

# THE CITY OF CALGARY

## **Benefits Booklet**

*for*  
***I.A.F.F. Local 255***

*Alberta Blue Cross Group Number: 21686 - FF, FO*

*Effective Date: September 1, 2016*

*Issue Date: April 2017*



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\*† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association.

## **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.

## **Coordination of Benefits**

If you are covered for Extended Health Care or Dental Care under this plan and another plan, benefits will be coordinated with the other plan following insurance industry standards. These standards determine where you should send a claim first.

Here are some guidelines:

- If you are claiming expenses for your spouse and your spouse is covered for those expenses under another plan, you must send the claim to your spouse's plan first.
- If you are claiming expenses for your children, and both you and your spouse have coverage under different plans, you must claim under the plan of the parent with the earlier birthday (month and day) in the calendar year. For example, if your birthday is May 1st and your spouse's birthday is June 5th, you must claim under your plan first.
- The maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Your employer can help you determine which plan you should claim from first.

## **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](http://www.ab.bluecross.ca) or are available upon request by calling Blue Cross.

## **Misrepresentation/Fraud**

Coverage for Participant may be suspended or terminated by Blue Cross immediately, without notice, if a Participant:

- assists a person to obtain, or attempt to obtain, Benefits for which such person is not eligible;
- assists or knowingly participates in any act with a Provider that has the purpose or effect of enabling the Provider or a Participant to submit false, misleading or fraudulent claims; or
- makes any false statements, knowingly provides false information or withholds material information to obtain benefits for which he is not eligible.

The Member must reimburse Blue Cross for any amounts received from Blue Cross in such circumstances.

Blue Cross may, in its discretion, from time to time, review the qualifications, practices and claims of Providers and deem certain Providers ineligible. In such case, Blue Cross reserves the right, in its sole discretion, to refuse to accept claims submitted to it by or on behalf of a Participant in relation to that Provider.

**Alberta Blue Cross Group Number:** 21686 - FF, FO  
**Effective Date:** September 1, 2016  
**Eligibility Period:** Exact date of hire  
**Employee Classification:** All Eligible Employees

**Schedule of Benefits**

**Health and Dental Benefits**

Underwritten by: Alberta Blue Cross

**Health Benefits**

- Prescription Drugs
- Hospital
- Extended Health
- Out of Province Emergency Travel
- Vision Care

**Dental Benefits**

- Basic
- Extensive
- Orthodontic

**Benefit Year**

January 1st - December 31st

Schedule of Benefits

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Coverage Level:	100%
Dispensing Fee Maximum:	Blue Cross will pay up to a maximum of \$5 per prescription
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Generic Pricing:	Applied
Aerosol Holding Chamber:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Blood Testing Monitor:	\$150 per Participant in a 5 year period
Contraceptive Drugs:	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period
Diabetic Supplies:	Included
Insulin Pump:	Included
Insulin Pump Supplies:	Included - includes batteries
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$200 lifetime per Participant
Vaccines:	\$250 per Participant each Benefit Year
Weight Loss Products:	Excluded

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## Definitions

1. **Alberta Blue Cross Drug Benefit List:** A listing created and varied from time to time and published by Blue Cross which contains the drugs, drug products and their respective restrictions, limitations and other criteria, defined as Benefits under this Contract.
2. **Dispensing Fee:** The amount that a pharmacist charges to dispense a prescription.
3. **Dispensing Fee Maximum:** The maximum amount that the Plan will pay for the dispensing fee portion of a prescription. Dispensing Fee maximums are not applied to injectable drug products.
4. **Eligible Drugs:** Drugs defined as Eligible Drugs in the current Alberta Blue Cross Benefit List.
5. **Generic Price:** The maximum unit price as determined by Blue Cross that will be paid for a drug product (whether it is a brand or generic product) within a grouping. Groupings are determined by Blue Cross.
6. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
7. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
8. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
9. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
10. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

**Hospital Benefits**

<b>Coverage Level:</b>	100%
<b>Private/Semi-Private Rooms:</b>	Direct payment basis  Payment will be reduced to Auxiliary Care charges after 30 days per admission unless proof is received that active treatment care is being provided.
<b>Auxiliary Care:</b>	\$360 per Participant each Benefit Year
<b>Outpatient Expenses:</b>	Out of Province

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**Definitions**

1. **Hospital:** An institution located in Canada 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, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuse.
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 Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

