

BLUE ASSURED[®]



Build a benefit plan your way

Our Blue Assured® plan is designed to help you maintain and support your health through all ages and stages of life. View the coverage options below to build the plan that's right for you and your family.

EXTENDED HEALTH BENEFITS

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

	LEVEL A	LEVEL B	LEVEL C
HOSPITAL			
Auxiliary care (per year)	–	–	\$1,000
Hospital beds (per lifetime)	–	\$1,000	\$1,500
Hospital cash (per day/per year)	–	\$20/\$400	\$20/\$600
Home nursing (per year)	–	–	\$2,500
Preferred hospital accommodations (per year; semi-private or private rooms)	\$1,000	\$2,000	\$3,000
PARAMEDICAL PRACTITIONERS			
Ambulance services (ground and air)	100%	100%	100%
Acupuncturist, homeopath, osteopath and naturopath (per visit)	–	–	\$50
Combined maximum (per year; includes acupuncturist, homeopath, osteopath and naturopath)	–	–	\$350
Individual Assistance Program (IAP) (per calendar year)	12 sessions	12 sessions	12 sessions
Chiropractor (per visit)	–	\$35	\$35
Physiotherapist and massage therapist (per visit)	–	\$50	\$50
Combined maximum (per year; includes chiropractor, physiotherapist and massage therapist)	–	\$350	\$500
Podiatrist and chiropodist (per visit)	–	\$25	\$25
Combined maximum (per year; includes podiatrist and chiropodist)	–	\$300	\$300
Psychologist (including iCBT) (per visit/per year)	\$75/\$150	\$75/\$450	\$75/\$750
Speech language pathologist (per visit/per year)	–	–	\$80/\$500
MEDICAL DEVICE SUPPLIES			
CPAP sleep apnea appliance (per five years)	–	\$500	\$750
Custom braces (per two years)	–	70%; \$750	70%; \$750
Foot orthotics (per year)	–	\$200	\$200
Hearing aids (per four years)	–	\$500	\$750
Ileostomy/colostomy, urinary catheters and supplies (per year)	–	\$1,200	\$1,200
Mastectomy prosthesis (per two years)	–	\$200 for single; \$400 for double	\$200 for single; \$400 for double
Medical aids (per year; crutches, canes, cervical collars, walkers, splints, trusses and traction kits)	–	\$250	\$250
Orthopedic shoes (per year)	–	\$250	\$250
Oxygen and equipment (per year)	–	–	\$1,000
Prosthetics (per year)	–	\$300	\$300
Surgical stockings (per year)	–	\$200	\$200
Wheelchair (per three years)	–	\$1,500	\$1,500

VISION CARE			
Vision care including eye exams (per two years)	\$100	\$200	\$300
TRAVEL (TERMINATES AT AGE 65*)			
Maximum (per trip)	\$5 million	\$5 million	\$5 million
Travel days (per trip)	10	17	30
Travel plan discount (additional coverage)	15%	20%	25%
Stability clause (days)	90	90	90
LIFE			
Accidental Death and Dismemberment (AD&D)**	\$15,000	\$20,000	\$25,000
Final expenses**, terminates at age 65* (one year waiting period)	–	\$4,000	\$6,000
WELLNESS			
Balance®—online program that promotes wellness and helps you live a healthier lifestyle.	Included	Included	Included
Blue Advantage®—discount program for health and wellness products.	Included	Included	Included
Care navigation—lifestyle and chronic disease management through our website.	Included	Included	Included

DENTAL ***

	LEVEL A	LEVEL B	LEVEL C
COVERAGE			
Basic and preventive care (three-month waiting period; includes checkups, cleanings, fillings, extractions and root canals)	70%	75%	80%
Dentures (one year waiting period)	–	50%	50%
Periodontics (one year waiting period)	–	50%	80%
Extensive; includes crowns, bridges and implants (two year waiting period)	–	–	50%
First year combined maximum (applies to basic and preventive care only)	\$600	\$600	\$600
Second and subsequent years combined maximum (per year; includes basic, extensive, dentures and periodontics)	–	\$1,250	\$1,500
Orthodontic (two year waiting period; per lifetime)	–	–	50%; \$2,000
Accidental dental care (per incident)	\$2,000	\$2,500	\$3,000

PRESCRIPTION DRUG BENEFITS (OPTIONAL)

With Blue Assured®, you have the option of including prescription drugs in your benefit coverage.

	LEVEL A	LEVEL B	LEVEL C
COVERAGE			
Maximum (per year; includes diabetic supplies and GMS, contraceptives, smoking cessation and vaccines)	\$250	\$500	\$1,500
Coverage level (three month waiting period)	70% direct bill	70% direct bill	70% direct bill

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

This brochure provides an overview of the Blue Assured® 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

