

BLUE CHOICE[®]



Build a benefit plan your way

Stay well with flexible health, dental and drug coverage options designed for individuals 64 and younger. Build a plan that's right for you with our coverage options below.

EXTENDED HEALTH BENEFITS

The overall maximum for all levels of extended health is \$5,000 per year (excludes Accidental Death and Dismemberment, Travel and Term life).

HOSPITAL	LEVEL A	LEVEL B	LEVEL C	LEVEL D
Auxiliary care (per year)	–	–	\$1,000	\$1,000
Hospital beds (per lifetime)	–	\$1,500	\$1,500	\$1,500
Hospital cash (per day/per year)	–	\$20/\$400	\$20/\$600	\$25/\$800
Home nursing (per year)	–	\$3,000	\$5,000	\$5,000
Preferred hospital accommodations (per year; semi-private or private rooms)	–	\$2,000	\$3,000	\$3,000
PARAMEDICAL PRACTITIONERS				
Ambulance services (ground and air)	100%	100%	100%	100%
Accidental dental care (per incident)	\$2,000	\$2,500	\$3,000	\$3,000
Acupuncturist, homeopath, osteopath and naturopath (per visit)	–	–	\$50	\$50
Combined maximum (per year; includes acupuncturist, homeopath, osteopath and naturopath)	–	–	\$350	\$350
Chiropractor (per visit)	–	\$35	\$35	\$40
Physiotherapist and massage therapist (per visit)	–	\$50	\$50	\$60
Combined maximum (per year; includes chiropractor, physiotherapist and massage therapist)	–	\$350	\$500	\$600
Podiatrist and chiropodist (per visit)	–	\$25	\$25	\$25
Combined maximum (per year; includes podiatrist and chiropodist)	–	\$300	\$300	\$300
Psychologist (including iCBT) (per visit/per year)	\$75/\$150	\$75/\$750	\$75/\$750	\$150/\$1,800
Individual Assistance Program (IAP) (per calendar year)	12 sessions	12 sessions	12 sessions	12 sessions
MEDICAL DEVICE SUPPLIES				
Blood pressure monitor (per five years)	–	\$150	\$150	\$150
CPAP sleep apnea appliance (per five years)	–	\$500	\$750	\$750
Custom braces (per two years)	–	70%; \$750	70%; \$750	70%; \$750
Foot orthotics (per year)	–	70%; \$200	70%; \$200	70%; \$200
Hearing aids (per four years)	–	\$500	\$750	\$750
Ileostomy/colostomy, urinary catheters and supplies (per year)	–	80%; \$1,200	80%; \$1,200	80%; \$1,200
Mastectomy prosthesis (per two years)	–	\$200 for single; \$400 for double	\$200 for single; \$400 for double	\$200 for single; \$400 for double
Medical aids (per year; casts, canes, cervical collars, crutches, walkers, splints, trusses and traction kits)	–	\$250	\$250	\$250
Orthopedic shoes (per year)	–	\$250	\$250	\$250
Oxygen and equipment (per year)	–	\$2,500	\$2,500	\$2,500
Prosthetics (per year)	–	\$300	\$300	\$300
Surgical stockings (per year)	–	\$200	\$200	\$200
Wheelchair (per three years)	–	\$1,500	\$1,500	\$1,500

VISION CARE				
Vision care including eye exams (per two years)	–	\$200	\$250	\$300
TRAVEL (TERMINATES AT AGE 70*)				
Maximum (per trip)	\$5 million	\$5 million	\$5 million	\$5 million
Travel days (per trip)	10	17	30	30
Travel plan discount (additional coverage)	15%	20%	25%	25%
Stability clause (days)	90	90	90	90
LIFE				
Accidental Death and Dismemberment (AD&D)**	\$15,000	\$20,000	\$25,000	\$25,000
Term life,** terminates at age 55*	\$10,000	\$10,000	\$10,000	\$10,000
WELLNESS				
Balance®—online program that promotes wellness and helps you live a healthier lifestyle.	Included	Included	Included	Included
Blue Advantage®—discount program for health and wellness products.	Included	Included	Included	Included
Care navigation—lifestyle and chronic disease management through our website.	Included	Included	Included	Included

