Blue Assured® Agreement

Welcome

Thank you for choosing *Alberta Blue Cross®* for *your* benefit needs and for being a valued *Alberta Blue Cross* customer.

Your coverage will depend on the type of coverage purchased for *you* as indicated on the *confirmation of coverage*.

It is important that *you* read this *agreement* carefully as *your* coverage may be subject to certain limitations or exclusions.

All persons covered under the same *government health plan* account must maintain the same coverage under this *agreement*.

Your satisfaction is *our* priority. If the *applicant* is not satisfied with this *agreement,* the *applicant* may send *us* a written request to cancel this *agreement* within 20 days of purchase. In such case, *we* will refund, without interest, any amount paid, provided *you* have not departed on a trip or experienced an event that would cause *you* to submit a claim under this *agreement*. No refunds are available if a claim has been paid, incurred or reported. In such case, the *agreement* will be rescinded and any claims paid by *us* will be a debt due by the *applicant* to *us*.

If *you* have any questions about *your* benefits, please contact *us* at **ab.bluecross.ca** or by phone at **1-800-394-1965**.

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Helpful Tip

When reading this *agreement*, *you* will notice that some words are printed in italics. These words are defined in the 'Definitions' section in this *agreement*. As an example, *you* means each person covered by this *agreement*.
Pay attention to these definitions as *we* have given specific meaning to these terms.

Do You Qualify (Eligibility)?

To be eligible, and continue to be eligible, for coverage under this *agreement*:

a. *you* must be enrolled in *your government health plan* and maintain coverage in good standing. It is *your* responsibility to check that *you* have this coverage;

b. an *application* for *your* coverage must be accepted by *us*;

c. *you* must all apply for and maintain the same *coverage level*; and

d. *we* must issue a *confirmation of coverage* that specifies *you* have coverage.

We reserve the right to accept or decline coverage for any person and to amend the eligibility requirements for certain benefits and *benefit modules*.

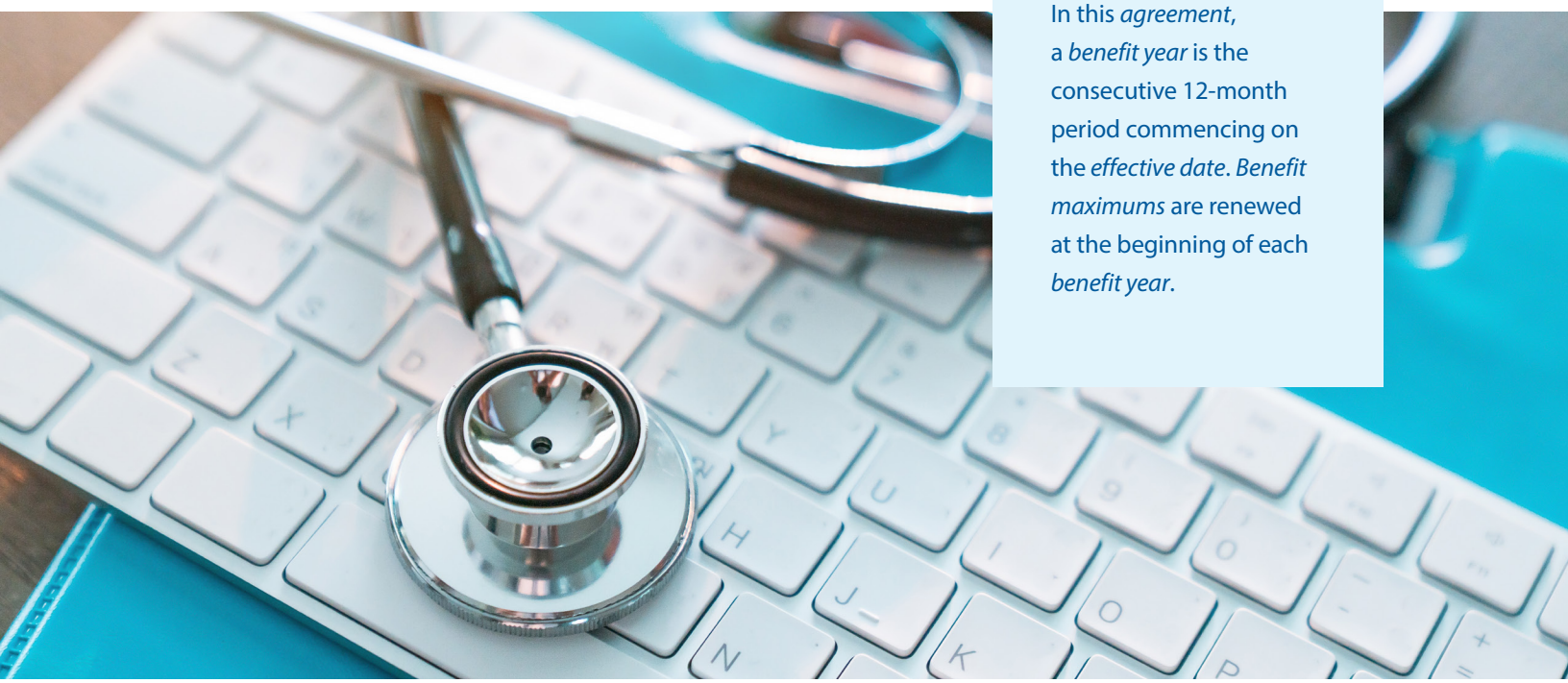
What Is Covered (Benefits)

Your benefits are specific to the coverage purchased for *you* as shown on *your confirmation of coverage*. All *eligible expenses* must be incurred in Canada unless otherwise specified in this *agreement*.

Health Care Benefits

Helpful Tip

In this *agreement*, a *benefit year* is the consecutive 12-month period commencing on the *effective date*. *Benefit maximums* are renewed at the beginning of each *benefit year*.



Coverage

Subject to the terms and conditions of this *agreement*, *we* will reimburse *eligible expenses* incurred by *you* for the following benefits. All *eligible expenses* are subject to the *coverage level* shown on *your confirmation of coverage* and the *reimbursement levels* and *benefit maximums* specified below. All *eligible expenses* must be incurred in Canada.

1. ACCIDENTAL DENTAL

BASIC	ENHANCED	ENHANCED+	PREMIUM
$2,000 *(per incident)*	$2,500 *(per incident)*	$3,000 *(per incident)*	$5,000 *(per incident)*

***Eligible expenses* for dental *treatment* when required to repair, extract or replace a sound natural tooth or permanently attached artificial teeth. A tooth is considered sound if before the *accident* it:**

a. was free from injury, disease or defect;

b. did not need further restorations to remain intact or hold secure; and

c. had no breakdown or loss of bone or root structure.

To be eligible for coverage, *treatment* must be

a. required as a result of a direct external accidental blow to the mouth received while covered for accidental dental *benefits*; and

b. initiated within 12 months of the date of the *accident*. All *treatment* must be completed within 2 years of the date of the *accident*. *We* will not pay any amount if *treatment* is provided more than 2 years after the date of the *accident*.

Coverage amounts are determined in accordance with the current *Alberta Blue Cross individual health plan usual and customary dental fee list* for dental general practitioners in Alberta.

2. AMBULANCE SERVICES

Professional service of a ground ambulance required to transport *you* when *medically necessary* as determined by *us*. When *medically necessary*, *eligible expenses* for:

a. ambulance required to transport *you* within Canada by ground to or from the nearest approved facility able to provide appropriate medical care. The ambulance must be licensed to operate in the jurisdiction where the service was rendered. *Eligible expenses* are paid only if *treatment* is provided on the day the ambulance is engaged; and

b. air ambulance required to transport *you* within Canada to a *hospital* in any Canadian province or territory when:

   i. not covered under *your* provincial government or territorial government health insurance plan; and

   ii. normal ground transportation is not available or is not in *your* best medical interest.

3. CUSTOM ORTHOPEDIC SHOES AND CUSTOM FOOT ORTHOTICS

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Foot orthotics	–	$200 per *benefit year*	$200 per *benefit year*	$300 per *benefit year*
Orthopedic shoes	–	$250 per *benefit year*	$250 per *benefit year*	$400 per *benefit year*

Excludes the purchase and repair of prefabricated orthopedic shoes without permanent modifications, extra-depth shoes and stock item footwear.

***Eligible expenses* for the purchase and repair of the following:**

a. custom made orthopedic shoes or prefabricated orthopedic shoes with permanent modifications to accommodate, relieve or remedy a mechanical foot defect or abnormality,

   i. Orthopedic shoes must be dispensed by a *podiatrist*, *pedorthist* or *orthotist*;

   ii. *Participant* must submit a fabrication form completed by a *provider*; and

   iii. A *physician's* written order is required. *You* must submit a copy of the original prescription completed by a *physician*, *podiatrist* or *chiropractor* outlining the related medical diagnosis.

b. custom made foot orthotics to accommodate, relieve or remedy a mechanical foot defect or abnormality,

   i. The foot orthotic must be dispensed by a *podiatrist, chiropodist*, *physiotherapist*, *chiropractor*, *pedorthist*, occupational therapist, *orthotist*, *physician* or *hospital*;

   ii. *You* must submit a fabrication form completed by a *provider*; and

   iii. A written order completed by a *physician*, *podiatrist*, *chiropractor* or a *physiotherapist* is required. *You* must also submit a copy of a biomechanical assessment completed by any *health care professional* who has biomechanical assessment within their scope of practice.

4. HEALTH CARE PROFESSIONALS

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Audiologists, acupuncturists, homeopaths, osteopaths, naturopaths and occupational therapists *(dietician included in Premium)*	-	-	$50 per visit $350 combined maximum per *benefit year*	$650 combined maximum per *benefit year*
Chiropractor, physiotherapist, message therapist	-	***Chiropractor***: $35 per visit ***Physiotherapist/ massage therapist***: $50 per visit $350 combined maximum per *benefit year*	***Chiropractor***: $35 per visit ***Physiotherapist/ massage therapist:*** $50 per visit $500 combined maximum per *benefit year*	$750 combined maximum per *benefit year*
Podiatrist* and *chiropodist	-	$25 per visit $300 combined maximum per *benefit year*	$25 per visit $300 combined maximum per *benefit year*	$500 combined maximum per *benefit year*
Psychologist/social worker *(including iCBT)*	$75 per visit $150 per *benefit year*	$75 per visit $450 per *benefit year*	$75 per visit $750 per *benefit year*	* $1,000 per *benefit year*
Speech language pathologist	-	-	$80 per visit $500 per *benefit year*	* $600 per *benefit year*

*services subject to a *reasonable and customary* per visit maximum as determined by *us*.

Coverage for *health care professionals* is limited to:

a. *treatment* within the scope of the *health care professional's* practice;

b. one *treatment* by the same *health care professional* per day;

c. *eligible expenses* for *treatment* provided by any *health care professional* specified in this *benefit module* based upon *your coverage level*;

d. the cost of one X-ray provided by a licensed *chiropractor* per *benefit year*;

e. the cost of surgery by a *podiatrist* or *chiropodist* and the cost of one X-ray per *benefit year*; and

f. for a *psychologist*/social worker, *eligible expenses* for individual or family counselling for *treatment* of mental or emotional illness, including assessment, provided by a *psychologist*, master of social work, registered social worker or other *health care professional* approved by us in *our* discretion.

Coverage for *health care professionals* excludes:

a. comprehensive health assessments;

b. charges for services obtained in a *hospital*; and

c. group *treatment* sessions.

5. HEARING AIDS

BASIC	ENHANCED	ENHANCED+	PREMIUM
–	$500 every 4-year period based on the last date of service	$750 every 4-year period based on the last date of service	$750 every 4-year period based on the last date of service

***Eligible expenses* for the:**

a. purchase of hearing aids on the written order of a *physician* or *audiologist*; or

b. repair of hearing aids; repair to hearing aids do not require a written order of a *physician* or *audiologist*.

6. INDIVIDUAL ASSISTANCE PROGRAM (IAP)

BASIC	ENHANCED	ENHANCED+	PREMIUM
12 sessions per calendar year	12 sessions per calendar year	12 sessions per calendar year	12 sessions per calendar year

The IAP provides confidential, *professional services* (and referrals, when required) for a broad range of personal and family problems by telephone, in person and online including:

a. emotional or physical problems;
b. marital or family problems;
c. financial and legal difficulties;
d. work-related problems;
e. bereavement;
f. pre-retirement planning;
g. career counselling;
h. gambling;
i. alcohol or drug dependencies; and
j. sexual harassment or abuse.

From time to time *we* may, at *our* discretion, modify the IAP service offerings based on their availability.

Helpful Tip

The Individual Assistance Program (IAP) offers services 24 hours a day, 7 days a week to *participants* by phone at **1-844-375-5399.**

7. MEDICAL EQUIPMENT

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Wheelchair	–	$1,500 every 3-year period based on the last date of service	$1,500 every 3-year period based on the last date of service	$3,000 every 3-year period based on the last date of service
***Hospital* bed**	–	$1,000 lifetime maximum	$1,500 lifetime maximum	$1,500 lifetime maximum
CPAP, Bi-PAP and sleep apnea appliances	–	$500 every 5-year period based on the last date of service	$750 every 5-year period based on the last date of service	$2,000 every 5-year period based on the last date of service
Blood pressure monitor	–	–	$150 every 5 years	$150 every 5 years

Eligible expenses for the purchase or rental (where applicable) of the above medical equipment must be certified in writing by the attending *physician*. Wheelchair repairs or breathing monitor accessories do not require a written order of a *physician*.