**Extended Health Benefits**

<b>Coverage Level:</b>	100%
<b>Accidental Dental:</b>	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural teeth
<b>Ambulance Services:</b>	To a maximum set in the current Blue Cross schedule of ambulance rates.
<b>Attending Physicians Statement:</b>	Blue Cross will pay up to a maximum of \$150 per statement
<b>Custom Fitted Braces:</b>	<p>Adult Once per limb in a 24 month period for Participants 19 years of age and older</p> <p>Child Once per limb in a 12 month period for Participants under 19 years of age</p>
<b>Eye Examinations:</b>	1 per Participant in a 24 month period for Participants between 19 and 64 years of age
<b>Foot Orthotics/Orthopaedic Shoes:</b>	* 1 pair to a maximum of \$500 per Participant each Benefit Year
<b>Hearing Aids:</b>	\$1,000 per Participant in a 5 year period
<b>Home Nursing Care:</b>	* Included
<b>Ileostomy, Colostomy, Urinary Catheters and Supplies:</b>	\$2,000 combined maximum per Participant each Benefit Year
<b>Mastectomy Prosthesis:</b>	* \$200 per External Prosthesis once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
<b>Medical Aids:</b>	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses</i>	Included
<i>Walkers</i>	* Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
<b>Medical Care (Inside Canada):</b>	Expenses in excess of the amount paid by Alberta Health Care Insurance Plan but not to exceed the College of Physicians and Surgeons Schedule allowance in the province where treatment is provided

## Medical Durable Equipment:

<i>Manual Hospital Beds</i>	* Included
<i>Manual Wheelchairs</i>	
<i>Purchase</i>	* 1 per Participant in a 3 year period
<i>Rental</i>	* Included
<i>Other Approved Medical Durable Equipment</i>	* Included
<i>Other Approved Medical Durable Supplies</i>	* Included

## Needles:

Included

## Oxygen and Equipment:

\$2,500 per Participant each Benefit Year

## Paramedical Practitioners:

<i>Acupuncturist</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #2</i>
<i>Chiropractor</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #3</i>
<i>Massage Therapist</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #4</i>
<i>Naturopath</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #5</i>
<i>Osteopath</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #6</i>
<i>Physiotherapist</i>	\$1,000 per Participant each Benefit Year <i>Refer to Limitation #7</i>
<i>Podiatrist/Chiropodist</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #8</i>
<i>Psychologist/ Master of Social Work</i>	\$1,000 per Participant each Benefit Year <i>Refer to Limitation #9</i>
<i>Speech Language Pathologist</i>	\$500 per Participant each Benefit Year <i>Refer to Limitation #10</i>

## Prosthetics:

\* Conventional artificial limbs, eyes and ears, excluding myoelectric controlled prosthesis

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## Limitations

1. \* Benefits must be purchased on the written order of a Health Care Professional.
2. Acupuncturist – Eligible Expenses for services provided by a registered acupuncturist.
3. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor and the cost of 1 x-ray.
4. Massage Therapist – Eligible Expenses on the written order of a physician, for therapeutic massages provided by a registered massage therapist to treat a medical condition.



5. Naturopath – Eligible Expenses for services provided by a licensed naturopath.
6. Osteopath – Eligible Expenses for services provided by a licensed osteopath, once all provincial government funding has been fully accessed.
7. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist, once all provincial government funding has been fully accessed.
8. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
9. Psychologist/Master of Social Work – Eligible Expenses for individual or family counselling, including assessment, provided by a chartered psychologist or master of social work for treatment of mental or emotional illness.
10. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist, once all provincial government funding has been fully accessed.

## Out of Province Emergency Travel Benefits

Benefits are provided as a result of a Medical Emergency which occurs outside the Participant's province or territory of residence.

<b>Coverage Level:</b>	100%
<b>Benefit Period:</b>	90 Days
<b>Maximum:</b>	\$5,000,000 in Canadian funds per Participant, per incident
<b>Accidental Dental:</b>	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
<b>Air Ambulance:</b>	Included
<b>Ambulance Services:</b>	To the nearest qualified medical facility
<b>Cremation or Burial:</b>	Cost of cremation or burial at place of death, to a maximum of \$2,500
<b>Dental Pain Relief:</b>	\$300 per Participant per trip
<b>Diagnostic Services:</b>	Laboratory services and x-rays
<b>Drugs:</b>	Included
<b>Expenses to Visit the Covered Person:</b>	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
<b>Hospital Accommodation:</b>	Included
<b>Identification of Deceased:</b>	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
<b>Incidental Expenses:</b>	\$50 per day to a maximum of \$500 per inpatient per hospital stay
<b>Meals and Accommodations:</b>	\$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
<b>Medical Aids:</b>	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

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**Medical Evacuation:**

*Air Ambulance*  
*Repatriation*

Included  
Included

**Nursing Care:**

On the written order of a physician during and following hospitalization

**Outpatient Expenses:**

Included

**Paramedical Practitioners:**

*Chiropractor*  
*Physiotherapist*  
*Podiatrist/Chiropodist*

\$300 per Participant per trip  
\$300 per Participant per trip  
\$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

**Restrictions:**

The Out of Province Emergency Travel Benefits will only cover the first 90 days per trip

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**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 Provider 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).

