Participant
Ancillary Services:	
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration</i>	* Included
<i>X-ray Examination</i>	Included
Blood Testing Monitor:	* 1 per Participant in any 4 year period
Braces:	* Included
Chronic Care:	\$20 per Participant per day for services provided in Canada
Diabetic Supplies:	Included
<i>Blood Glucose Testing Strips</i>	* Included
Foot Orthotics:	1 pair per Participant each Benefit Year
Hearing Aids:	* \$400 per Participant in a 5 year period
Home Nursing Care:	* \$10,000 per Participant in any 12 consecutive month period Maximums reinstated for a subsequent period when: <ul style="list-style-type: none">• it follows a period of at least 6 months during which Home Nursing Care services were not required, or• it is required for a condition unrelated to the conditions for which benefits have already been paid Conditions are considered related when: <ul style="list-style-type: none">• they exist simultaneously; or• they arise from the same or related causes
Ileostomy, Colostomy, Urinary Catheters and Supplies:	* Included

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Mastectomy Prosthesis:

External Prosthesis

* Included

Internal Prosthesis

* Payment limited to the cost of an external mastectomy prosthesis

Supporting Brassiere

* 2 per Participant each Benefit Year

Medical Aids:

Casts, Canes

* Included

Cervical Collars, Crutches

* Included

Custom Made Burn

* Included

Pressure Garments

Splints

* Including shoes attached to a splint (intra-oral splints are not covered)

Shoulder Harness

* Included

Stump Socks

* Included

Surgical Stockings

* 4 pair per Participant each Benefit Year

Walkers

* Included

Medical Durable Equipment:

Apnea Monitors

* Included - for respiratory dysrhythmias

Bed Rails

* Included

Chest Percussors

* Included

Cleft Palatal Obturators

* Included

Continuous Positive Airway

* Included

Pressure Breathing Monitors

Continuous Positive Airway

* Included - once per accessory per Participant each Benefit Year

Pressure Breathing Monitor Accessories

Custom Made Pressure

* Included - for lymphedema

Supports

Drainage Boards

* Included

Elevated Toilet Seats

* Included

External Electrosplinal

* Included - for the correction of scoliosis

Stimulators

Extremity Pumps

* Included - for lymphedema or severe postphlebotic syndrome to a Lifetime maximum of \$1,500 per Participant

Head Halters

* Included

Hospital Beds

* Included - excluding air-fluidized hospital beds

Intermittent Positive

* Included

Pressure Breathing Machines

Mechanical or Hydraulic Patient Lifters

* Included - limited to \$2,000 once in a 5 year period under Single or Family Coverage

Mist tents and Nebulizers

* Included

Non-Union Bone Stimulators

* Included

Outdoor Wheelchair Ramps

* Included - limited to \$2,000 Lifetime under Single or Family Coverage

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<i>Parapodiums</i>	* Included
<i>Prone Standers</i>	* Included
<i>Shower Chairs/Bathtub Rails</i>	* Included
<i>Sputum Stands</i>	* Included
<i>Standard Commodes</i>	* Included
<i>Suction Pumps</i>	* Included
<i>Tracheostoma Tubes</i>	* Included
<i>Traction Apparatus</i>	* Included
<i>Transcutaneous Nerve Stimulators</i>	* Included - for the control of chronic pain, to a Lifetime maximum of \$700 per Participant
<i>Trapeze Bars</i>	* Included
<i>Tube Feeding Pump/Pump Sets/ Food Substitutes</i>	* Included - food substitutes must be administered through a feeding tube
<i>Wheelchairs - Electric</i>	* Included - once per Participant in a 5 year period
<i>Wheelchairs - Manual</i>	* Included - once per Participant in a 3 year period
<i>Wheelchairs - Batteries</i>	Included
Nursing Homes:	Government authorized co-payment plus \$20 per Participant per day
Orthopaedic Shoes:	* Included
Paramedical Practitioners:	
<i>Chiroprapist</i>	\$16 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>X-ray</i>	\$30 per Participant each Benefit Year towards the cost of 1 x-ray
<i>Chiropractor</i>	\$16 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>X-ray</i>	\$30 per Participant each Benefit Year towards the cost of 1 x-ray
<i>Family/Marriage Counselors</i>	\$20 per visit, to a combined maximum of \$400 per Participant each Benefit Year
<i>Massage Therapist</i>	\$16 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>Naturopath</i>	\$16 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>Osteopath</i>	\$16 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>X-ray</i>	\$30 per Participant each Benefit Year towards the cost of 1 x-ray
<i>Physiotherapist</i>	* Included
<i>Podiatrist</i>	\$16 per visit and \$200 per Participant each Benefit Year towards the cost of podiatry surgery to a combined maximum of \$400 per Participant each Benefit Year
<i>X-ray</i>	\$30 per Participant each Benefit Year towards the cost of 1 x-ray