8. MEDICAL SERVICES AND SUPPLIES

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Surgical brassieres	–	2 brassieres per *benefit year* up to a maximum of $50 each	2 brassieres per *benefit year* up to a maximum of $50 each	2 brassieres per benefit year up to a maximum of $50 each
Ileostomy/colostomy, urinary catheters and catheterization supplies*	–	$1,200 per *benefit year*	$1,200 per *benefit year*	$1,200 per *benefit year*
Surgical stockings	–	$200 per *benefit year*	$200 per *benefit year*	$250 per *benefit year*
Oxygen and equipment	–	–	$1,000 per *benefit year*	$1,000 per *benefit year*
Custom made or custom fitted braces	–	70%; $750 every 2-year period based on the last date of service	70%; $750 every 2-year period based on the last date of service	70%; $1,000 every 2-year period based on the last date of service
Medical Aids (crutches, canes, cervical collars, walkers, splints, trusses, and traction kits)	–	$250 per *benefit year*	$250 per *benefit year*	$250 per *benefit year*
Wigs or hairpiece	–	$250 every 5-year period	$250 every 5-year period	$250 every 5-year period

* Incontinence supplies, as defined by *us*, are excluded.

Coverage for medical services and supplies is limited to:

a. *eligible expenses* for medical services and supplies, walkers and traction kits on the written order of a *physician*;

b. surgical stockings dispensed by a licensed *provider*. *You* must submit:

   i. written confirmation from the licensed *provider* that the surgical stockings have a minimum pressure gradient of 30 mmhg; and

   ii. a copy of the original prescription completed by a *physician* outlining the medical diagnosis.

c. wigs dispensed by a *provider* that regularly supplies medical services, supplies and products. *You* must submit:

   i. a *healthcare provider*'s written order; and

   ii. a paid in full receipt.

9. PROSTHESIS

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Mastectomy prosthesis	–	$200 for single; $400 for double every 2-year period based on the last date of service	$200 for single; $400 for double every 2-year period based on the last date of service	$200 for single; $400 for double every 2-year period based on the last date of service
Prosthetics	–	$300 per *benefit year* 6 stump socks	$300 per *benefit year* 6 stump socks	$1,000 per *benefit year* 6 stump socks

***Eligible expenses* for the:**

a. purchase or replacement of standard functional artificial limbs (excluding myoelectric controlled prosthesis) for daily living activities on the written order of *health care professional*; and

b. purchase of prosthetic sheaths, underhose and gloves for artificial hands.

This *benefit* also includes artificial eyes required to restore form and function which are manufactured according to the specifications on the written order of a *physician*.

Repair or replacement of the prosthetics does not require the written order of a *health care professional*.

10. HOME NURSING CARE

BASIC	ENHANCED	ENHANCED+	PREMIUM
–	–	$2,500 per *benefit year*	$5,000 per *benefit year*

To be eligible for coverage:

a. services provided by a *nurse* must be certified in writing by a *health care professional* as *medically necessary* for *treatment* of *your* condition;

b. *treatment* must be provided at *your* residence; and

c. the *nursing services* must not be provided by a *related person*.

Home nursing care will only be covered once all government programs and agency maximums have been exhausted.

This coverage excludes expenses primarily for:

a. custodial care, homemaking duties, supervision, respite care , normal child care or personal care attendant.

11. HOSPITAL CARE BENEFITS

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Preferred *hospital* accommodations* (semi-private and private rooms) subject to availability	$1,000 per *benefit year**	$2,000 per *benefit year**	$3,000 per *benefit year**	$6,000 per *benefit year**
Auxiliary care or *long-term care*	–	–	$1,000 per *benefit year*	$1,000 per *benefit year*
Hospital* cash*	–	$20 per day $400 per *benefit year*	$20 per day $600 per *benefit year*	$25 per day $800 per *benefit year*

* Subject to the maximum daily rate set out in the *Alberta Blue Cross hospital rate schedule* for *individual health plans*.

** To cover *incidental expenses* incurred during the *hospital* stay, *we* will pay *hospital* cash, as a supplemental cash *benefit*, provided *you* are confined to a *hospital* for a minimum of 24 consecutive hours and are undergoing active *treatment* while covered under this *agreement*.

12. VISION CARE

BASIC	ENHANCED	ENHANCED+	PREMIUM
$100 per *participant* every 2- year period based on the last date of service	$200 per *participant* every 2- year period based on the last date of service	$300 per *participant* every 2- year period based on the last date of service	$500 per *participant* every 2- year period based on the last date of service

If new lenses are required as a result of a change in *your* prescription, provided you are under 14 years of age, you are eligible for benefits once every 12 months, based on the last date of service.

***We* will pay *eligible expenses* for the or repair of the following, prescribed as a result of an eye examination by the attending *optometrist* or *ophthalmologist*:**

a. eyeglasses (frames and lenses);

b. replacement glasses;

c. contact lenses; and

d. intraocular lenses.

This coverage also includes *eligible expenses* for:

a. eye examinations provided to *you* to a maximum of $85 for every 2-year period based on the last date of service (payable only if, due to *your* age, *you* are not eligible for coverage for eye examinations under *your* provincial or territorial government health insurance plan);

b. prescription sunglasses;

c. prescription safety glasses; and

d. corrective laser eye surgery (including assessment fees).

HEALTH CARE BENEFITS EXCLUDE:

a. myoelectric controlled prosthesis;

b. wigs when hair loss is not due to an underlying pathology;

c. artificial limbs strictly for sports and recreational purposes;

d. expenses in relation to *your* care at a location other than in a *hospital*;

e. expenses when *you* are hospitalized primarily for bed rest, rest cures, custodial or domiciliary care;

f. registration or admission fees charged by a *hospital*; and

g. *Hospitalization* of a *newborn child* immediately following birth. A *newborn child* is only eligible under this *benefit* during subsequent *hospitalization* following enrolment.

13. VIRTUAL CARE

BENEFIT
24/7 on-demand access to the virtual platform offered by our virtual care provider within Canada

Benefits

Virtual care benefits allow *you* to register for and access the *telemedicine services* available in the virtual platform offered by a *virtual care provider*. Upon registration, the virtual platform connects *you* with *health care professionals* through the *virtual care provider's* network of independent medical practitioners. *Telemedicine services* include:

a. virtual visits with *health care professionals*;

b. specialist referrals;

c. requisition of labs and diagnostic testing;

d. prescriptions, refills and on-line pharmacy services; and

e. disease management—condition specific care plans.

Exclusions and Limitations

Coverage for virtual care is subject to the following:

a. *your* access to the virtual platform may be limited due to events beyond *our* reasonable control, including unplanned or scheduled platform downtimes experienced by the *virtual care provider*, and we are not responsible for such limitations in access to the virtual platform;

b. *we* are not responsible for the availability, quality or results of any *telemedicine services*, nor for *your* failure to obtain any *treatment*, services, or supplies recommended to *you* in the course of receiving the *telemedicine services*; and

c. *you* must not misappropriate or in any way infringe upon any third-party intellectual property rights, including the intellectual property rights of the *virtual care provider* and/or its licensors with respect to the virtual platform.

Dental Benefits

Dental benefits are an optional *benefit module*. For more information on optional *benefit modules*, see the 'Coverage Changes' section of this *agreement*.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Basic and preventive dental care includes checkups, cleanings, fillings, extractions and root canals (3-month *waiting period* from *effective date*)	70%	75%	80%	90%
First year maximum	$600 per *benefit year*	$600 per *benefit year*	$600 per *benefit year*	$750 per *benefit year*
Dentures (1-year *waiting period* from *coverage level effective date*)	–	50%	50%	60%
Periodontics (1-year *waiting period* from *coverage level effective date*)	–	50%	80%	90%
Extensive dental includes crowns, bridges and implants (2-year *waiting period* from *coverage level effective date*)	–	–	50%	60%

Second and subsequent year combined maximum (basic dental, dentures, periodontics and extensive)	$600 per *benefit year*	$1,250 per *benefit year*	$1,500 per *benefit year*	$2,000 per *benefit year*
Orthodontic services (2-year *waiting period* from *coverage level effective date*)	–	–	50%	50%
Orthodontic maximum	–	–	$2,000 lifetime maximum	$2,500 lifetime maximum

1. BENEFITS

Subject to the terms and conditions of this *agreement*, *we* will reimburse *eligible expenses* incurred by *you* for the following benefits. All *eligible expenses* are subject to the *coverage level* shown on *your confirmation of coverage* and the *reimbursement levels* and *benefit maximums* specified above and are subject to the following:

a. reimbursement will be based on the current *Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List*;

b. *eligible expenses* must be incurred after all applicable *waiting periods* have been served;

c. if 1 or more forms of alternative *treatment* exist, payment may be limited to the cost of the least expensive *treatment* that will meet *your* basic dental needs;

d. if *you* are provided services by a specialist, payment and coverage will be based on the general practitioner's fee for the service provided;

e. services must have been performed by:

   i. a licensed *dentist* when the services are within the scope of their profession; or

   ii. a licensed *dental hygienist* under the supervision of a licensed *dentist* or without the supervision of a licensed *dentist* where permitted by provincial legislation; and

f. *eligible expenses* are considered to have been incurred on the date the service or supply was provided. For procedures requiring more than 1 appointment, the *eligible expense* is considered to have been incurred on the date that the entire procedure was completed or the appliance was placed.

g. *we* recommend that a detailed *treatment* plan be submitted to *us* before *treatment* begins, outlining the type of *treatment* to be provided and the amounts to be charged. *We* will then notify *you* of the amount eligible for reimbursement. The *treatment* must be performed by the *dentist* who prepared the *treatment* plan; otherwise, a new *treatment* plan must be submitted to *us* for re-assessment.

From time to time *we* may, at *our* discretion, amend *our* list of eligible *dental services*.

Helpful Tip

Ask the dental office if they direct bill to *Alberta Blue Cross* before booking an appointment.

First and subsequent year benefits

The following dental services are subject to a 3-month *waiting period* from *your effective date*:

1. DENTAL SERVICES

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	70%	75%	80%	90%
Complete oral exam	1 in any 60-month period based on last date of service	1 in any 60-month period based on last date of service	1 in any 60-month period based on last date of service	1 in any 60-month period based on last date of service
Recall oral exam	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service
Bitewing images	2 images in any 12-month period based on last date of service	2 images in any 12-month period based on last date of service	2 images in any 12-month period based on last date of service	2 images in any 12-month period based on last date of service
Polishing	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service
Fluoride	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service	1 unit in any 12-month period based on last date of service
Scaling	4 units in any 12-month period based on last date of service	4 units in any 12-month period based on last date of service	4 units in any 12-month period based on last date of service	4 units in any 12-month period based on last date of service
***Emergency* oral exam**	Included	Included	Included	Included
Panoramic images	1 unit in any 24-month period based on last date of service	1 unit in any 24-month period based on last date of service	1 unit in any 24-month period based on last date of service	1 unit in any 24-month period based on last date of service

Helpful Tip

Scaling refers to removal of tartar from teeth. Scaling is billed in units: 1 unit is equivalent to 15 minutes of work.

2. DIAGNOSTIC SERVICES

To assist the *dentist* in evaluating the existing condition to determine the required dental *treatment*, we will pay *eligible expenses* incurred for the following diagnostic procedures:

a. *emergency* exams, when necessary, due to the sudden development of dental pain or an accidental injury to the oral cavity; and

b. complete series of images (or dollar equivalent), or a panoramic image as required, provided it does not exceed the dollar equivalent of a complete series in any 24-month period based on the last date of service.

3. PREVENTIVE SERVICES

We will pay *eligible expenses* for the following preventive procedures to help avoid or minimize adverse conditions of the teeth, subject to the following:

a. pit and fissure sealants limited to permanent posterior teeth once every 5-year period based on the last date of service provided *you* are under 19 years of age;

b. interproximal disking (the smoothing of the proximal surfaces of adjoining teeth); and

c. space maintainers, if provided, to maintain and not regain space for missing primary teeth.

We will also pay *eligible expenses* for repairs and adjustments.

4. ORAL SURGERY

We will pay *eligible expenses* for the following procedures and services related to the extraction of teeth, subject to the following:

a. General surgery exam once per *participant* in any 5-year period based on the last date of service.

b. Administration of general anesthesia and deep sedation is only covered when required in conjunction with covered oral surgery.

5. RESTORATIVE SERVICES

We will pay *eligible expenses* for the provision of amalgam and composite filling restorations (referred to as a silver or white to restore form and function) for the *treatment* of carious lesions, subject to the following:

a. restorations once per tooth surface in any 24-month period to a maximum of 5 surfaces (or dollar equivalent) based on the last date of service; and

b. Prefabricated restorations, metal or plastic (often referred to as a stainless steel crown), will be covered only when the tooth cannot be adequately restored to form and function with a filling. Prefabricated crowns do not include permanent lab processed restorations (including porcelain alloy and gold crowns) or temporary crowns which are used while the permanent crown is being processed at the lab.

6. ENDODONTIC SERVICES

We will pay *eligible expenses* for diagnostic and *treatment* procedures for pulpal therapy and root canal therapy, subject to the following:

a. a general endodontic exam once in any 5-year period based on the last date of service; and

b. root canal therapy once per tooth in any 24-month period based on the last date of service.

