

What is not covered?

The following are not covered under the program:

1. Benefit expenses exceeding a total of \$25,000 per subscriber in a benefit year (July 1 - June 30). On an exception basis, this annual maximum may be raised.
2. Claims for benefit expenses incurred prior to the effective date of coverage.
3. Claims for benefit expenses received by Alberta Blue Cross more than 12 months after the service was provided.
4. Services covered by the AHCIP.
5. Charges for drugs supplied directly and charged for by a physician, with the exception of allergy serums.
6. Diabetes supplies (not including insulin).
7. Registration, admission or user fees charged by a hospital.
8. Drug products not listed in the *Alberta Health and Wellness Drug Benefit List*. Ask your pharmacist and/or physician if your prescribed medication is on this list.
9. Travel insurance for emergency hospital and medical expenses outside of the province or country.



How to claim for benefits

Each subscriber is provided with an Alberta Blue Cross identification card issued in the name of the AHCIP account holder (maximum of two cards).

For eligible prescription drugs, you are responsible for paying 30 per cent of the cost, to a maximum of \$25 for each drug prescribed. The program covers the remaining eligible portion, billed directly to Alberta Blue Cross by the pharmacy. Your Alberta Blue Cross identification card must be presented at the time of purchase.

If you are covered by more than one supplementary health benefit plan, eligible expenses may be coordinated between plans to maximize your benefits.

Premiums

As of July 1, 2010, the monthly rate is:

	Full Premiums	Subsidized Premiums
Single	\$ 63.50	\$44.45
Family	\$118.00	\$82.60

Subsidized rates are available to those who qualify, based on information reported on their income tax return. If you qualify for premium subsidy, you will receive subsidized *Non-Group Coverage* rates. For more information on the Premium Subsidy Program, contact Alberta Health and Wellness.



To claim reimbursement for other eligible expenses, submit your claim on an Alberta Blue Cross claim form, available at any Alberta Blue Cross office, Alberta pharmacy or on the Alberta Blue Cross website (www.ab.bluecross.ca).

The identification number of the individual who receives the service must be quoted on all claims and correspondence sent to Alberta Blue Cross. This number is displayed on the back of your Alberta Blue Cross card.

To be eligible for reimbursement, claims must be received by Alberta Blue Cross within 12 months of the service date. The service must have been provided after the effective date of your coverage.

If you have any questions about your claim, please call Alberta Blue Cross.

Payment

Premiums are billed quarterly by Alberta Blue Cross.

Your Alberta Blue Cross *Non-Group Coverage* will be cancelled if premium payments are not maintained. If cancellation occurs due to non-payment, arrears must be cleared, and a new application submitted before coverage can recommence. Coverage will then be reinstated the first day of the fourth month after Alberta Health and Wellness receives the application.

For more **information on claims or benefits**, please contact Alberta Blue Cross at:

- **780-498-8000** (Edmonton and area)
- **403-234-9666** (Calgary and area)
- **1-800-661-6995** (toll-free)
- e-mail via www.ab.bluecross.ca

For more **information on payment**, please contact **Alberta Blue Cross** at:

- **780-498-5970** (Edmonton and area)
- **1-888-498-5970** (toll-free)
- **780-498-3532** (fax)
- **1-877-220-3532** (toll-free fax)

For more **information on registration and premium subsidy**, please contact **Alberta Health and Wellness** at:

- **780-427-1432** (Edmonton and area)
- Toll-free for the rest of Alberta to **310-0000** and then **780-427-1432**
- **Dial 711** for TTY for the Deaf and Hard of Hearing
- Website at www.health.alberta.ca
- e-mail via AHCIPMAIL@health.gov.ab.ca

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Non-Group Coverage



Supplementary health coverage
for Albertans

**Government
of Alberta** ■

Revised April 2010

Introduction

The Government of Alberta offers Alberta Blue Cross *Non-Group Coverage* to ensure all Albertans have access to an economical supplementary health benefits program which provides coverage for a variety of health related services not covered by the Alberta Health Care Insurance Plan (AHCIP). Alberta Blue Cross administers *Non-Group Coverage* on behalf of Alberta Health and Wellness.



This program does not provide travel coverage. If you are planning to travel outside of the province or country, it is strongly recommended you purchase travel insurance to cover emergency hospital and medical expenses.

Applying for coverage

To obtain *Non-Group Coverage* you must complete an application form, which is available through Alberta Health and Wellness or Alberta Blue Cross. Coverage will become effective on the first day of the fourth month after Alberta Health and Wellness receives your application.