THE UNIVERSITY OF LETHBRIDGE

<i>Psychologist/Master of Social Work/ Registered Social Worker</i>	\$40 per visit, to a maximum of \$400 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$50 for the initial visit and \$16 per visit thereafter, to a combined maximum of \$400 per Participant each Benefit Year

Prosthetics:

<i>Artificial Limbs and Eyes</i>	* Included
<i>Myoelectric Arms</i>	* \$10,000 per prosthesis per Participant
<i>Repairs</i>	Included

Vision Care:

* Surgically implanted intraocular lenses or 1 pair of glasses or contact lenses when required as a result of eye surgery

Wigs/Hairpieces:

* \$200 Lifetime per Participant

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Hearing Aids include the purchase of batteries, tubing and ear molds provided at the time of purchase, or the repair of hearing aids.
3. Home Nursing Care requires prior approval from Blue Cross.
4. Chiropodist – Eligible expenses for services or supplies provided by a licensed Chiropodist.
5. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor.
6. Chronic Care – Chronic Care shall mean the management of a condition where significant improvement or deterioration is unlikely within the next 12 months. Benefits are payable for care provided during confinement in a Hospital, nursing home or for home nursing care.
7. Family/Marriage Counselors – Eligible expenses for services provided by a licensed Family or Marriage Counselor.
8. Massage Therapist – Eligible expenses for therapeutic massages provided by a registered Massage Therapist to treat a medical condition.
9. Naturopath – Eligible expenses for services provided by a licensed naturopath.
10. Osteopath – Eligible expenses for services provided by a licensed Osteopath, once all provincial government funding has been fully accessed.
11. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist.
12. Podiatrist – Eligible expenses for services or supplies provided by a licensed Podiatrist.
13. Psychologist – Eligible expenses for individual or family counselling, including assessment, provided by a Chartered Psychologist for treatment of mental or emotional illness.
14. Speech Language Pathologist – Eligible expenses for services provided by a licensed Speech Language Pathologist.
15. Wigs/Hairpieces – Eligible expenses for wigs or hairpieces required as a result of chemotherapy treatment.

THE UNIVERSITY OF LETHBRIDGE

Out of Province Emergency Travel Benefits

Benefits are provided as a result of a medical emergency which occurs outside the Participant's province of residence.

Co-payment:	100%
Benefit Period:	Unlimited
Maximum:	\$5,000,000 in Canadian funds per Participant per incident
Accidental Dental:	\$2,000 per Participant per accident to natural or permanently attached artificial teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$300 per Participant per trip
Diagnostic Services:	Laboratory services and x-rays
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
Incidental Expenses:	\$50 per day to a maximum of \$500 per inpatient per hospital stay
Meals and Accommodations:	\$250 per day per Participant to a maximum of \$2,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included
Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included

THE UNIVERSITY OF LETHBRIDGE

Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
<i>Podiatrist/Chiropodist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Return of Dependent Children:	Cost of one way economy airfare per child for the return of Dependent children
Return of Personal Items:	Cost of the return of luggage or personal items to a maximum of \$500 per Participant per incident
Return of Pet(s):	Cost of one way transportation for the return of accompanying pet(s) to a maximum of \$500 per incident
Travel Assistance:	In the event of a medical emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident
Reduction:	Outside Province of Residence Emergency Travel Benefits, for the Member and eligible dependents, shall be automatically limited to 30 day duration per trip on the exact date of the Member's 65th birthday

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the attending Health Care Professional or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. If a Participant is medically able to return to their province of residence and refuses to comply with the transfer request, Blue Cross will be absolved of any further liability, whether related to the initial incident or not.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Blue Cross shall have the right to obtain medical information from the Participant's physician(s) and may request an assessment by an independent physician(s) or specialist(s).
4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.