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4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
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 Provider; 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).

**Vision Care Benefits**

<b>Adult:</b>	Participants 14 years of age and older	
<b>Child:</b>	Participants under 14 years of age	
<b>Coverage Level:</b>	100%	
<b>Benefit Period:</b>	Adult	24 consecutive months
	Child	12 consecutive months
<b>Eligible Benefits:</b>	<i>\$400 per Participant each Benefit Period for:</i>	
	Contact Lenses	
	Eyewear	
	Intraocular Lenses	
	Laser Eye Surgery, including assessment fees	
	<i>\$400 per Participant in a 24 month period for:</i>	
	Intraocular Lens or Contact Lenses when visual acuity cannot be improved to 20/40 level with ordinary eyeglasses	

## Dental Plan

### Fee Schedule:

Usual and Customary dental fees as determined by Blue Cross

### Basic Benefits

<b>Adult:</b>	Participants 19 years of age and older
<b>Child:</b>	Participants under 19 years of age
<b>Coverage Level:</b>	100%
<b>Maximum:</b>	\$1,750 per Participant each Benefit Year Combined maximum with Extensive Benefits
<b>Diagnostic Services:</b>	
<i>Complete Oral Exam</i>	1 per Participant in any 60 month period
<i>Recall or Specific Oral Exam</i>	Adult 1 per Participant each 12 month period Child 2 per Participant each 12 month period, separated by an interval of at least 5 months
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant in any 24 month period
<i>Bitewing Imaging</i>	Adult 1 set per Participant each 12 month period Child 2 sets per Participant each 12 month period, separated by an interval of at least 5 months
<i>Consultations</i>	Only when performed by another Health Care Professional
<b>Preventive Services:</b>	
<i>Polishing</i>	Adult 1 time unit per Participant each 12 month period Child 2 time units per Participant each 12 month period, separated by an interval of at least 5 months
<i>Fluoride Treatment</i>	Child 2 per Participant each 12 month period, separated by an interval of at least 5 months
<i>Oral Hygiene Instruction</i>	Child 1 per Participant each 12 month period
<i>Pit and Fissure Sealants</i>	Child 1 per Participant each 60 month period
<i>Space Maintainers</i>	Included
<b>Restorative Services:</b>	
<i>Restorations</i>	1 per surface in any 24 month period to a maximum of 5 surfaces per tooth Includes standard amalgam and tooth coloured restorations
<b>Oral Surgery:</b>	
<i>Oral Surgery</i>	Included
<i>General Anesthesia</i>	Included

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## Endodontics:

*Complete Endodontic Exam*

1 per Participant in any 60 month period

*Specific Endodontic Exam*

Adult 1 per Participant each 12 month period

Child 2 per Participant each 12 month period,  
separated by an interval of at least 5 months

*Root Canal Therapy*

1 per tooth in any 24 month period

*Apicoectomy*

Included

*Retrofill*

Included

*Pulpectomy*

Included

*Pulpotomy*

Included

## Periodontics:

*Complete Periodontic Exam*

1 per Participant in any 60 month period

*Specific Periodontic Exam*

Adult 1 per Participant each 12 month period

Child 2 per Participant each 12 month period,  
separated by an interval of at least 5 months

*Scaling and Root Planing*

16 time units per Participant in any 12 month period

## Denture Services:

*Relines*

1 service per denture in any 24 month period

*Liners*

1 service per denture in any 24 month period

*Tissue Conditioning*

1 service per denture in any 24 month period

*Repairs*

Included

## Pre-Authorization Amount:

\$800

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**Extensive Benefits**

<b>Adult:</b>	Participants 19 years of age and older
<b>Child:</b>	Participants under 19 years of age
<b>Coverage Level:</b>	80%
<b>Maximum:</b>	\$1,750 per Participant each Benefit Year Combined maximum with Basic Benefits

**Periodontal Treatment Procedures:**

**Surgical**

<i>Periodontic Surgery</i>	Included
<i>Osseous Surgery</i>	Included
<i>Osseous Grafts</i>	Included
<i>Soft Tissue Grafts</i>	Included

**Non-Surgical**

<i>Provisional Splinting</i>	Included
<i>Management of Oral Infections</i>	Included
<i>Desensitization</i>	Included

**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 &amp; Cores</i>	1 in any 5 year period
<i>Gold Restorations</i>	1 in any 5 year period

**Removable Appliances:**

<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in any 5 year period
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in any 5 year period