7. DENTURE SERVICES

We will pay *eligible expenses* for the following services rendered for maintaining and adjusting dentures.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	70%	75%	80%	90%
Relines	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service
Liners	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service
Tissue conditioning	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service	1 service per denture in any 24-month period based on the last date of service
Minor repairs	Included when a further impression is not required	Included when a further impression is not required	Included when a further impression is not required	Included when a further impression is not required

Second and subsequent years

The following dental services are subject to a 12-month waiting period from *your coverage level effective date*:

1. PREVENTIVE SERVICES

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	75%	80%	90%
Scaling	–	Additional 4 units in any 12-month period based on last date of service	Additional 4 units in any 12-month period based on last date of service	Additional 4 units in any 12-month period based on last date of service

2. DIAGNOSTIC PERIODONTIC SERVICES

We will pay *eligible expenses* for periodontic services which include the examination, diagnosis and *treatment* of diseases affecting the tissues supporting the teeth.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	80%	90%
General periodontal exam	–	1 in any 60-month period based on last date of service	1 in any 60-month period based on last date of service	1 in any 60-month period based on last date of service
Limited or specific periodontal exam	–	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service
Surgical services (periodontal surgery; osseous surgery; osseous grafts; and soft tissue grafts)	–	Included	Included	Included
Non-surgical services (provisional splinting; management of oral infections; and desensitization)	–	Included	Included	Included

3. PERIODONTAL APPLIANCES

We will pay *eligible expenses* for appliances designed for the correction and *treatment* for the grinding and/or clenching of teeth.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	80%	90%
Periodontal appliances	–	1 per *participant* in any 36-month period based on the last date of service	1 per *participant* in any 36-month period based on the last date of service	1 per *participant* in any 36-month period based on the last date of service
Repair and reline of periodontal appliances	–	Included	Included	Included

4. OCCLUSAL EQUILIBRATION

We will pay *eligible expenses* for the replacement of missing natural teeth with artificial appliances.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	80%	90%
Occlusal equilibration	–	4 units in any 12-month period based on the last date of service	4 units in any 12-month period based on the last date of service	4 units in any 12-month period based on the last date of service

5. PROSTHODONTIC SERVICES

We will pay *eligible expenses* for the replacement of missing natural teeth with artificial appliances.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	50%	60%
General prosthodontic exam	–	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service
Specific prosthodontic exam		1 in any 12-month period based on the last date of service	1 in any 12-month period based on the last date of service	1 in any 12-month period based on the last date of service

6. REMOVABLE PROSTHODONTIC APPLIANCES

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	50%	60%
Partial and complete dentures	–	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service

This *benefit* includes partial and complete dentures when *we* determine that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory.

7. DENTURE SERVICES

We will pay *eligible expenses* for appliances designed for the correction and *treatment* for the grinding and/or clenching of teeth.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	50%	50%	60%
Rebasing and resetting	–	1 per arch in any 60-month period	1 per arch in any 60-month period	1 per arch in any 60-month period
Adjustments	–	2 adjustments per 1-month	2 adjustments per 1-month	2 adjustments per 1-month

We will pay *eligible expenses* for denture services rendered for maintaining and adjusting dentures, subject to the following:

a. rebasing and resetting is only included provided that at least 5 years has lapsed from the placement of an existing denture or following any prior provision paid by *us*;

b. adjustments are only included provided that at least 3 months has lapsed following provision of a denture paid for by *us*; and

c. major repairs and additions are included where further impression is required.

Third and Subsequent Years

The following *dental services* are subject to a 24-month *waiting period* from *your coverage level effective date*:

1. PROSTHODONTIC SERVICES

We will pay *eligible expenses* for the replacement of missing natural teeth with artificial appliances (crown, fixed bridge or implant) subject to the following:

a. limit to 1 of the services per tooth, in any 5-year period based on the last date of service, when the tooth cannot be adequately restored to form and function with a filling;

b. *we* will not pay for periodontal and surgical procedures in conjunction with the placement or removal of implants or the maintenance and augmentation of implant sites;

c. inlays and onlays, limited to 1 of the services per tooth in any 5-year period based on the last date of service when the tooth cannot be adequately restored to form and function with a filling. Any additional costs will be *your* responsibility;

d. processed veneers once per tooth in any 5-year period based on the last date of service; and

e. related services, such as retentive pins, posts, and cores (including repairs, removal or recementation of a fixed appliance) limited to 1 of the services per tooth, in any 5-year period based on the last date of service.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	–	50%	60%
Crowns, bridges, and implants	–	–	1 of the services per tooth in any 60-month period based on the last date of service	1 of the services per tooth in any 60-month period based on the last date of service
Inlays and onlays	–	–	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service
Fixed rehabilitation prosthodontic exam	–	–	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service

Helpful Tip

It is the responsibility of the member to obtain *benefits* for *participants* who may require future orthodontic services. *Dental benefits* with waiting periods must be served by a *participant* before they can receive *benefits*.

For example, if *you* suspect that *you* or *your dependent(*s) may require braces, *you* can obtain the *benefits* now to avoid delays in *coverage*.

2. ORTHODONTIC SERVICES

Preventive and corrective *treatment* for irregularities in the alignment of teeth.

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level	–	–	50%	50%
General orthodontic exam	–	–	1 in any 60-month period based on the last date of service	1 in any 60-month period based on the last date of service
Specific orthodontic exam	–	–	1 in any 12-month period based on last date of service	1 in any 12-month period based on last date of service
Habit breaking appliance	–	–	1 per arch in any 24-month period	1 per arch in any 24-month period

We will pay *eligible expenses* for preventive and corrective *treatment* for irregularities in the alignment of teeth. This benefit includes:

a. habit-breaking appliance to treat harmful habits related to primary or mixed dentition provided *you* are between 1 to 13 years of age; and

b. interceptive, interventive and comprehensive *treatment* if you are 7 years of age or older.

Calculation of Orthodontic Payments

COMPREHENSIVE FIXED APPLIANCE THERAPY

a. Payments will be based on the total *eligible expenses* prorated monthly or quarterly and amortized over the length of active *treatment*.

b. At the start of active *treatment*, a maximum of one-third of the total *eligible expenses* are payable at the percentage outlined in the *benefit* schedule. The remaining eligible expenses are payable at the percentage outlined in the *benefit* schedule in equal monthly or quarterly installments over the course of active *treatment*.

c. For *treatment* in progress on the *coverage level* effective date and based on the above method of payment, only installments falling due after the *coverage level* effective date will be eligible.

COMPREHENSIVE TREATMENT EMPLOYING A MULTIPLE PHASE TECHNIQUE UTILIZING REMOVABLE AND FIXED APPLIANCE(S) THERAPY

a. Each phase of *treatment* will be assessed separately.

b. For phase I, payments will be based on the *Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List* for the specific appliances utilized. Payments are calculated based on the total *eligible expenses*, allowing one-third down payment and the balance prorated monthly or quarterly and amortized over the duration of phase I, not to exceed the maximum dollar amount allowed for the appliances and adjustments under this *agreement*.

c. A new *treatment* plan outlining the *treatment* to be rendered and appliances to be utilized must be submitted for pre-authorization prior to the commencement of phase II.

FUNCTIONAL APPLIANCE THERAPY

a. In these cases, payment is calculated in the same manner as for comprehensive fixed appliance therapy. *Eligible expenses* are based on the *Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List* for the number and type of appliances being utilized.

APPLIANCES FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT

a. Payments will be based on the *Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List*.

Dental Exclusions

The following *dental services* are not covered during any *benefit years*:

a. services with respect to congenital, developmental malformations, cosmetic surgery and dentistry for purely cosmetic reasons including, but not limited to, cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorosis and anodontia;

b. any dental charge incurred or procedure started prior to the date *you* became eligible for such services under this *agreement* or after termination of this *agreement*;

c. *experimental* or *investigative* procedures;

d. any fees for failure to keep appointments, completion of insurance forms, letters of expertise, court appearances, institutional calls and office visits;

e. fees for instruction in dental hygiene or fees for nutritional counseling;

f. fees for polishing and finishing restorations;

g. fees for dispensing drugs and medication, writing prescriptions, injection of therapeutic drugs hypnosis and acupuncture;

h. procedures, appliances or restorations to increase vertical dimension or restore or maintain occlusion. Such procedures and appliances include, but are not limited to, periodontal splinting, periodontal appliances, bruxism appliances, temporomandibular joint dysfunction appliances, myofacial pain syndrome appliances, services with respect to temporomandibular joint dysfunctions, restoration of tooth structure loss from attrition and restoration for malalignment of the teeth;

i. surgical procedures involved with the placement or removal of implants and surgical periodontal procedures involved with the maintenance or augmentation of implant sites;

j. oral appliances including, but not limited to, mouth guards, night guards, TMJ appliances and sleep disorder appliances;

k. bleaching of teeth;

l. duplicate images;

m. *hospital* charges for *dental services*;

n. facility fee required in conjunction with the administration of anesthesia;

o. replacement of lost or stolen prosthetic devices;

p. spare or duplicate prosthetic devices or appliances;

q. dental care which is provided solely for the purpose of improving appearance when form and function of the teeth are satisfactory and no pathological condition exists; and

r. myofunctional therapy;

s. splinting for periodontal reasons, where cast crowns, inlays or onlays are used for this purpose;

t. *treatment* or appliance related directly or indirectly to full mouth reconstruction to correct vertical dimension or TMJ (temporomandibular joint) and myofascial pain dysfunction;

u. anti-snoring or sleep apnea devices;

v. replacement of orthodontic devices or appliances that are lost, stolen or broken through misuse; and

w. spare or duplicate orthodontic appliances.

Dental Limitations

Our assessment of *benefits* is based on the terms of this *agreement* and is not intended to reflect on the choice of *treatment*. The *treatment* selected is a matter between y*ou* and the *dentist*.

Coverage and payments for dental services will be limited as follows:

a. images will be covered only if the service is rendered by a *dentist*, certified dental assistant or *dental hygienist*;

b. where the particular service includes a charge for diagnostic images, no other image charges will be covered for the diagnosis or *treatment* of that condition;

c. where there is a charge for images, no other charges for the interpretation of images will be covered for the diagnosis or *treatment* of that condition;

d. the fee for an examination or an *emergency* service will be covered only if the service is rendered by a *dentist*;

e. removal of carious lesions and placement of a dressing for pulp protection of a tooth crown will be covered as a separate service only in an *emergency* situation where *treatment* cannot be continued at that sitting;

f. in all cases, if *you* select a more expensive t*reatment* plan than is customarily provided for necessary and adequate *treatment*, payment and coverage will be based on the lesser fee.

g. coverage is limited to the cost of a standard cast chrome or acrylic partial denture and for the purposes of a complete denture, *we* will limit *our* coverage and payment to the cost of a standard complete denture;

h. *dental services* which cost more than $800 require a pre-approval by *us* via a written or electronic *treatment* plan. Each approval (if any) will expire on the earlier of:

   i. 120 days from the date of approval;

   ii. the date *you* cease to be covered under this dental *benefit module*; and,

   iii. the date this *agreement* terminates.

i. coverage is limited to the cost of non-precious metals (whether alone or in combination with other materials) except when we determine at *our* sole discretion that a non-precious metal would not provide an adequate restoration or crown; and

j. *we* will not pay for periodontal and surgical procedures in conjunction with the placement or removal of implants or the maintenance and augmentation of implants sites.

Drug Benefits

Drug benefits are an optional *benefit module*. For more information on optional *benefit modules*, see the 'Coverage Changes' section of this *agreement*.

	BASIC	ENHANCED	ENHANCED+	PREMIUM
Reimbursement level (3-month *waiting period* from *effective date*)	70%	70%	70%	80%
Benefit maximum	$250 per *benefit year*	$500 per *benefit year*	$1500 per *benefit year*	$5,000 per *benefit year*

1. BENEFITS

Subject to the terms and conditions of this *agreement*, *we* will reimburse *eligible expenses* incurred by *you* for the following benefits. All *eligible expenses* are subject to the *coverage level* shown on *your confirmation of coverage* and the *reimbursement levels* and *benefit maximums* specified above.

a. drug products listed on the Blue Assured *drug benefit list* when prescribed by a *health care professional* and dispensed by a *pharmacist* in Canada;

b. diabetic supplies listed on the Blue Assured *drug benefit list*, whether prescribed or not;

c. *glucose monitoring systems* and supplies listed on the Blue Assured *drug benefit list*, whether prescribed or not, when:

   i. used by *you* in the management of diabetes; and

   ii. *you* are insulin-dependent, having made a claim for insulin to *us* within the past 12 months;

d. contraceptives with a duration of action of one hundred (100) days or more; for example, implants and devices, to a maximum of $250 in any consecutive 36-month period based on the last date of service;

e. smoking cessation products when prescribed by a *health care professional* and dispensed by a *pharmacist* in Canada, and non-prescription nicotine replacement products (NRT) up to a maximum of $250 per *benefit year* for *participants* with coverage levels Basic, Enhanced, and Enhanced+, and up to a maximum of $500 per *benefit year* for *participants* with coverage level Premium;

f. eligible vaccines prepared on the prescription of a *health care professional*, provided a receipt indicating the description of the product is furnished to *us* by a *pharmacist*, qualified *physician*, health clinic or travel clinic, to a maximum of $250 *per benefit year* for *participants* with coverage levels Basic, Enhanced, and Enhanced+, and up to a maximum of $1,000 per *benefit year* for *participants* with coverage level Premium;

g. drug products that promote fertility and for the treatment of weight loss, hair loss and sexual dysfunction, up to a combined benefit maximum of $500 per *benefit year* for *participants* with coverage level Premium only; and

h. 1 aerosol holding chamber per participant in any consecutive 12 month period based on last date of service.

2. DRUG BENEFIT EXCLUSIONS

We will not be required to pay for the following, even when prescribed:

a. drugs, drug products, diabetic supplies, *glucose monitoring systems* and supplies not listed on the Blue Assured *drug benefit list*;

b. charges for drugs and injectable drugs, excluding allergy serums and vaccines, supplied directly and charged for by a *physician*;

c. products that promote fertility (except for Premium coverage);

d. a more than 100-day supply of medication, if used, as prescribed;

e. drug products for the *treatment* of sexual dysfunction, such as Viagra and Cialis (except for Premium coverage);

f. drug products for the *treatment* of weight loss, such as Xenical and Saxenda (except for Premium coverage);

g. products or services for cosmetic purposes or conditions not detrimental to one's health;

h. a product or supply which is *experimental* or *investigative* in nature; or

i. drug products for diagnostic purposes (as determined by *us*).

3. DRUG BENEFIT LIMITATIONS

a. Where a *generic product* can be used to fill the prescription, *we* will pay based on the *generic price*;

b. These benefits are subject to any co-payment; and

c. If drugs or drug products that can be filled or dispensed in quantities of 90 to 100 days, as determined by *us*, are filled or dispensed in quantities of less than 90 days, the full dispensing cost will be charged to *you*.