If you submit your application within 30 days of other supplementary coverage ending, coverage will begin the first day of the following month.

To cancel *Non-Group Coverage*, Alberta Health and Wellness must be notified. Coverage will be cancelled the last day of the month in which notification is received.

Eligibility

Alberta Blue Cross *Non-Group Coverage* is available to all Alberta residents under 65 years of age and their dependants, as registered under the Alberta Health Care Insurance Plan (AHCIP) provided there is no amount owing on their AHCIP account and they are not eligible to receive the Alberta Widows' Pension.

Single coverage—available to Alberta residents with no dependants

Family coverage—available to Alberta residents and eligible dependants*

1. Spouse (husband or wife)
2. Adult interdependent partner**
3. Unmarried children under 21 years of age who are fully dependent on the subscriber
4. Unmarried children under 25 years of age who are in full-time attendance at an accredited educational institute
5. Unmarried children 21 years of age or older who are fully dependent on the subscriber because of a mental or physical disability

Alberta Health and Wellness-sponsored supplementary plans cover pre-existing health conditions—no medical review is required.

Note: Albertans 65 years of age and over may apply for the *Coverage for Seniors* program offered by the Government of Alberta. For more information contact Alberta Health and Wellness.

* *The same dependants covered under the subscriber's AHCIP account must be included on the subscriber's Non-Group Coverage.*

** *An adult interdependent partner is a person who lives together with another person in a relationship of interdependence:*

- *for a continuous period of not less than 3 years, or*
- *of some permanence, if there is a child of the relationship by birth or adoption, or*
- *if the subscriber and partner have entered into an adult interdependent partner agreement.*

Please note:

The information contained in this brochure is a summary of benefits, restrictions and limitations applying to Alberta Blue Cross Non-Group Coverage. This summary does not constitute a contract. Rules and regulations governing participation are available from Alberta Blue Cross or Alberta Health and Wellness.

Benefits

Note: A \$50 annual deductible is applied to the total of all eligible health benefit expenses incurred in a benefit year, except for prescription drugs. The benefit year runs from July 1 to June 30. When no claim has been made for health benefits in a benefit year, any such expenses incurred during April, May or June that do not exceed \$50 may be carried forward into the next benefit year and credited, in whole or in part, toward the deductible in that year.



Prescription Drugs

The co-payment (the portion of the prescription cost you pay to your pharmacy when you have your prescription filled) is 30 per cent to a maximum of \$25. For most prescriptions, you will not pay more than \$25 for each prescription.

There are a few cases when you might have to pay more:

- If your drug is not listed in the *Alberta Health and Wellness Drug Benefit List* (www.health.alberta.ca/AHCIP/drug-benefit-list.html); or
- If you want a more expensive brand of drug instead of the lowest-cost or generic brand; or
- If the brand of drug you want costs more than the maximum cost set by Alberta Health and Wellness for that drug.

To avoid surprises, ask your pharmacist about the cost of your prescription before it is filled.



Ambulance Services

Ambulance service charges, to the maximum rate established by Alberta Health and Wellness, for transportation to or from a public, general, active treatment hospital in the event of illness or injury are covered. Transportation must be provided in a ground vehicle licensed under the *Emergency Health Services Act* and regulations. It does not include inter-facility transfer by ambulance.



Clinical Psychological Services

Up to \$60 per visit to a maximum of \$300 per family each benefit year, for treatment of mental or emotional illness by a registered chartered psychologist is covered.



Home Nursing Care

Coverage up to \$200 per family each benefit year, for nursing care provided in the patient's home by written order of a physician is provided. Home nursing care must be provided by a registered nurse or licensed practical nurse who is not a relative of the patient.

Prosthetic and Orthotic Benefits

Coverage for up to twenty-five per cent (25%) of the maximum allowable amount for items included on the benefit list as defined by Alberta Health and Wellness is provided. Coverage includes the purchase or repair of artificial eyes, prosthetic devices (except myoelectric-controlled prostheses) and braces required for six months or longer. A physician's written order is required. Foot orthotics are not included as a benefit.

Mastectomy Prosthesis

Coverage for up to twenty-five per cent (25%) of the maximum allowable amount for the mastectomy prosthesis included on the benefit list as defined by Alberta Health and Wellness. This does not apply to the purchase of a supporting brassiere.



Hospital Accommodation

Coverage for private or semi-private room accommodation for insurable, differential charges in a public, general active treatment hospital in Canada is provided. All Alberta hospitals bill Alberta Blue Cross directly – so show your card when you are admitted.

The benefit year is July 1 to June 30.