DENTAL ***

COVERAGE	LEVEL A	LEVEL B	LEVEL C	LEVEL D
Basic and preventive care (three-month waiting period; includes checkups, cleanings, fillings, extractions and root canals)	70%	75%	80%	90%
Dentures (one year waiting period)	–	50%	50%	50%
Periodontics (one year waiting period)	–	50%	80%	90%
Extensive; includes crowns, bridges and implants (two year waiting period)	–	–	50%	60%
First year combined maximum (applies to basic and preventive care only)	\$600	\$600	\$600	\$750
Second and subsequent years combined maximum (per year; includes basic, extensive, dentures and periodontics)	–	\$1,250	\$1,500	\$2,000
Orthodontic (two year waiting period; per lifetime)	–	–	50%; \$2,000	50%; \$2,500

PRESCRIPTION DRUG

COVERAGE	LEVEL A	LEVEL B	LEVEL C
Maximum (per year; includes diabetic supplies and Glucose Monitoring Systems (GMS), contraceptives, smoking cessation and vaccines)****	\$10,000	\$10,000	\$10,000
Coverage level	70% reimbursement	70% direct bill	80% direct bill
Blue Care™ Pharmacist's advice to help navigate high-cost drug claims.	Included	Included	Included

BLUE CHOICE PORTABILITY

If you start receiving employer benefits, keep your options open by switching your Blue Choice plan to Blue Choice Portability. Should your employer benefits terminate, simply contact us within 30 days to resume your Individual coverage without a medical review ensuring you and your family are covered regardless of any new medical conditions.

***Terminates at age** references the age when a benefit is no longer available for that specific individual. | **Underwritten by Blue Cross Life Insurance Company of Canada. | ***Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List.

****Reduces to \$2,000 per year once any individual turns 65. | This brochure provides an overview of the Blue Choice® plan offered by Alberta Blue Cross. It is not a contract or a complete listing of all benefits.

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

ab.bluecross.ca/personal | 1-800-394-1965



BLUE CHOICE PLAN RATE SHEET

Blue Choice® rate chart (all dollar amounts are monthly fees for each family member)

Extended health						
Age	0-4	5-20	21-34	35-44	45-54	55-64
Health A	\$6.55	\$7.79	\$9.98	\$10.72	\$13.00	\$9.77
Health B	\$7.90	\$11.96	\$26.94	\$27.78	\$32.86	\$32.66
Health C	\$10.60	\$14.66	\$36.19	\$36.93	\$45.86	\$45.97
Health D	\$12.08	\$24.87	\$47.30	\$51.92	\$59.00	\$56.96

Dental						
Age	0-4	5-20	21-34	35-44	45-54	55-64
Dental A	\$4.78	\$19.97	\$30.06	\$30.06	\$30.89	\$33.59
Dental B	\$5.10	\$22.57	\$37.96	\$40.87	\$42.74	\$48.15
Dental C	\$8.11	\$35.98	\$66.56	\$68.22	\$74.36	\$82.99
Dental D	\$9.05	\$58.77	\$71.72	\$79.97	\$87.69	\$95.08

Drug						
Age	0-4	5-20	21-34	35-44	45-54	55-64
Drugs A	\$4.89	\$6.24	\$18.93	\$22.05	\$28.39	\$38.48
Drugs B	\$5.82	\$7.07	\$21.11	\$24.44	\$30.89	\$40.56
Drugs C	\$8.94	\$11.34	\$30.16	\$35.26	\$48.05	\$62.09

* If all applicants are under 21 years of age then one of the applicants must use the 21-34 rates listed above.

Instructions

All individuals covered under the applicant's Alberta Health Care Insurance Plan account must be on the same Blue Choice plan.

1. Select your desired level of benefits.
2. Using the rate chart above, insert the rate for each family member into the rate calculation amount column.
3. Add the rates within each column to determine your total per benefit and combine for your grand total.

Rate calculator

	Extended health	Dental	Drug
Applicant			
Spouse			
Dependants			
Monthly rate	\$	\$	\$
Combined monthly total	\$		

**These rates are subject to change without notice.*