Life Benefits

Coverage

***Accidental death and dismemberment* and final expense *benefits* are underwritten by Blue Cross Life Insurance Company of Canada and arranged for by Alta. Blue Ltd., a licensed insurance agency.**

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Final expenses (12-month waiting period; *term age* 65)	-	$4,000 *term age* 65*	$6,000 *term age* 65*	$6,000 *term age* 65*
Accidental Death and Dismemberment (AD&D)	$15,000	$20,000	$25,000	$25,000

* This *benefit* automatically terminates for each *participant* at midnight prior to their 65 birthday.

1. ACCIDENTAL DEATH AND DISMEMBERMENT

If, while insured under this *benefit, you* suffer an *accidental death or loss* as a result of an *accident*, *we* will pay the amount shown in the *table of benefits* below, based on the *coverage level* purchased for *you* subject to the conditions outlined below.

To be covered under this *benefit*, a loss must:

a. result from an *accident* that occurs while *you* are covered under this *benefit*,

b. occur within 365 days after the date of the *accident*, and

c. result directly or independently of all other causes from bodily injuries suffered by accidental external and violent means.

Loss of life due to drowning is also covered.

Table of benefits

COVERAGE	BENEFIT AMOUNT
Loss of life	100%
Loss of or Loss of Use of both hands or both feet	100%
Loss of or Loss of Use of one hand and one foot	100%
Loss of the entire sight of both eyes	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of or Loss of Use of both arms or both legs	100%
Loss of or Loss of Use of one arm and one leg	100%
Loss of speech and hearing	100%
Quadriplegia	100%
Paraplegia	200%
Hemiplegia	200%
Loss of or Loss of Use of one arm or one leg	75%
Loss of or Loss of Use of one hand or one foot	66 ⅔%
Loss of the entire sight of one eye	66 ⅔%
Loss of speech or hearing	50%
Loss of thumb and index finger on the same hand	33 ⅓%
Loss of 4 fingers on the same hand	33 ⅓%
Loss of hearing in one ear	16 ⅔%
Loss of all the toes on one foot	12 ½%

Loss of a hand or foot means severance at or above the wrist or ankle joint but below the elbow or knee joint.

Loss of an arm or leg means severance at or above the elbow or knee joint.

Loss of a finger, thumb or toe means severance at or above the first interphalangeal joint. Severance is defined as the permanent and complete detachment of the affected area.

Loss of Hand or Foot means severance at or above the wrist or ankle joint, but below the elbow or knee joint. Severance is defined as the permanent and complete detachment of the affected area.

Loss of Hearing means total and irrecoverable *loss* which cannot be corrected through surgical *treatment*, hearing aid or device within 12 months following the date of the *accident*.

Loss of Entire Sight means total and irrecoverable Loss of sight, certified by a *physician*. Loss of Entire Sight is also considered to have occurred if sight cannot be restored to better than 20/200 vision by surgical or other means (i.e., spectacles) within 12 months following the date of the *accident* and the *loss* is determined to be permanent by *us*.

Loss of Speech means total and irrecoverable *loss* which does not allow audible communication through surgical or other means within 12 months following the date of the *accident*.

Quadriplegia means total and irrecoverable paralysis of both the upper and lower limbs.

Paraplegia means total and irrecoverable paralysis of both lower limbs.

Hemiplegia means total and irrecoverable paralysis of the upper and lower limbs on one side of the body.

Maximum Amount Payable

The maximum amount payable for all *losses* sustained as a result of the same *accident* shall not exceed 100 per cent of the *benefit* amount with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200 per cent. Only 1 amount, the largest applicable, will be payable for injuries to the same limb resulting from any 1 *accident*.

AD&D Benefit in the event of coma

In the event that *you* suffer injury as a result of an *accident* which directly results in a state of coma, the *benefit* payable will be to 1 per cent each month of the principal amount. The monthly *benefit* will be payable, while the state of coma exists, until the principal amount has been paid in full or until death, whichever occurs first. When paid on behalf of the *applicant*, the *benefits* will be payable in the name of the *applicant* with any remaining balance at the *applicant*'s death paid to the estate unless a beneficiary is designated; where the claim is for a *dependant*, *benefits* will be payable to the *applicant*.

Should any claim for a loss as provided in the *table of benefits* be paid due to the same injury as a result of an *accident*, *benefits* payable in the event of subsequent coma will be based on the balance of the principal sum. Coma or comatose means a state of unconsciousness with no reaction to external stimuli or response to internal needs, for a continuous period of 30 days.

AD&D Benefit in the Event of Exposure and Disappearance

If due to an *accident,* you are unavoidably exposed to the elements and as a result of such exposure you suffer a *loss* of life within 365 days after the date of the *accident* for which benefits would otherwise have been payable under this *agreement*, such loss will be covered by this *benefit* provision.

If, while covered under this *benefit,* you disappear as a result of an *accident* involving the wrecking, sinking or disappearance of a conveyance in which you are riding, and if *your* body is not found within 365 days after the date of such *accident*, it will be presumed, unless there is evidence to the contrary, and subject to all other terms and conditions of this *agreement*, that you suffered *loss* of life as a result of an injury caused by an *accident*.

2. FINAL EXPENSE BENEFIT

In the case *your loss* of life, the *benefit* amount will be paid to *your* estate unless a beneficiary is designated.

To be covered under this *benefit,* the deceased *participant* must

a. be under 65 years of age at the time the *loss* of life occurred; and
b. serve a 12-month waiting period prior to the *loss* of life occurring.

Life Exclusions and Limitations

We will not be required to pay for any *accidental death and dismemberment benefits* for any *loss* caused directly or indirectly, wholly or in part by one or more of the following causes:

a. General

i. illness or disease of any kind, or medical or surgical *treatment* of any kind, unless the illness, disease or medical or surgical *treatment* is caused or necessitated by septic infection sustained through an accidental wound; or

ii. self-inflicted injuries, suicide or attempted suicide.

b. Travel and flight

Injuries or *loss* sustained while *you* are:

i. flying or attempting to fly an airplane or other type of aircraft;

ii. part of the crew or are performing any other flight duties related to the operation, maintenance, testing or control of the aircraft; or

iii. travelling or flying in, or descending from, any kind of aircraft if *you*:

a. are a member of the aircraft crew;

b. have any duties relating to the operation, maintenance, testing or control of the aircraft; or

c. are on the aircraft for the purpose of instruction or training.

c. Unlawful acts

Any *accident*, injury or *loss* which occurs while you are:

i. operating a vehicle either while under the influence of any intoxicant or with a blood alcohol level in excess of the legal limit in the jurisdiction where the *accident* occurred;

ii. participating in a criminal act or attempting to commit a criminal act, regardless of whether charges are laid or a conviction is obtained; or

iii. participating in any *act of terrorism*.

d. Any *accident*, injury or *loss* that occurs while *you* are participating in any act of war.

Payment of Life Benefit Claims

a. All *accidental death or loss* must be certified by a *physician*. *We* may require that *you* undergo a medical examination.

b. Written proof of *loss* or an original death certificate (in the case of *loss* of life) must be submitted to *us* within one year from the date of the *loss* and any additional documents as determined by *us* are required for the payment of claims. *We* reserve the right to request additional documentation which, upon *our* request, must be received by *us* within 90 days of such request.

c. In the case of *your loss* of life, *we* will pay *benefits* directly to *your* estate, unless a beneficiary has been named for this *benefit*. For any other *loss*, *benefits* will be paid to the *applicant*, unless otherwise stated. Beneficiary designations may be changed by the person whose life is insured providing such notice to *us* in writing, or filing a beneficiary appointment form with *us*.

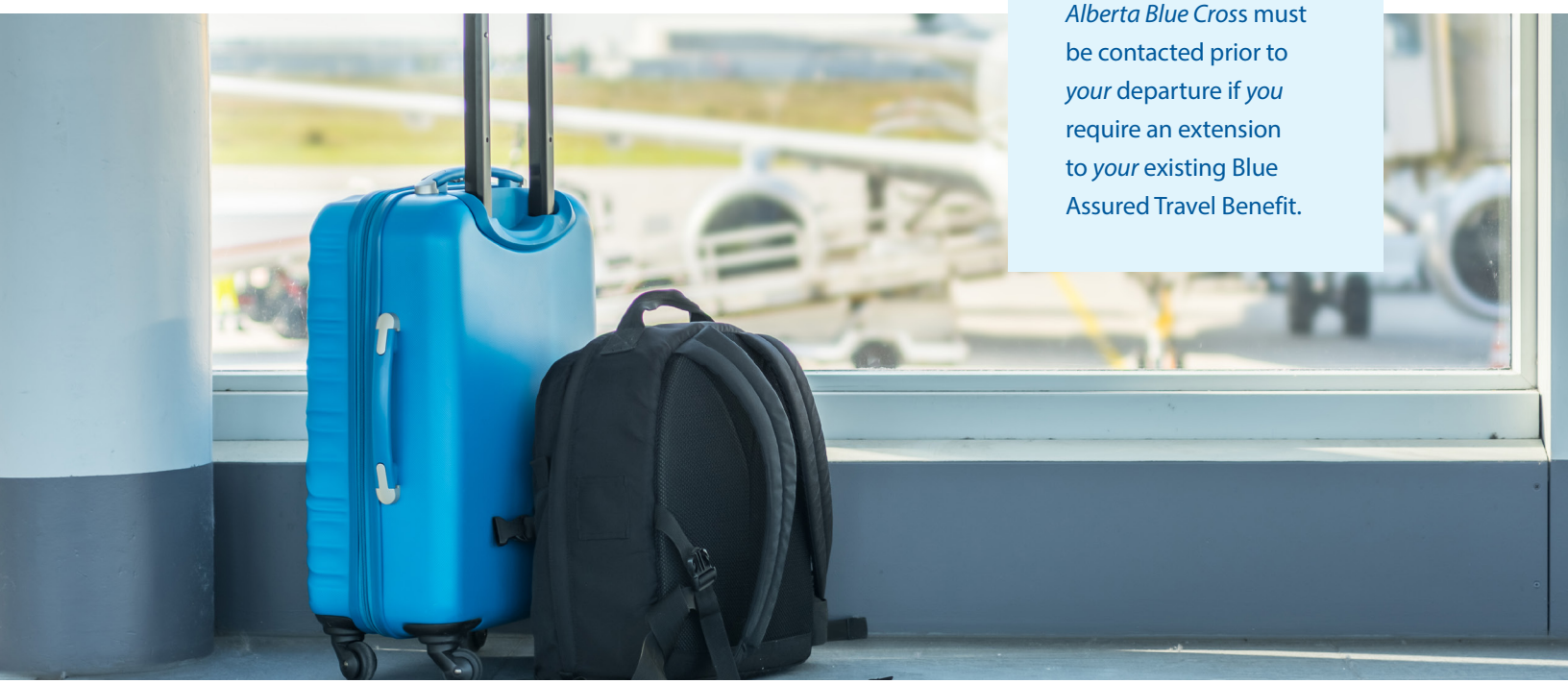
d. Autopsy and police reports may be required in accordance with applicable laws.

e. The amount payable shall be the percentage (set forth in the *table of benefits*) of the amount for which *you* are insured based upon the *coverage level* purchased for *you*.

Travel Benefits

Helpful Tip

Alberta Blue Cross must be contacted prior to *your* departure if *you* require an extension to *your* existing Blue Assured Travel Benefit.



Coverage

BENEFIT	BASIC	ENHANCED	ENHANCED+	PREMIUM
Eligible trip limit	10 days per *eligible trip term age* 65*	17 days per *eligible trip term age* 65*	30 days per *eligible trip term age* 65*	30 days per *eligible trip term age* 65*
Out of province and out of country	Yes	Yes	Yes	Yes
Stable (Stability) period prior to travel	90 day	90 day	90 day	90 day
Maximum	$5,000,000	$5,000,000	$5,000,000	$5,000,000

* When a *participant* turns 65 years of age, this *benefit* automatically terminates for that *participant* on the last day of the month in which the *participant* turns 65. This *benefit* continues for all others who are under the age of 65, until the last day of the month in which they turn 65 years of age.

Important information

Emergency medical travel coverage does not cover everything. It covers claims arising from sudden and unforeseeable circumstances. It is important that *you* read and understand this *agreement* before *you* travel as *your* coverage may be subject to certain limitations and exclusions. Some examples include *your:*

a. *medical conditions* that are not *stable*;

b. participation in high-risk activities or *extreme sports*;

c. seeking medical *treatment*, *medical consultation* or a second medical opinion;

d. traveling against medical advice; or

e. traveling after *your* receipt of a *terminal prognosis*.

In the event of a medical *emergency*, *you* must contact *our travel assistance service provider* before *hospitalization*.

This *agreement* may not provide coverage for *medical conditions* or symptoms that existed before *your* trip, including those that *you* told *us* about.

You are subject to a 90-day *stable* (stability) period prior to each *eligible trip*. What does this mean to *you*?

a. *Stable* means that there have been no changes to *your medical condition* 90 days prior to *your departure date*. Changes could mean an increase or decrease in medication, a new medication prescribed, *hospitalization*, new testing, *treatment*, symptoms or a new diagnosis for *your* condition.

b. If *you* have a *medical condition* that is not *stable* 90 days before *your departure date*, then any claims relating to that *medical condition* will not be covered.

1. WHEN DOES TRAVEL COVERAGE BEGIN AND END?

Coverage must be purchased before *you* leave *your province or territory of residence* and covers any number of *eligible trips*, each up to the maximum number of consecutive days per trip as set by the *eligible trip limit*. All terms and conditions of this *agreement* are effective prior to the *departure* date for each trip.

The duration of each trip begins on the *departure date* and terminates when *you* return to *your province or territory of residence*. *You* may travel as many times as *you* wish during *your* period of coverage provided no one trip exceeds the *eligible trip limit*.