**Implants:**

1 in any 5 year period, to the cost of a 3 unit bridge

**Denture Services:**

<i>Rebasing and Resetting</i>	Providing at least 5 years has lapsed from placement of denture
<i>Adjustments</i>	Providing at least 3 months has lapsed following placement of denture

**Pre-Authorization Amount:** \$800



**Orthodontic Benefits**

<b>Child:</b>	Participants under 20 years of age
<b>Coverage Level:</b>	50%
<b>Maximum:</b>	\$2,500 lifetime per Participant
<b>Diagnostic Services:</b>	
<i>Complete Orthodontic Exam</i>	1 per Participant in any 60 month period
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included
<b>Habit-Breaking Appliances:</b>	Included
<b>Interceptive, Interventive, Preventive:</b>	
<b>(Available to Participants 7 years of age and older):</b>	
<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
<b>Pre-Authorization:</b>	Treatment Plan Required

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## **Contract Maximums and Termination of Benefits**

### **Health and Dental Maximum**

A combined maximum of \$2,000,000 per Participant each Benefit Year applies to all Benefits, excluding Out of Province Emergency Travel Benefits.

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

### **Health and Dental Termination of Benefits**

Benefit Coverage terminates the exact date of the earlier of the Member's retirement, termination of employment or the date the Member is suspended from employment without pay for longer than 31 days.

**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 benefits an Employee must be actively employed and have completed the required waiting period.

All eligible Employees must apply for coverage within 31 days of becoming eligible for coverage and maintain coverage, except Employees covered under another group plan through a spouse or other employer.

Once approved for coverage an Employee is referred to as a Member.

**Dependent**

The Member's eligible Spouse and Children as defined below.

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

The Member 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 Member shall be considered to be the covered spouse. Discontinuance of cohabitation with the Member shall terminate coverage of the common-law spouse.

The Member 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 Member's natural, adopted or stepchildren of the Member or Member's Spouse; or any other children for whom the Member or Member's Spouse has been appointed guardian. Such children must:
  - (a) be dependent on the Member for financial care and support,
  - (b) not be legally married or in a common law relationship that is 12 months or more in duration; and
  - (c) be 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.

Unmarried and unemployed children over 21 years of age shall qualify, if they are dependent upon the Member by reason of a mental or physical disability, and have been continuously disabled prior to attaining age 21. Unmarried children who become 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 disabled since that time shall also qualify as a Dependent.

A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

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

All changes to add or delete eligible Dependents must be made in writing to Blue Cross.

## 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.

#### Retirement

Members retiring to an immediate pension from the Local Authorities Pension Plan or the Calgary Firefighters Supplementary Pension Plan are eligible for coverage under the benefit program for Retirees of The City of Calgary.

Further information regarding requirements and coverage under that program is available on <http://www.calgary.ca/cfod/hr/Pages/Retirement/Pension-Retirement.aspx> under Retiree Benefits booklet or by contacting HR Support Services at 268-5800, press option 1.

#### Survivor Benefit

In the event of a Member's death, Blue Cross will waive the monthly Member rates and continue benefits for the surviving Dependent(s) on the date of death and will be effective for a period not exceeding 12 months. Benefits will terminate at the end of the month.

## Claiming Provisions

### Claiming Benefits

1. \* Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most pharmacies will bill Blue Cross directly.
2. \* Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most hospitals will bill Blue Cross directly.
3. \* Extended Health benefits are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

**Note: Some Extended Health service providers are eligible to bill Blue Cross directly for payment.**

4. \* Out of Province Emergency Travel benefits should be claimed on a Travel claim form.
5. \* Vision Services are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

**Note: Some Vision Service providers are eligible to bill Blue Cross directly for payment.**

6. \* Dental Claim Forms must be completed by the dental office at the time the dental treatment is provided. The provider may elect to bill Blue Cross directly for payment, or 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 24 months of the date such expense was incurred.

Claim forms may be obtained from any pharmacy, dental office or any Blue Cross office.

**Claim forms can also be obtained from the Alberta Blue Cross website at [www.ab.bluecross.ca/forms.php](http://www.ab.bluecross.ca/forms.php)**

**Claims may also be submitted to Alberta Blue Cross online via the Alberta Blue Cross secure website for plan members. Sign in at [www.ab.bluecross.ca](http://www.ab.bluecross.ca) and following the instructions to submit your eligible claim online.**

As required by legislation, for insured benefits, if you reside in Alberta or British Columbia, you may obtain copies of the following documents; your enrollment form or application for insurance, and any written statements or other records, not otherwise part of the application, provided to Blue Cross as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the contract.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies. All requests for copies of documents should be requested in writing to Blue Cross.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.