THE UNIVERSITY OF LETHBRIDGE

5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Benefits are not covered if emergency medical care expenses are incurred in a country, region or city, when a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, prior to the departure date advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
7. Blue Cross may request proof of departure upon receipt of claim. Claims must be supported by receipts from commercial organizations.
8. Blue Cross shall not pay for any Benefit relating to pregnancy or childbirth complications, including treatment for the newborn, if the medical emergency occurs after the 32nd week of gestation or is a result of the deliberate inducement of a miscarriage.
9. Blue Cross will not pay for expenses incurred due to:
 - seeking medical advice, surgery, a second opinion or treatment, intentionally or incidentally, even if the trip is on the medical recommendation of a Health Care Professional; or
 - suicide, attempted suicide or self inflicted injury, whether sane or insane; or
 - abuse of medication, toxic substances, alcohol or the use of non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
10. Blue Cross will not pay for the following unless prior approval is received from the travel assistance provider and are subject to the discretion of Blue Cross:
 - medical evacuation air ambulance services, or
 - medical evacuation repatriation, or
 - friend/family hospital visits, or
 - friend/family identification of deceased, or
 - vehicle services, or
 - return of Dependent children, or
 - return of personal items, or
 - return of pet(s).

THE UNIVERSITY OF LETHBRIDGE

Vision Care Benefits

Adult:	Participants 14 years of age and older
Child:	Participants under 14 years of age
Co-payment:	100%
Maximum:	Adult \$250 per Participant each Benefit Period Including Eye Examinations Child \$250 per Participant each Benefit Period
Benefit Period:	Adult 24 consecutive months Child 12 consecutive months
Eligible Benefits:	Contact Lenses Eye Glasses (Frames and/or Lenses) Intraocular Lenses 1 Eye Examination per Participant between 19 and 64 years of age in a 24 month period to a maximum of \$40 per Participant

Dental Plan

Fee Schedule:

2012 Alberta Blue Cross Dental Schedule®

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	100%
Diagnostic Services:	
<i>Complete Oral Exam</i>	Adult 1 per Participant per Health Care Professional in any 9 month period Child 1 per Participant per Health Care Professional in any 6 month period
<i>Any other Oral Exam</i>	Adult 1 per Participant per Health Care Professional in any 9 month period Child 1 per Participant per Health Care Professional in any 6 month period
<i>Emergency Exams</i>	When necessary due to the sudden development of dental pain or an accidental injury to the oral cavity
<i>Complete Series/Panoramic Radiographs</i>	1 set per Participant in a 24 month period
<i>Bitewing Radiographs</i>	Adult 1 set per Participant in a 9 month period Child 1 set per Participant in a 6 month period
<i>Intra-Oral Radiographs</i>	15 sets, other than bitewing, per Participant in any 3 year period
<i>Complete Intra-Oral Radiographs</i>	1 set per Participant in any 24 month period
<i>Sialography</i>	Included
<i>Extra oral Radiographs</i>	Included - other than panoramic and sialography
<i>Radiopaque Dyes</i>	Used to demonstrate lesions
<i>Interpretation</i>	Radiographs or models from another source
<i>Consultations</i>	Only when performed by another Health Care Professional
<i>Tests and Laboratory Reports</i>	Microbiological, histological, cytological and pupal vitality tests
Preventive Services:	
<i>Polishing</i>	Adult 1 time unit per Participant in any 9 month period Child 1 time unit per Participant in any 6 month period
<i>Fluoride Treatment</i>	Adult 1 per Participant in any 9 month period Child 1 per Participant in any 6 month period