You must return to *your province or territory of residence* to be eligible for an additional trip.
If *you* plan to travel for longer than *your eligible trip limit*, *you* must contact *us* to purchase an e*xtension* prior to the *return date* for that trip.

Coverage for each *eligible trip* is effective the later of the *effective date* and *departure date*. Coverage for each *eligible trip* terminates on the earliest of:

a. *your return date*;

b. the date *your eligible trip limit* is reached;

c. the last day of the month *you* turn age 70; and

d. the date coverage for this *benefit module* is terminated or this *agreement* is terminated.

If any portion of a trip takes place after the coverage for the *eligible trip* terminates, *you* will not be covered for the remaining portion of the trip.

2. WHEN DOES TRAVEL COVERAGE AUTOMATICALLY EXTEND

If *you* cannot return to *your* Canadian *province or territory of residence* as originally scheduled, *your* coverage will automatically be extended, without additional premiums, for up to 72 hours only under the following circumstances. *You* will be required to provide proof of the reason for the delay in the event that *you* file a claim.

Delay of Transportation	1. Coverage will be automatically extended for up to 72 hours if *you* are prevented from returning to *your* Canadian *province or territory of residence* on or before the *return date* for that trip due to: a. delay, due to circumstances beyond control, of the *common carrier* in which *you* are riding or are scheduled to ride as a passenger. The delay must occur before the *return date* for that trip and the *common carrier* must have been originally scheduled to arrive before the *return date* for that trip; or b. mechanical breakdown or an *accident* of the personal *vehicle* in which *you* are travelling. The mechanical breakdown or *accident* must occur before the *return date* for that trip and *your* return journey must have commenced prior to the *return date* for that trip.
Medically Unfit to Travel	2. Coverage will automatically be extended for up to 72 hours if medical evidence supports that *you* or *your travelling companion* are medically unfit to travel due to a *medical emergency* on or before the *return date* for that trip.
Hospitalization	3. Coverage will automatically be extended during the period of *hospitalization,* plus up to an additional 72 hours after discharge from the *hospital,* if *you* or *your travelling companion* are hospitalized at the end of *your trip* as a result of unforeseen events. The *hospitalization* must occur before the *return date* for that trip.

3. WHAT IF YOU ARE STAYING LONGER THAN PLANNED?

If *you* are staying longer than planned, to maintain coverage *you* must purchase an *extension*. An *extension* is required to extend:

a. the *eligible trip* limit; or

b. the number of days of travel coverage available by *your* existing *individual health plan* or *your* existing *group benefit plan*.

We will extend the number of trip days for *your* coverage provided that:

a. *you* apply for the *extension* prior to the expiry of *your* current coverage;

b. *you* maintain coverage from *us* for the entire duration of *your* trip;

c. there is no cause for a claim against this *agreement*;

d. there will be no coverage under the *extension* in relation to any claim or *treatment* that, directly or indirectly, has occurred or will be submitted prior to the *effective date* of the *extension*; and

e. the *extension* is approved by *us* and *you* have paid any additional required premium prior to the *effective date* of the *extension*.

All terms, conditions and exclusions of this *agreement* apply to *you* during an *extension* period. Please be aware that the exclusions and conditions of this *agreement* will be in effect during the *extension* period. These exclusions and conditions may differ from those within *your individual health plan* or *your* existing group benefit plan.

4. ELIGIBILITY REQUIREMENTS

***You* are not eligible for travel coverage, regardless of the nature of the claim, and *we* will not pay any benefit or claim or accept any liability if any of the following apply to *you*:**

a. if *you* have received a *terminal prognosis*;

b. if *you* have intentions of seeking any medical advice or *treatment*, surgery, investigation, palliative care, alternative therapy or second opinion (this applies even if the trip is on the recommendation of a *physician* or other medical *professionals*); or

c. if *you* booked travel or commenced travel contrary to medical advice or where *your physician* or other medical *professionals* have advised *you* not to travel.

5. BENEFIT DESCRIPTION

Subject to the terms of this *agreement*, *we* will reimburse eligible expenses incurred by *you* for the following benefits up to the benefit maximum and those described below, and in excess of the amount paid by *your government health plan* if:

a. *you* required immediate medical *treatment* as a result of an *accident* or an unexpected sudden *illness* that occurs anywhere outside *your province or territory of residence*;

b. *you* incur *eligible expense*s are incurred as a result of an *emergency*;

c. the *emergency* occurs during an *eligible trip*;

d. *you* are covered by a Canadian *government health plan* when the *emergency* occurs;

e. *we* determine the expense is necessary to stabilize *your medical condition*; and

f. the *eligible expense*s do not fall within the exclusion and limitations provisions of this *agreement*.

Helpful Tip

When marked with a ✓, the benefit is payable only when pre-approved by the *travel assistance service provider.*

To be eligible, the *hospital* or medical benefits covered under this *agreement* must have been provided at the nearest eligible facility capable of providing adequate service at the time of the medical *emergency*.

Hospital services

1. The following hospital services or expenses:

✓ **Accommodation**

a. *hospital* room accommodation (limited to a semi-private accommodation, not a suite) and in excess of the amount paid by *your government health plan*

✓ **Outpatient**

b. *outpatient* services provided by a *hospital* in excess of the amount paid by *your government health plan*.

✓ **Incidental Expenses**

c. *incidental expenses* which are incurred during the *hospital* stay up to $50 per day to a maximum of $500 per *hospital* stay. Paid receipts must be submitted.

Health care professionals

2. The following services:

Physicians

a. *eligible expenses* for the services of a *physician* (who is not a *related person*) in excess of the amount paid by *your government health plan*.

Paramedical Services

b. charges (including X-rays) made by a *physiotherapist, chiropractor, chiropodist/podiatrist* or *osteopath* when required for *emergency treatment* (*health care professional* cannot be a *related person*), to a maximum of $300.

Nursing Care

c. the services of a qualified, private registered *nurse* who is not a *related person* and who performs duties that require the skills and expertise of a registered *nurse*, during and immediately following *hospitalization*, when ordered by the attending *physician*.

Prescriptions and services

3. The following prescriptions and services:

Prescriptions

a. Drugs, serums and injectables prescribed by the attending *physician* and supplied by a licensed *pharmacist*, when required for *emergency treatment* and not for maintenance of an existing condition, excluding vitamins, patent, proprietary and over-the-counter products.

✓ **Diagnostic Services**

b. Laboratory tests and X-rays when prescribed by the attending *physician* and approved by the *travel assistance service provider*. Tests include, but are not limited to, MRIs, CAT scans and cardiac catheterization.

Medical Appliances

4. The cost of casts, crutches, canes, slings, splints, trusses, braces or the temporary rental of a wheelchair or walker when prescribed by the attending *physician* and required due to an *accident* or unexpected *illness*.

Emergency Dental Services

5. Dental expenses *you* incur while on *your* trip for a direct *accidental* external blow to the mouth requiring the repair, extraction, replacement and *treatment* of sound natural teeth or permanently attached artificial teeth, to a maximum of $2,000 per *accident*. You must see a *physician* or *dentist* immediately following the *accident*. You are also covered for continuing *treatment* after *your* return to *your province or territory of residence*, provided:
    a. the *treatment* is related to the *accidental* blow to the mouth;
    b. the initial *treatment* began prior to *your* return to *your province or territory of residence*;
    c. all *treatment* is completed no later than 182 days after the date of the *accident*; and,
    d. an *accident* report from the treating *physician* or *dentist* is provided.

    Dental expenses *you* incur while on *your* trip for any dental medical *emergency*, excluding root canals, for the relief of dental pain, to a maximum of $300. *Treatment* must be rendered at a location at least 200 kilometres outside *your province or territory of residence*.

Meals and Accommodation

6. We will reimburse *you* up to $250 per day for unavoidable additional expenses for meals and accommodation, to a maximum $2,500 per *eligible trip*, if *your* scheduled return to *your province or territory of residence* is delayed when remaining with a sick or injured *travelling companion*. The delay must be verified by the attending *physician* and the expenses must be supported with receipts from commercial organizations.

Ambulance Services

7. Regular ambulance services from *your* place of *illness* or *accident* to the nearest qualified medical facility capable of providing *you* appropriate *treatment*.

Emergency Evacuation

8. When regular ambulance services cannot be used, *we* will reimburse the cost of *your emergency* evacuation from a mountain, body of water or other remote location to the nearest qualified medical facility capable of providing *you* appropriate *treatment*, to a maximum of $5,000.

Medical Evacuation Air Ambulance Services

9. The cost of air evacuation between *hospitals* or for *hospital* admission in Alberta at *our* discretion or when ordered by the attending *physician* or the *travel assistance service provider* and approved by *your government health plan* or by *us*.

Medical Evacuation Repatriation

10. When *your emergency* is such that the attending *physician* or the *travel assistance service provider* specifies in writing that *you* should immediately return to *your province or territory of residence* for immediate medical attention, *we* will reimburse the extra cost incurred for the purchase of one-way economy airfare on a commercial flight to:

a. return *you*, by the most direct route, to *your province or territory of residence*;
b. accommodate a stretcher for *you*, if required; and
c. return one member of *your* family to *your province or territory of residence*, provided that family member is covered by an *Alberta Blue Cross* travel *agreement* and is travelling with *you* at the time of *illness* or *accident*

When *your emergency* is such that the attending *physician* or the *travel assistance service provider* or commercial airline specifies in writing that *you* must be accompanied by a qualified medical attendant registered or licensed in the jurisdiction in which *treatment* is provided (who is not a *related person*) or a non-medical escort, *we* will reimburse the following *eligible expense*s for that person:

d. round trip economy airfare on a commercial flight by the most direct route; and
e. overnight hotel and meal expenses, if required.

Return Flight Due to Medical Delay

11. *We* will reimburse the additional cost of *your* one-way transportation by the most cost-effective itinerary (being the lesser of a one-way fare or change fee on existing tickets) to return *you* back to *your province or territory of residence* when *you* are delayed beyond *your* scheduled return date due to *your illness* or *accident* and *hospitalization*.

Family/Friend Hospital Visit

12. *We* will reimburse 1 round trip economy airfare, by the most direct route from their *province or territory of residence*, and up to $250 per day to a maximum of $2,500 per *eligible trip* for meals and accommodation for an *immediate family member* or friend to visit *you* when *you* are confined in a *hospital* during an *eligible trip*. This benefit requires *you* to have been an *inpatient* for at least 3 days while outside of *your* province of territory of residence, plus the written verification of the attending *physician* that the situation was serious enough to have required the visit.

The *immediate family member* or friend is responsible for their own *emergency* medical travel insurance.

Identification of Deceased

13. In the event of *your* death during an *eligible trip*, *we* will reimburse for 1 family member or friend to go to *your* place of death to identify *your* body, when it is necessary to be identified prior to the release of *your* body for:

a. one round-trip economy airfare by the most direct route from their *province or territory of residence*; and
b. meals and accommodation to a maximum of $250 per day to a maximum of 3 days.

The *immediate family member* or friend is responsible for their own *emergency* medical travel insurance.

Return of the Deceased

14. In the event of *your* death during an *eligible trip*, *we* will reimburse for

a. the cost of preparation and homeward transportation of *your* body to *your* province or territory of residence to a maximum of $7,000 (excluding the cost of a coffin); or
b. the cost of *your* cremation or burial at the place of death to a maximum of $2,500.

Return of Dependants

15. *We* will reimburse a one-way economy airfare for the return of *dependant*s travelling with *you* back to their original departure point, provided *you* have been admitted to *hospital* for more than 48 hours or require medical repatriation. This includes the cost for an escort to accompany the *dependant*s when necessary and at *our* discretion. Receipts must be submitted.

Return of Personal Items

16. *We* will reimburse the cost to return *your* luggage or personal items if *you* are returned to *your* departure point by air ambulance as a result of an *emergency* to a maximum of $500. This benefit also applies to reimbursement towards the cost of returning *your* personal items to *your province or territory of residence* in the event of *your* death. Receipts must be submitted.

Return of a Pet

17. *We* will reimburse the cost of one-way transportation for the return of a pet if *you* are returned to *your* departure point by air ambulance as a result of an *emergency* to a maximum of $500. Receipts must be submitted.

Return of Vehicle

18. If the attending *physician* determines that as a result of an *emergency*, *you* are incapable of continuing *your* trip by means of the *vehicle* used for that trip and *your travelling companion* is unable to return the *vehicle* for *you*, *we* will reimburse the reasonable and necessary charges incurred to return a *vehicle* that *you* own or rented to either *your province or territory of residence* or the nearest appropriate *vehicle* rental agency, to a maximum of $1,000. Medical certification is required, as well as receipts for costs incurred (i.e., fuel, accommodation, meals and airfares, etc.).
19. If *your vehicle* is rendered inoperable due to an *accident*, *we* will reimburse the costs for one-way economy airfare to return *you* by the most direct route to *your province or territory of residence*. An official police report of the *accident* is required.

6. TRAVEL EXCLUSIONS

We will not provide coverage or services, nor pay or accept any liability for expenses or claims incurred directly or indirectly as a result of or relating to any of the following:

Prior to *your* trip

Surgery

1. Surgery which required *hospitalization* as an *inpatient* during the 3-month period immediately prior to *your departure date* of travel.

Waiting list

2. Any surgery, medication or *treatment* of a condition where *you* are currently on a medical waiting list in Canada for that condition.

Scheduled testing

3. Any *medical condition* where, prior to travel, there was a recommended or scheduled medical investigation, testing or surgery, whether the *treatment* has occurred or not.

Travel advisory

4. An *emergency* that is related in any way with a published formal *travel advisory*:
   a. Issued by the Canadian government before *your departure date* from *your province or territory of residence*; and
   b. advising Canadians to avoid all travel or avoid all non-essential travel to the country, region or city of *your* trip.

