

BENEFIT PLUS

Employer benefits for two or more employees

When you are running a small business, every dollar counts. Benefit Plus gives you the flexibility to select a plan that fits your business and your budget.

View the coverage details on the following pages and select between our basic and enhanced plans with available options.
Coverage is per participant for extended health, drugs and dental.

LIFE*

LIFE INSURANCE	DETAILS
Employee life	Flat amount of \$25,000
Accidental Death and Dismemberment (AD&D)	Flat amount of \$25,000

DRUG

OVERALL DRUG	BASIC	ENHANCED
Coverage level (mandatory generic pricing)	80% direct bill	80% direct bill
Maximum (per year; includes allergy serums, insulin and diabetic supplies)	\$1,000	\$1,000

EXTENDED HEALTH

OVERALL EXTENDED HEALTH	BASIC	ENHANCED
Coverage level	100%, except where indicated	100%, except where indicated
HOSPITAL		
Ambulance services	Included	Included
Home nursing (per year)	\$10,000	\$10,000
Long term care (per year)	\$1,000	\$1,000
Preferred hospital accommodations	Included	Included
PARAMEDICAL SERVICES		
Acupuncture, naturopath and massage therapy** (per visit / per year)	Not included	\$40 / \$400
Chiropractic (per visit / per year)	\$30 / \$300	\$30 / \$400
Eye exams (every two years)	\$60	\$75
Foot orthotics (per year)	\$200	\$250
Osteopath (per visit / per year)	\$35 / \$300	\$35 / \$300
Physiotherapy (per visit / per year)	\$45 / \$300	\$45 / \$400
Podiatry/chiroprody (per visit / per year)	\$30 / \$300	\$30 / \$400
Psychology (per visit / per year)	\$90 / \$750	\$90 / \$750
Speech language pathology (per visit/per year)	\$60 / \$500	\$60 / \$500
MEDICAL DEVICE AND SUPPLIES		
Custom orthopaedic shoes (per year)	\$250	\$250
Hearing aids (every four years)	\$750	\$750
Hospital beds (lifetime maximum)	\$1,500	\$1,500
OTHER		
Accidental dental (per accident)	\$2,000	\$2,000
EMERGENCY TRAVEL***		
Maximum (per trip)	\$5 million	\$5 million
Travel days (per trip)	30	30
SECOND OPINION		
Independent medical reviews, diagnoses and treatment recommendations	Included	Included
WELLNESS		
Balance online wellness program	Included	Included

DENTAL ****

OVERALL DENTAL	BASIC	ENHANCED
Combined maximum (per year)	\$1,000	\$1,500
BASIC AND PREVENTATIVE		
Coverage level	100%, except where indicated	100%, except where indicated
New patient exam (once every five years)	Included	Included
Recall exam, x-ray and polishing (once per year)	Included	Included
Fluoride (once per year, under age 19)	Included	Included
Scaling and root planing (per year)	4 time units	4 time units
Emergency exams (once per year)	Included	Included
Fillings, root canals and extractions (every two years)	Included	Included
Partial and complete dentures (once every five years)	Included	Included
Denture repairs (every two years)	Included	Included
PERIODONTICS		
Coverage level	50%	50%
Scaling and root planing	In excess of 4 time units	In excess of 4 time units
Periodontal surgery, curettage and adjunctive periodontal services	Not included	Included
EXTENSIVE		
Coverage level	Not included	50% coverage
Crowns, veneers, bridges and implants	Not included	Included

OPTIONS FOR BASIC AND ENHANCED PLANS

PLAN OPTIONS	DETAILS
Long term disability—for businesses with three or more employees (per month)	Coverage up to \$6,000 for approved employers
Dependent life (choice of option; per spouse / per child)	\$15,000 / \$7,500
	\$5,000 / \$2,500
	\$10,000 / \$5,000
	\$5,000 / \$2,000
Optional life	Up to \$250,000
Critical illness (choice of option; per employee / per spouse / per child)	\$50,000 / \$10,000 / \$5,000
	\$25,000 / \$5,000 / \$2,500
Vision—eyeglasses, contact lenses and laser eye surgery (every two years)	\$150
Employee Family Assistance Program (EFAP) (per year)	12 sessions
Health Spending Account (HSA) (per employee, per year)	Increments of \$100 up to \$10,000

There is no medical questionnaire requirement with Benefit Plus. However, it may be required for long term disability and optional life. Coverage terminates at age 70, except for life and disability which terminate at age 65.

* Blue Cross Life Insurance Company of Canada underwrites all life and disability benefits. | **Massage therapy requires a physician's written order once per year.

*** Travel coverage is not valid for employees who reside outside of Canada. | ****Dental coverage is based on fee guide.

This brochure provides an overview of the Benefit Plus plan offered by Alberta Blue Cross. It is not a contract or a complete listing of all benefits.

Small business. Big benefits.

To learn more or get a quote—visit our website or call us.

ab.bluecross.ca/employer | 1-866-513-2555



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