THE UNIVERSITY OF LETHBRIDGE

<i>Pit and Fissure Sealants</i>	1 per tooth in any 5 year period for Children under 17 years of age
<i>Space Maintainers</i>	Included
<i>Therapeutic Injections</i>	Included
Restorative Services:	
<i>Amalgam and Composite Restorations (Fillings)</i>	1 per tooth surface in any 12 month period
<i>Replacement Fillings</i>	Only if the existing filling is at least 1 year old or the existing filling was not covered under this Plan
<i>Plastic Preformed or Stainless Steel Crowns</i>	Only when the tooth cannot be adequately restored to form and function with a filling
<i>Prefabricated Crowns</i>	For primary teeth
<i>Retentive Pins and Prefabricated Posts</i>	For fillings
Oral Surgery:	
<i>Oral Surgery</i>	Included
Endodontics:	
<i>Pulpal/Root Canal Therapy</i>	1 course of treatment per permanent tooth Repeat treatment is covered only if the original therapy fails after the first 18 months
<i>Apexification</i>	Included
<i>Periapical Services</i>	Apicoectomies are covered for permanent teeth only
Periodontics:	
<i>Scaling and Root Planing</i>	8 time units combined per Participant in any 12 month period
Denture Services:	
<i>Repairs</i>	Included
<i>Removal and Recementation of Bridgework</i>	Included
<i>Denture Rebases</i>	Included
<i>Denture Relines</i>	Included
<i>Resilient Liner in Relined or Rebased Dentures</i>	Included
<i>Denture Adjustments</i>	Included
<i>Tissue Conditioning</i>	Included
<i>Denture Repairs/Additions</i>	
<i>Resetting of Denture Teeth</i>	Included
General Anesthesia:	
<i>Facilities/Equipment/Supplies</i>	When required in the course of covered dental treatment/surgery When a separate anesthetic is required

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Periodontal Services:

*Occlusal Adjustment and
Equilibration*

16 time units in any 12 month period

Periodontal Appliances

Including Adjustments, Relines and Repairs

Periodontal Treatment Procedure:

Surgical

Periodontal Surgery

Included

Osseous Surgery

Included

Osseous Grafts

Included

Soft Tissue Grafts

Included

Non-Surgical

Provisional Splinting

Included

Appliances:

For the control of harmful habits, including related observations, adjustments, repairs alterations and removal

Finishing Restoration:

Included

Interproximal Disking:

Included

Recontouring of Teeth:

Included

Pre-Authorization Amount:

\$800

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Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	80%
Maximum:	\$2,000 per Participant each Benefit Year Combined maximum with Orthodontic Benefits
Prosthetic Appliances (Limited to one of the following services per tooth):	
<i>Crowns</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in any 5 year period
<i>Inlays and Onlays</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Pre-fab. Veneers, Jackets</i>	1 in any 5 year period
<i>Posts & Cores</i>	1 in any 5 year period
<i>Gold Restorations</i>	1 in any 5 year period
<i>Partial Dentures</i>	1 in any 3 year period
Removable Appliances:	
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in any 3 year period
Replacement Appliances:	Including but not limited to partial and complete dentures
Bridge Repairs:	Included
Pre-Authorization Amount:	\$800

THE UNIVERSITY OF LETHBRIDGE

Orthodontic Benefits

Co-payment:	50%*
Maximum:	\$2,000 per eligible Participant each Benefit Year Combined maximum with Extensive Benefits Orthodontic benefit is also subject to a Lifetime maximum of \$2,000 per eligible Participant
Diagnostic Services:	
<i>General Orthodontic Exam</i>	1 in any 72 month period per Participant per Health Care Professional
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included
<i>Hand and Wrist Radiographs</i>	Included
<i>Orthodontic Diagnostic casts</i>	Included
<i>Diagnostic Photographs</i>	Included
Interceptive, Interventive, Preventive:	
<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
Pre-Authorization:	Treatment Plan Required

*An eligible Participant, as it pertains to Orthodontic Benefits, is an eligible Dependent Child who begins treatment prior to turning 19 years of age. Benefits will cease when the Dependent no longer meets the definition of a Dependent Child

Contract Maximum and Termination of Benefits

Extended Health and Dental Contract Maximum

\$1,000,000 combined Lifetime maximum per Participant applicable to all Benefits excluding Out of Province Emergency Travel Benefits.

Out of Province Emergency Travel Benefits are subject to a maximum of \$5,000,000 in Canadian funds per Participant per incident.

Extended Health and Dental Termination of Benefits

Benefit Coverage terminates the exact date of the earlier of retirement or termination of employment.

Out of Province Emergency Travel Benefits for active Employees will terminate at 12:01 AM on the 1st of the month following the Employees 75th birthday.

Employee and Family Assistance Program (EFAP)

Service Units:

12 per Participant each Benefit Year

From time to time we all have to deal with difficult or stressful events in our lives. Most of the time, we handle these personal challenges fairly well on our own. At other times however, our personal problems can become significant enough that they begin to interfere with our effectiveness, happiness, and safety at work or at home.