During *your* trip

Self-prescribed/related persons

1. Services or products that are prescribed or rendered by *you* or a *related person*.

Refusal to transfer to another facility or return to *your* province or territory of residence

2. *Your* refusal to transfer to another facility for medical *treatment* or return to *your province or territory of residence* if *we* or *our travel assistance service provider* determine that *you* should transfer to another facility for medical *treatment* or return to *your* Canadian *province or territory of residence*. This exclusion applies:
   a. only to expenses or claims occurring after the date of *your* refusal;
   b. even if the *treatment* available in *your* Canadian *province or territory of residence* could be of lesser quality than that available outside *your* Canadian *province or territory of residence*; and
   c. even if *you* must go on a waiting list in *your* Canadian *province or territory of residence* for the *treatment*.

Non-acute accommodation facilities

3. Medical *treatment*, services or supplies provided in a chronic care facility or unit of a *hospital*, convalescent or nursing home, health spa or rehabilitation centre.

Non-essential treatment or services

4. Expenses that are:
   a. not incurred as a result of an *emergency*,
   b. not *medically necessary*; or
   c. related to any of the following:
      i. general health examinations for "checkup" purposes;
      ii. for elective services or *treatment* (such as cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications that are performed for cosmetic purposes);
      iii. medical attention that was anticipated prior to travel;
      iv. services provided by *naturopaths*, *homeopaths*, *optometrists*, *acupuncturists* or *nurse's* assistants;
      v. any *treatment* or service which is *experimental or investigative*;
      vi. ongoing maintenance or care of an existing condition;
      vii. rehabilitation or ongoing care in connection with drugs, alcohol or any other substance abuse;
      viii. the replacement of an existing prescription, whether by reason of *loss*, renewal or inadequate supply of a drug or medication; or
      ix. the purchase of drugs or medications (including vitamins) which are commonly available without a prescription in Canada or which are not legally registered and approved for sale in Canada.

Unlawful acts

5. Any of the following:
   a. operating a *vehicle* either while under the influence of any intoxicant or with a blood alcohol level in excess of the legal limit in the jurisdiction where the *accident* occurred;
   b. committing, or attempting to commit, a criminal act or illegal act under the legislation at the location where the *accident* occurred;
   c. participating in any *act of terrorism*; or
   d. participating in any *act of war*.

Sports

6. An *emergency* that occurs while *you* are training, practicing or participating
   a. as a *professional* in a sport or activity,
   b. in activities that involve any *motor sport*, or
   c. in any activities that involve an *extreme sport*.

Flight accident

7. A flight or flying activity unless *you* are riding as a fare-paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more. A flight or flying activity includes, but is not limited to:
   a. light, ultralight or homebuilt aircraft;
   b. ballooning;
   c. hang gliding or gliding;
   d. paragliding or parasailing;
   e. parachuting; or
   f. sky diving.

Travel services assistance provider

8. If *you*, or someone on *your* behalf, fail to contact the *travel assistance service provider* prior to *hospitalization*. After *your treatment* has started, the *travel assistance service provider* must assess and approve additional *treatment*. If *you* undergo a medical investigation or obtain *treatment* or surgery that is not pre-approved, *your* claim may not be paid. This includes invasive testing or surgery (such as cardiac catheterization, other cardiac procedures, transplant and MRIs).

Pregnancy

9. Any of the following:
   a. routine pre-natal care or post-natal care;
   b. voluntary termination of pregnancy or resulting complications from such termination;
   c. any of the following which occurs after the 32nd week of gestation:
      i. childbirth;
      ii. miscarriage;
      iii. complications relating to pregnancy;
      iv. complications relating to childbirth; or,
      v. *treatment* for the newborn.
   d. if, at any time during *your* pregnancy, *your* medical history indicated a pregnancy that is at high risk for medical complications or there is the risk of a premature birth.

Prior approval required

10. Failing to obtain *our* prior approval for:
    a. medical evacuation air ambulance services;
    b. medical evacuation repatriation;
    c. friend or family *hospital* visits;
    d. identification of the deceased;
    e. return of the deceased;
    f. return of dependant children;
    g. return of personal items,;
    h. return of pets; or
    i. return of *vehicle*.

Prior to OR during OR after *your* trip

Misrepresentation, inaccurate or non-disclosure of information

1. If *you*, or anyone acting on *your* behalf at any time, directly or indirectly, intentionally or unintentionally and/or knowingly or unknowingly:
    a. provide incomplete or inaccurate information;
    b. make any misrepresentation;
    c. fail to disclose any fact or circumstance including but not limited to:
        i. *your* current *medical condition* or history;
        ii. *your* age;
        iii. *your* coverage under *your* provincial *government health plan*; or
    d. make a fraudulent, false or exaggerated claim.

Failure to follow medical advice

2. Any *medical condition* for which *you*:
    a. ignored symptoms;
    b. failed to accept or follow medical advice; or
    c. failed to undergo medical *treatment*, tests or procedures as prescribed to *you*, including prescribed medication

Misuse or abuse of alcohol, drugs or intoxicants

3. Any *medical condition* (whether prior to or during *your* trip), including symptoms of withdrawal, arising from, or in any way related to any of the following:
    a. abuse of medication;
    b. toxic substances;
    c. abuse of alcohol;
    d. the use of non-prescription drugs;
    e. the use of other intoxicants; or
    f. use of experimental drugs or products.

7. MANAGING A MEDICAL EMERGENCY

In a medical *emergency*, contact must be made with *our travel assistance service provider* before *hospitalization* so that *we* may:

a. make the necessary arrangements to direct *you* to an appropriate clinic or *hospital*, and

b. provide pre-approval of *treatment*.

If it is impossible for *you* to make contact prior to obtaining medical attention, *we* ask *you* to make contact as soon as possible or have someone make contact on *your* behalf. If *you*, or someone on *your* behalf, do not contact the *travel assistance service provider* prior to *hospitalization*, *your* claim may be denied.

The *travel assistance service provider* has the authorization to act on *our* behalf. The *travel assistance service provider* will:

a. assist *you* in locating an appropriate *physician*, clinic or *hospital*;

b. provide information and coordinate payment to the *hospital* and *physician*;

c. monitor *your* medical *treatment* and keep *your* family informed;

d. arrange for *your* transportation home, if medically permissible;

e. arrange the transportation of an *immediate family member* to *your* bedside or to identify remains;

f. arrange repatriation of remains when death occurs away from home;

g. provide *emergency* response in most major languages, 24 hours per day, seven days per *wee*k;

h. assist in contacting family, a business partner or family *physician*;

i. coordinate local care of *dependant*s or grandchildren with an escort if necessary if *you* are hospitalized;

j. coordinate the return home of *dependant*s or grandchildren with an escort if necessary if *you* are hospitalized;

k. arrange the transmission of urgent messages to family members or business partners;

l. coordinate with government embassies, airlines, tour operators, travel agents and others who will assist in the event of an *emergency*;

m. assist in the event of *loss* of passports or airline tickets;

n. assist in locating legal counsel in the event of a serious *accident*; and

o. coordinate claims processing and health care *provider* discounts.

Coverage Changes

Unless otherwise set out in this *agreement*, coverage takes effect on the *effective date* and after serving any applicable *waiting periods*.

1. APPLYING CHANGES

Adding a *spouse* or *dependant*

An *applicant* may apply (in writing or online) for coverage for a *spouse* or *dependant* provided that person meets the eligibility requirements of this *agreement*. Upon acceptance and approval by *us*, coverage for that person will become effective on a date determined by *us*. Any newly added person shall be subject to any additional *waiting periods* on the *agreement* being served by an *applicant*.

Removing a *spouse* or *dependant*

It is the responsibility of the *applicant* to advise *us* if any of *you* no longer meet eligibility requirements. In such case, coverage will terminate for that person who no longer meets the eligibility requirements on such date as determined by *us*.

Increasing a *coverage level*

An *applicant* can increase the *coverage level* within a *benefit module* at any time subject to *our* approval. If approved:

a. the requested *coverage level* and adjusted *participant rates* become effective on a date determined by *us*;
b. *you* will be required to serve all applicable *waiting periods* for all new benefits; and
c. *you* may receive new *benefit maximums*. Previous claims history will be applied against new *benefit maximums*.

Decreasing a *coverage level*

An *applicant* can decrease the *coverage level* within a *benefit module* at any time provided they maintained their existing *coverage level* for that *benefit module* for a minimum of 2 consecutive years. If the 2 consecutive year period of participation has not been met, *we* will review a request to decrease the *coverage level* for that *benefit module* provided there has been a life event leading to a change in the *applicant's* family situation (for example, adding or removing a *spouse* or *dependant*).

2. OPTIONAL BENEFIT MODULES

ADDING AN OPTIONAL BENEFIT MODULE

An *applicant* can add an optional *benefit module*, subject to *our* approval. If approved:

a. the requested *benefit module* will be added;

b. adjusted *participant rates* will become effective on a date determined by *us;* and

c. *you* will be required to serve all applicable *waiting periods* for new benefits.

REMOVING AN OPTIONAL BENEFIT MODULE

An *applicant* can remove an optional *benefit module*, subject to *our* approval. If approved:

a. the requested *benefit module* will be removed;

b. adjusted *participant rates* will become effective on a date determined by *us*; and

c. the removal of the optional *benefit module* will result in a 24-month *waiting period* before it can be added again.

3. WHEN COVERAGE ENDS

Termination of Coverage - *Applicants*

Unless otherwise indicated in this *agreement*, the *applicant*'s coverage terminates at midnight on the earliest of the following dates:

a. the date the *applicant* no longer meets the eligibility requirements;

b. the last day of the following month *we* receive written request to end coverage from the *applicant*. It is the responsibility of the *applicant* to notify *us* in writing of their intent to terminate this *agreement*. *We* will not backdate or approve retroactive termination dates;

c. the date this *agreement* terminates;

d. the date of the *applicant*'s death; and

e. the final due date for any unpaid *participant* rates.

Termination of Coverage – *Spouse/Dependants*

Unless otherwise indicated in this *agreement*, if *you* are a *spouse* or *dependant, your* coverage terminates at midnight on the earliest of the following dates:

a. the date *you* no longer meet the eligibility requirements;

b. the date *you* cease to be a *spouse or dependant*, as the case may be;

c. the last day of the following month *we* receive written request from the *applicant* to terminate *your* coverage. It is the responsibility of the *applicant* to notify *us* in writing of their intent to terminate this *agreement*. *We* will not backdate or approve retroactive termination dates;

d. the date this *agreement* terminates;

e. the date of *your* death; and,

f. the final due date for any unpaid *participant* rates.

Suspension of Coverage

We may, without prior notice, immediately suspend coverage in any of the following circumstances:

a. if *we* discover a claim discrepancy or *we* initiate a claim abuse investigation in respect of *you;*

b. if criminal charges or disciplinary action relating to this *agreement* are filed against *you*;

c. if *you* assist a person to obtain, or attempt to obtain, benefits under this *agreement* for which such person is not eligible;

d. if *you* assist or knowingly participate in any act with a *provider* that has the purpose or effect of enabling the *provider* or *you* to submit false, misleading or fraudulent claims; or

e. if *you* make any false statements, knowingly provide false information or withhold material information to obtain benefits for which *you* are not eligible.

4. CONVERSION PRIVILEGES

Conversion to another *Individual Health Plan* (Alberta residents only)

If *you* are a resident of the Province of Alberta, *you* may transfer between this *agreement* and another *individual health plan* at any time provided *you*:

a. meet the eligibility requirements of that *individual health plan*, including any required *evidence of coverage eligibility*;

b. complete and submit a new *application* (which must be accepted by *us*) for coverage along with the rates applicable to that *individual health plan*; and

c. serve all applicable *waiting periods* applicable to the *individual health plan*.

Conversion from another Plan to this *Agreement*

We will waive all *waiting periods* applicable to this *agreement* if *you* no longer have coverage under an *individual health plan* or a *group benefit plan* issued by *us* and provided *your application* for coverage under this *agreement* is received by *us* within 90 days following the date such coverage terminates or expires. All *waiting periods* will continue to apply for any *application* submitted after this deadline or if *you* did not have prior *coverage* with *us*.

5. REINSTATEMENT

We may, at *our* sole discretion and upon receiving a formal request and payment of rates, reinstate coverage that was suspended or terminated. Acceptance of any payment of the applicable *participant* rates, after the suspension or termination of coverage, will not reinstate the coverage until *we* have agreed to reinstate coverage.

How To File A Claim

(Applicable to all coverage described in this *agreement*)

1. CLAIMS SUBMISSION

a. When must *you* submit *your* claim for approval?

Claims must be received by *us* within 12 months of the date the *eligible expense* is incurred. Unless otherwise indicated in this *agreement*, an *eligible expense* is incurred on the date the services are received or the date the supplies are purchased or rented. *We* will not be liable for any claim received by *us* more than 12 months after the date the *eligible expense* was incurred.

If an anticipated expense is not specifically described as an *eligible expense* in this *agreement*, it is *your* responsibility to contact *us* before *you* incur the expense to confirm whether an expense is eligible for the duration of this *agreement*. *We* may deny a claim if *you* have not confirmed with *us* whether such expense is eligible.

b. What must *you* provide when *you* submit a claim?

You must substantiate *your* claim by providing the documents described in the applicable coverage as well as all supporting documentation reasonably required by *us*. Claim forms, available at **ab.bluecross.ca**, provide a non-exhaustive list of documentation that must be included with each type of claim.

Information about submitting claims is also available on the *Alberta Blue Cross* Member Services website. When submitting a claim for Travel Benefits, the following documentation is required:

i. proof of both departure from and return to *your* Canadian *province or territory of residence*. The type of proof depends on whether *you* travelled via airline, car, boat, or train (for example, copies of airline tickets, itinerary, boarding passes, gas receipts);
ii. a completed Insurance **Claim Consent and Authorization Form**;
iii. a completed **Travel Claim Form** outlining the details of the *loss* and which must include original invoices; and
iv. medical information, records, or copies of medical records from any *physician* (including but not limited to *your physician*), *dentist*, health care practitioner, *hospital*, other insurers, or any party that has diagnosed, treated, attended or rendered service to *you*.

2. PAYMENT OF CLAIMS

a. Payment.

Unless otherwise indicated in this *agreement*, all payments for *eligible expense*s are reimbursed directly to the *applicant*. *We* will pay claims when *we* receive proof *you* have incurred an *eligible expense*.

b. Interest.

No sum payable under this *agreement* shall carry interest.

c. Currency

All amounts indicated in this *agreement* are in Canadian funds unless otherwise stated. *We* will use the exchange rate *we* determine to be in effect on the date the *eligible expense* was incurred.

3. MEDICAL RECORDS

a. As a condition of this *agreement*, *we* have the right to request and obtain medical information, records or copies of medical records from any:
   i. authorized *provider*;
   ii. *physician*;
   iii. *dentist*;
   iv. *health care professional*;
   v. *hospital*, clinic or related facility;
   vi. other insurers; or
   vii. any other party that diagnosed, treated, attended or rendered service to *you* to administer the terms of this *agreement*.

b. *You* are responsible for paying any additional costs with providing this information. *Our* right to medical records applies to those cases where *we* consider the information is required to assess the *application* and administer claims arising under this *agreement*. *We* may deny any claims if such substantiating documentation is not provided.

c. *We* will hold as confidential all materials, records and information obtained from a *provider* or any other party and will not reveal information to any person or company without *your* written authorization except
   i. when required by law;
   ii. to provide statistical information of a general nature;
   iii. when required for claim abuse investigation purposes; or
   iv. to obtain or release information required to enforce this *agreement*.

4. RIGHT TO AUDIT

a. *We* have the right, at any time, to inspect or audit *your* claim records in relation to a claim for benefits. This right to inspect or audit applies to records held by *us* or in the files of *provider*s and may be exercised by *us* or by a third party on its behalf.

b. Where, as a result of review of the information and records, *we* determine that a claim submitted was not an *eligible expense*, or *we* are refused access to the information and records, *we* may, at *our* discretion, refuse to pay the claim and any of *your* future claims.

General Conditions

(Applicable to all coverage described in this *agreement*)

1. **The contract**. *Your application*, this *agreement*, any document attached to this *agreement* when issued, and any amendment to this *agreement* agreed upon in writing after the *agreement* is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

2. **Waiver.** *We* shall not be deemed to have waived any condition of this *agreement*, either in whole or in part, unless the waiver is clearly expressed in writing and signed by *us*. The failure of any party at any time to require performance by the other party of any provision of this *agreement* will not constitute a waiver of any provision of this *agreement*.

3. **Termination of *agreement*.**
   a. The *agreement* may be terminated:
      i. by *us* giving the *applicant* 30 days' notice of termination by registered mail or 5 days written notice of termination personally delivered; or
      ii. by the *applicant* at any time on request;
   b. If the *agreement* is terminated by *us*:
      i. *we* must refund the excess of premium actually paid by *you* over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the *agreement*; and
      ii. the refund must accompany the notice;
   c. If the *agreement* is terminated by the *applicant*, *we* must refund, as soon as practicable, the excess of premium actually paid by *you* over the short rate premium calculated to the date of receipt of the notice according to the table in use by *us* at the time of termination; and,
   d. The 30-day period mentioned in clause 3(a)(i) of this condition starts to run on the day the registered letter or notification of it is delivered to *your* latest postal address on *our* records.

4. **Material facts**. No statement made by *you* at the time of *your application* may be used in defence of a claim under or to avoid the *agreement* unless it is contained in *your application* or any other written statements or answers provided as *evidence of coverage eligibility*.

5. **Eligibility.** If *you* do not meet the eligibility conditions outlined in this *agreement*, coverage shall be void. We reserve the right to accept or decline *your application* for coverage or any *extension* of coverage.

6. **Exclusions.** The exclusions set forth in this *agreement* apply regardless of whether *we* issue *you* a *confirmation of coverage*. We will not be required to pay for any benefits under this *agreement* nor accept any liability for any expenses or claims incurred directly or indirectly as a result of or relating to any of the following:
   a. Expenses incurred when coverage not in effect
      i. If *you* no longer meet the eligibility requirements for benefits as determined by *us*; or
      ii. Expenses or service incurred by *you* or on *your* behalf prior to the *effective date*, prior to any applicable *waiting period*, after the termination date of coverage or after this *agreement* is terminated.
   b. Government programs
      i. Services or supplies payable or available (regardless of any waiting list) under any a government-sponsored program or plan; or

ii. Services, *treatment* or supplies that a person receives without charge or that are reimbursed under a government-sponsored program or under provincial or federal law.

c. Non-essential *treatment* or services
   i. Expenses which, in the opinion of *our* medical consultants, are not *medically necessary* and appropriate based on the nature and severity of *your medical condition* including benefits which are on the written order of a *provider*.

d. Self-prescribed/*related person*
   i. Services and products that are self-prescribed or rendered or prescribed by a *related person*.

e. Ineligible *provider*s
   i. *We* may, at *our* discretion, from time to time, review the qualifications, practices and claims of *provider*s and deem certain *provider*s ineligible. In such case, *we* reserve the right, in *our* sole discretion, to refuse to accept claims submitted to *us* by or on behalf of *you* in relation to that *provider*.
   ii. *We* also have the right to suspend or deny payment of a claim for any services or supplies prescribed, rendered or dispensed by a *provider* who is under investigation by a regulatory body or by *us* or who has been charged with an offence in regards to the *provider*'s conduct or practice.

7. Misrepresentation or nondisclosure. *You* agree that it is *your* responsibility to ensure that, at all times, *we* receive complete and accurate information. Therefore, should *you* (or anyone authorized to act on *your* behalf, directly or indirectly, intentionally or unintentionally and/or knowingly or unknowingly, at any time:

a. make any material misrepresentation;
b. provide incomplete or inaccurate information; or
c . fail to disclose information to *us* or to *our* travel assistance *provider*, then:
   i. *we* retain all available legal and equitable remedies including, without limitation, the right to rescind this *agreement*, the right to refuse payment of any claim, the right to recover damages and the right to seek reimbursement of money paid; and
   ii. *we* shall be able to pursue all such available remedies either individually or in any combination.

8. Age. Benefits are based on *your* age at the time of the event that may result in a claim. If *we* discover the age used is inaccurate, *participant* rates and benefits will be adjusted to correspond to the amounts that would have been provided if the age had not been misstated. If *you* are not eligible for benefits due to *your* age, the benefit will be voided and a fair adjustment of *participant* rates between *us* and the *payor* will be made for the time the benefit based on the misstated age was in force.

9. Recovery of overpaid amounts. Payment of any amount by *us* on *your* behalf does not constitute a guarantee that *we* will cover *your* expense if *we* determine that *you* have no coverage under this *agreement*. *You* must repay, on demand, any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms and conditions of this *agreement*. When submitting claims to *us*, it is *your* responsibility to ensure the services being claimed have been received by eligible persons under this *agreement*.

10. Subrogation. *We* have the right to take legal action in *your* name against third parties who may be responsible for giving rise to a claim under this *agreement* or who may be responsible for providing indemnity or similar benefits. *We* have full rights of subrogation. *You* will co-operate fully with *us* if *we* choose to exercise *our* rights of subrogation and not do anything to prejudice such rights. If *you* institute a demand or action for a covered *loss*, *you* will immediately notify *us* so that *we* may safeguard *our* rights.

11. **Maximum payable.** Benefits are payable only for the coverage purchased and in accordance with the benefits listed in this *agreement*. Benefits are limited to the *benefit maximum* and are subject to *our* maximum liability under this *agreement* and under all *individual health plan*s issued by *us* for *you* as follows:
    a. health care benefits will not exceed $5,000 per *participant* each *benefit year*;
    b. health care benefits and drug benefits, combined, will not exceed $250,000 (lifetime) per *participant*; and
    c. travel benefits will not exceed $5,000,000 per *participant* per *eligible trip*.

12. **Assignment.** Any benefits payable or which may become payable under this *agreement* cannot be assigned by *you* and *we* are not responsible for and will not be bound by any assignment entered into by *you*.

13. **Excess coverage/coordination of benefits.**
    a. **Excess coverage to *government health plan***: any amounts payable under this *agreement* are in excess of what would normally be paid by a *government health plan* even if *you* are not entitled to monies from a *government health plan*.
    b. **Excess coverage to other insurance:** any amounts payable under this *agreement* are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to *you*. If *we* make payment for benefits to *you* and a third party makes payment for those same benefits, *you* are responsible for reimbursing *us* the amount previously paid by *us*. Other coverage includes, but is not limited to:
        i. homeowners insurance;
        ii. tenants insurance;
        iii. multi-risk insurance;
        iv. any credit card, third party liability, group or individual or extended health insurance; or
        v. any private or legislative plan of motor *vehicle* insurance providing *hospital*, medical or therapeutic coverage.
    c. **Coordination of benefits:** should any of *you* be eligible to receive benefits under this *agreement* and have similar benefits covered under any other plan, if that other coverage is also "excess only", the amount payable under this *agreement* shall be coordinated with such other coverage. The total payment available from all coverage shall not exceed 100% of the *eligible expense*.

14. **Payment.** The *participant rate* will be determined by *us*. Annual rate adjustments will be effective following 30 days' notice to the *applicant*. All *participant rates* must be paid in advance of the benefit period on the date specified by *us*. *Participant rates* received after the date specified by *us* (pre-authorized payments) or rate due dates (billings) will result in denial of claims until *your* account is in good standing. It is the responsibility of the *payor* to notify *us* of their intent to terminate payment. *We* will not approve back-dated payment termination requests.

    We are not responsible for any payment expense or administration fee incurred by the *payor* in relation to this *agreement*. If the *payor* is not the *applicant*, *we* will not release any information regarding the *agreement*, other than payment information to the *payor*.

15. **Governing law.** This *agreement* shall be construed and enforced in accordance with the laws of the province of Alberta. Benefits are governed by and interpreted in accordance with the laws of the province of Alberta. Any legal action or other proceeding relating to or connected with this *agreement* that is commenced by *you* or anyone claiming on *your* behalf must take place in Alberta.

16. **Consent.** *You*:
    a. consent to *our* verifying with government and other relevant authorities the health care card number and other information to process a claim;
    b. authorize *physician*s, *dentist*s, *hospital*s and other medical *provider*s to provide *us* with any and all documentation they have regarding *you* while under observation or *treatment* including medical history, diagnosis and test results;
    c. consent to *our* requesting an independent assessment of *your medical condition*, if *we* deem necessary;
    d. consent to the disclosure of the information available under (a) and (b) above to other sources as may be required for the processing of a claim for benefits; and
    e. agree that *you* will be required to substantiate all claims made under this *agreement*. This may require providing *us* with personal information of a third party. You represent to *us* that *you* have the consent to share any personal information *you* provide to *us* and agree that if a third party refuses to provide consent to share their personal information needed to substantiate a claim, the claim may be denied.

17. **Rules and regulations.** *We* may adopt rules and regulations that will assist *us* in providing benefits under this *agreement*. These rules and regulations are available to *you*, for reference and discussion, during regular business hours at *our* head office. These rules and regulations will be binding on all parties to this *agreement*.

18. **Severability.** If one or more provisions in this *agreement* is found to be invalid or unenforceable, such provision will be deemed to be severable from the remaining provisions of this *agreement* and the remaining provisions will be valid.

19. **Amending this *agreement*.** *We* may amend this *agreement* at any time by providing notice to the *applicant* before the amendments come into effect.

20. **Notices.** *We* may send any notice required to be given to *you* under this *agreement* to the *applicant* by mail or electronic communication. *Applicant* consents to receipt of such notices by electronic communication, including over the Internet or to an email address provided to *us* for this purpose. Each notice will be deemed to have been received by the *applicant* if:
    a. mailed, on the fifth day following deposit by *us* at a post office with postage properly paid unless there is a postal strike; or
    b. sent electronically, to the email address provided to *us*. Each notice may be sent to the address or email address last provided to *us*. Any notice to *us* must be directed to **ipmail@ab.bluecross.ca**.

21. **Electronic communication.** *We* may provide this *agreement* and any other documentation in connection therewith electronically and in accordance with applicable legislation.

22. **Change of address.** The *applicant* agrees to immediately notify *us* of any change of address, telephone number or email address.

23. **Headings**. Headings used throughout this *agreement* are for convenience purposes only and shall not serve to limit, expand or interpret the paragraph to which they apply.

24. **Underwriting**. Unless otherwise stated in this *agreement*, all benefits are underwritten by *Alberta Blue Cross*.

25. **Limitation periods for legal actions.** Every action or proceeding against *us* for the recovery of insurance money payable under this *agreement* is absolutely barred unless commenced within the time set out in the Insurance Act.

26. **Premium payment.** The total premium is due and payable at the time of *application*. *We* reserve the right to suspend claims reimbursement until such time *we* receive full payment of the premium. This *agreement* shall be void at *our* option if the premium payment is not paid to *us*, whether as a result of non-payment, non-sufficient funds (NSF) cheque or credit card chargeback or reversal.

27. **Limitation on liability.** Neither *we*, nor the *travel assistance service provider*, shall be responsible or liable for the availability, quality or results of any medical *treatment* or transportation or *your* failure to obtain medical *treatment*.