The Employee and Family Assistance Program (EFAP) has been designed to help you solve these problems. It provides confidential, professional counselling for a broad range of personal and family problems. While the program can be used for crisis intervention, the ideal time to use the program is early on, before the problems become so difficult that they put you at serious risk.

The EFAP is a pro-active option for helping you manage your personal health and happiness.

You and your eligible dependents can each receive up to twelve hours of counselling services per benefit year provided through the EFAP. Counselling services are provided either in person, over the phone or through a secure Internet site.

The EFAP offers confidential, professional counselling (and referrals, when required) for you or your family's personal difficulties such as:

- emotional or physical problems
- marital or family problems
- financial and legal difficulties
- work-related problems
- bereavement
- pre-retirement planning
- stress
- gambling
- alcohol or drug dependencies
- sexual harassment or abuse

If you require assistance, simply call Human Solutions at one of the number listed below anytime of the day or week. You will be asked, confidentially, for some basic registration information to establish your eligibility for this benefit. Then the assistance needed will be arranged. If counselling is required, an experienced psychologist or counsellor will help assess your concerns and aid you in developing practical solutions. If other assistance is recommended, the counsellor will connect you to the appropriate resource.

Human Solutions is contracted to provide and coordinate all services. If counselling is required, a registered psychologist or counsellor in the Human Solutions network will provide it. All Human Solutions counsellors have extensive experience helping individuals with their problems. If longer-term counselling, hospital treatment or specialized services (such as medical, legal or financial help) are required, your counsellor will arrange an appropriate referral and follow-up with you.

Counsellors are required by law to maintain the strictest confidentiality. No one who inquires about - or receives services - under this plan will be identified to anyone without your written approval. You won't be identified to anybody - including your employer.

To speak with someone confidentially, call Human Solutions at one of the numbers listed below.

Contact Numbers

Toll Free English	1 800 663 1142
Toll Free French	1 866 398 9505
TTY (Hearing Assistance)	1 888 384 1152
International (Call Collect)	1 604 689 1717

General Provisions

Employee

A person who is a permanent Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Contract as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for all benefits under this Contract, an Employee, must be required to work at least the minimum hours per week as identified by the Contract Holder.

Dependent

The Employee's eligible spouse and children as defined below.

1. Spouse shall mean a person who is legally married to the Employee, or who is not legally married to the Employee but has continuously resided with the Employee for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Employee requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Employee shall be considered to be the covered spouse. Discontinuance of cohabitation with the Employee shall terminate coverage of the common-law spouse.

The Employee cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Employee's natural, adopted, stepchildren or children for whom the Employee is a legal guardian who are chiefly dependent upon the Employee for financial care and support. Such children must be:
 - (a) unmarried,
 - (b) less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis, and
 - (c) unemployed or working less than 30 hours per week unless they are in full-time attendance at an accredited educational institution, college or university.

The children of the Employee's common-law spouse shall be covered provided the children are dependent upon the Employee for financial care and support.

Unmarried and unemployed children 21 years of age or older shall qualify, if they are dependent upon the Employee by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 25, and have been continuously so disabled since that time shall also qualify as a Dependent.

Conversion Privilege

Health and Dental

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Contract, then the Member may apply within 31 days of the termination date of this Contract to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Conversion Privilege

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a reimbursement basis. Claim forms may be obtained from any pharmacy, your local Blue Cross office, Blue Cross website, University of Lethbridge website, or University of Lethbridge Pension and Benefits - HR.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. * Health Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy, your local Blue Cross office, Blue Cross website, University of Lethbridge website or University of Lethbridge Pension and Benefits - HR.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at your local Blue Cross office, Blue Cross website or University of Lethbridge Pension and Benefits - HR.
5. * Vision Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy, your local Blue Cross office, Blue Cross website, University of Lethbridge website or University of Lethbridge Pension and Benefits - HR.

6. * Dental Claim Forms may be obtained from your Health Care Professional's office or your local Blue Cross office, Blue Cross website, University of Lethbridge website or University of Lethbridge Pension and Benefits - HR.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

- * NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred. Terminated Members must submit eligible claims within 30 days of their termination date.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health, dental and life and disability benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enroll them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.