28. **Privacy.** *We* are committed to respecting and safeguarding personal information entrusted to *us*. *We* and *our travel assistance service provider* will comply with all applicable privacy legislation. *We* have a privacy policy which governs *our* collection, use and disclosure of personal information (including personal health information). A copy of *our* current privacy policy is available from *us* on request or on *our* website at **ab.bluecross.ca**. By becoming *our* customer or filing a claim for benefits, *you* agree to allow *your* personal information to be collected, used and disclosed in accordance with *our* privacy policy. If *you* have any questions about *our* privacy policy, please contact *our* privacy officer at:

Alberta Blue Cross
Blue Cross Place
10009 108 Street NW
Edmonton, AB T5J 3C5
Attention: privacy officer
privacy@ab.bluecross.ca

Definitions

(Applicable to all coverage described in this *agreement*)

accident means physical injury to *you* which is caused by an event which is not due to Illness, but is due to external, violent, sudden or unexpected causes being beyond *your* control.

accidental death means *loss* of life which is not due to *illness*, but is due to external, violent or sudden unexpected causes being beyond *your* control.

accidental death and dismemberment means coverage in the event of death or dismemberment due to a *loss* which is not due to illness, but is due to external, violent or sudden unexpected causes being beyond *your* control.

act of terrorism means an act including, but not limited to, the use of force or violence and the threat thereof including hijacking or kidnapping of an individual or group in order to intimidate or terrorize any government, group, association or the general public for religious, political or ideological reasons or ends; does not include any *act of war* (whether declared or not), act of foreign enemies or rebellion.

act of war means hostile or warlike action, whether declared or not, in a time of peace or war whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

acupuncturist means a person skilled in the practice of acupuncture.

agreement means the *application*, the *confirmation* of *coverage*, each *exclusion agreement*, this contract and any subsequent amendments, constitute the entire *agreement*. Each *agreement* is considered a separate contract.

Alberta Blue Cross means ABC Benefits Corporation, a corporation established under the laws of the province of Alberta, which operates under the trade name *Alberta Blue Cross*.

Alberta Blue Cross Hospital Rate Schedule for Individual Health Plans means a schedule issued by *us* of the maximum daily rate for accommodations at a *hospital*, as may be updated by *us* from time to time.

Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List means a listing created and varied from time to time and published by *us* which contains the maximum fees payable for services provided by *providers* who are on a fee for service basis.

Alberta Blue Cross Schedule of Ambulance Rates means a schedule issued by *us* of the maximum fees for ambulance services, as be updated by *us* from time to time.

applicant means the person who has applied for and been accepted by *us* for *benefits* under this *agreement*, and excludes a *spouse* and any *dependants*.

application means the original and any subsequent *application* completed (online or in writing) submitted by the *applicant* seeking coverage under this *agreement*.

audiologist means a person licensed under government legislation as an *audiologist* in the jurisdiction in which *professional services* are rendered to *you*.

benefit means a product or service covered within a *benefit module* and *coverage level* selected under this *agreement*.

benefit maximum means the maximum amount that will be paid per person for a particular *benefit* as set out in this *agreement*.

benefit module means the category of *benefit* (health care, drug, dental, life or travel) covered under this *agreement*.

benefit year means consecutive 12-month period commencing on the *effective date*.

Blue Assured drug benefit list means a listing created and varied from time to time and published by *us* which contains the drugs, drug products, diabetic supplies, *glucose monitoring systems* and supplies and their respective restrictions, limitations and other criteria defined as *benefits* under this *agreement*.

change in medication means any increase or decrease in dose, strength or frequency of a prescribed medication, as well as the addition or discontinuation of any medication. Any written prescription not filled is considered a change. The following are not considered to be new *treatments* or medication changes:

a. routine (not prescribed by a *physician*) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the 90 days prior to *your* trip;

b a change from a brand name medication to the generic form of the same medication, provided the dosage is the same;

c. routine adjustment of Coumadin or Warfarin or other anticoagulant medications except where newly prescribed or stopped;

d change in aspirin taken for non-prescribed medical purposes;

e. decrease in the dosage of cholesterol medication;

f. dosage change of thyroid or hormone replacement therapy medication; or

g. creams or ointments prescribed for cutaneous irritations.

chiropodist means a person licensed by the appropriate provincial licensing authority to practice as a *chiropodist*.

chiropractor means a member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

common carrier means any land, air or water conveyance (bus, taxi, train, boat, airplane or other *vehicle*) that is licensed, intended and used to transport paying passengers.

confirmation of coverage means the document issued by *us* to the *applicant* which confirms the coverage purchased for *you* under this *agreement*.

coverage level means the level of coverage for each respective *benefit module* purchased for *you*.

coverage level effective date means the date *your* selected *coverage level* takes effect subject to any applicable *waiting periods*. Any requests to increase or decrease *coverage levels* will change this date.

dental hygienist means a person licensed under government legislation as a registered *dental hygienist* in the jurisdiction in which *professional services* are rendered to *you*.

dental services means *professional service* of dental *treatment* provided by a *dentist*, *denturist*, *dental hygienist* or anesthesiologist subject to the restrictions and limitations of this *agreement*.

dentist means a doctor of dental surgery licensed to practice the profession of dentistry or dental surgery in the jurisdiction in which the *professional service* is rendered to *you*.

denturist means a person licensed under government legislation as a certified *denturist* in the jurisdiction in which *professional services* are rendered to *you*.

departure date means the day *you* leave *your* Canadian *province or territory of residence*.

dependant means each person who:

a. *we* are advised is a dependant at the time of *application* for enrolment or in any subsequent *application* accepted by *us*; and

b. meets specific criteria including a child born to, adopted by or a stepchild of the *applicant* who is unmarried and financially dependant on the *applicant* who is listed under the *applicant's government health plan* and who is also:

    i. under 25 years of age and for whom the *applicant* is entitled to claim deductions for income tax purposes under the Income Tax Act; or

    ii. 25 years of age or older and who is financially dependant upon the *applicant* because of mental or physical infirmity.

dietician means *eligible expenses* for services provided by a registered *dietician* in the jurisdiction in which *professional services* are rendered to you.

effective date means the date this *agreement* takes effect as shown on *your confirmation of coverage*. An amendment to the *agreement* shall not change this date.

eligible expense means *reasonable and customary* charges incurred by *you* and payable by *us* based upon the *benefit module* and *coverage level* selected in accordance with the provisions of this *agreement*.

eligible trip means each trip by *you* outside of *your province or territory of residence* that falls within the eligible trip limit applicable to the coverage level purchased for *you*.

eligible trip limit means the maximum number of consecutive days *you* are eligible for travel coverage for each trip under this *agreement,* beginning on *your departure date*.

emergency means an unforeseen *accident* or *illness* which requires immediate medical *treatment*. For the travel *benefit*, an *emergency* ends when the medical evidence indicates that no further medical *treatment* is required at *your* destination or indicates *you* are able to return to *your province or territory of residence* for further medical *treatment*.

experimental or investigative means any *treatment*, procedure, facility, equipment, drug, drug usage or vitamin therapy that, in *our* opinion after consultation with *our* health care consultants or health service consultants

a. is not *medically necessary*;
b. is not recognized as accepted medical practice; or
c. requires federal or other governmental agency approval not received at the time the services are rendered.

extension means the coverage *you* purchase from *us* to extend *your* trip beyond the *eligible trip limit*.

extreme sport means any sporting or recreational activity that lies outside the normal rules or limits of traditional sports or an activity that is made extreme or dangerous by modifying the equipment or locales or where there can be a high probability of physical danger, risk of injury or death as a result of participation, *extreme sports* include, but are not limited to,

a. amateur scuba diving unless *you* hold at least a basic scuba diving license from a certified school;
b. bungee jumping;
c. climbing or mountaineering, rock climbing;
d. downhill skiing or snowboarding outside marked trails;
e. heli-skiing;
f. hang gliding, paragliding, parasailing;
g. parachuting;
h. rodeo activity;
i. sky diving;
j. white water rafting; and
k. ziplining.

final expense benefit means a life benefit payable only when loss of life has occurred before the term age and after you have served the applicable waiting period.

generic price means maximum unit price as determined by *us* that will be paid for a drug product (whether it is a brand or *generic product*) within a grouping. Groupings are determined by *us*.

glucose monitoring systems means a medical system that continuously tracks glucose (sugar) levels through a wearable sensor and transmits the results to the user in real-time or on demand.

government health plan means health insurance provided by or under the administrative control of any Canadian provincial or territorial government or governmental agency in accordance with any law (other than the Employment Insurance Act of Canada).

health care/health services means services rendered or articles supplied to *you* for which expenses are incurred in accordance with the provisions of this *agreement*.

health care professional means a person licensed, certified or registered to practice in a health care capacity by the appropriate licensing, certification or registration authority, as deemed appropriate by *us*, in the jurisdiction where the care or services are provided or, where no such authority exists, has a certificate of competency from the *professional* body which establishes standards of competence and conduct for the profession and is acting within the scope of that certificate.

homeopath means the *treatment* of disease by minute doses of natural substances that in a healthy person would produce symptoms of disease.

hospital/active treatment hospital means a legally constituted medical facility where *inpatients* or *outpatients* receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered *nurses*. The term *hospital* as used in this *agreement* shall not include rehabilitation *hospital*, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuse.

hospitalization means *treatment* in a *hospital* when *you* are admitted as an *inpatient*.

illness means a sickness, infirmity or disease that occurs during *your* trip and requires *emergency* medical *treatment* as a result of a sudden onset of symptoms which first manifested after coverage commenced.

immediate family member means *your spouse*, natural, adopted, foster or step-child(ren), brother, sister, stepbrother, step-sister, parent, step-parent, grandparent, grandchild(ren), aunt, uncle, nephew, niece, son-in-law, daughter-in-law, parent-in-law, brother-in-law, sister-in-law, legal guardian, legal ward or key-person of the *applicant*.

incidental expenses means miscellaneous expenses incurred by the covered *inpatient* as a result of *hospitalization* due to a covered *accident* or *illness* (for example, telephone or television).

individual health benefit plan means a health *benefit plan* directly contracted for by *you* or another individual, as recognized by *us*, that includes a prescription drug *benefit*.

inpatient means admission and confinement to a *hospital* for more than 24 consecutive hours on the recommendation of the attending *physician*.

long term care means care provided to *you* for long term or chronic illness in an auxiliary *hospital*, long term care facility or publicly funded general *active treatment hospital* located in Canada.

loss means any *loss* specified in the *table of benefits* set out in the life *benefits* section of this *agreement*.

loss of use: total and irrecoverable *loss* of the ability to perform every action that the arm, leg, or hand was able to perform before the *accident* occurred, beyond correction by surgical other means which continues for 12 consecutive months and which is determined to be permanent by *us*.

massage therapist means a registered *massage therapist* operating within the principles of a governing *professional* college or association, as recognized by *us*.

medical consultation means any visit by a medical practitioner. This excludes minor ailments and routine checkups where the results of the checkup and any testing are known and no new symptoms were reported, there were no new diagnoses, an existing condition did not deteriorate and there were no recommended changes in *treatment*.

medically necessary means services and supplies which are deemed essential, effective and appropriate in the diagnosis and *treatment* of a *medical condition* based on generally recognized and accepted standards of health care in Canada.

motor sport means any competition, speed event or other high-risk activity involving the use of a motor *vehicle* on land, water or air, including training activities, where on approved tracks or elsewhere.

naturopath means a form of alternative medicine employing a wide array of "natural" modalities, including *homeopathy*, herbalism, and acupuncture, as well as diet and lifestyle counselling.

newborn child means a child of the *applicant* or *spouse* who is 30 days of age or under.

nurse means a duly registered *nurse*, registered nursing assistant or a licensed practical *nurse* in the jurisdiction where the service is provided.

nursing services means services which require the specialized training and *professional* expertise of and can legally be performed only by a *nurse*. Midwives, housekeeping services, normal childcare, personal care attendants and respite care are excluded.

ophthalmologist means a *physician* who specializes in the medical and surgical care of the eyes and is licensed to practice the profession of ophthalmology in the jurisdiction in which *professional services* are rendered to *you*.

optometrist means a *physician* licensed to practice the profession of optometry in the jurisdiction in which *professional services* are rendered to *you*.

orthotist means a person that is a certified member of a national body that regulates the provision of *orthotist* services in Canada.

osteopath means a type of health care system of diagnosis and *treatment* that emphasizes relationship between structure and function in the body, and the ways it can be affected through manipulative therapy and other *treatment* modalities.

outpatient means a patient who receives medical *treatment* without being admitted to a *hospital*.

participant means the *applicant*, *spouse* and each *dependant* who is entitled to *benefits* under this *agreement*.

participant rates means monies payable to *Alberta Blue Cross* by the *payor*, on a prepaid basis, for *benefits* available under this *agreement*. *Participant rates* are set by *Alberta Blue Cross* and will be in force from the *effective date*.

payor means the person named on the *application* as the *payor* and whose primary responsibility is for the payment of *participant rates*.

pedorthist means a person that is a certified member of a national body that regulates the provision of pedorthic services in Canada.

pharmacist means a person licensed to practice as a *pharmacist* in the jurisdiction in which the services are rendered to *you*.

psychologist means a chartered *psychologist*, master of social work or registered social worker for *treatment* of mental or emotional *illness*.

physician/surgeon means a legally qualified medical practitioner lawfully entitled to practice medicine in the jurisdiction where services are performed. A *physician* must be a person other than *you* or a *related person*.

physiotherapist means a member of the Canadian Physiotherapy Association or a provincial association affiliated with it.

podiatrist means a person licensed to practice as a *podiatrist* in the jurisdiction in which the services are rendered to *you*.

professional means an individual who participates in a sport or activity with an expectation of remuneration or sponsorship or endorsement or to receive financial return which could form a substantial part of their livelihood.

professional service means a service offered by a *provider* engaged in a specified activity as one's main paid occupation and practices within the limits of their authority as established by law.

provider means the individual or business entity that is qualified as deemed appropriate by *us*, licensed where applicable, operating within the principles of any governing *professional* college or association and operating within laws of the province or jurisdiction in which the *services* are delivered.

province or territory of residence means the province or territory that *you* have declared as *your* permanent residence and *you* reside in for the required number of days outlined by *your* provincial health care legislation and/or *government health plan* in order to maintain *your* provincial health coverage.

reasonable and customary means the normal charges, as determined by *us,* made to *you*:

a. for the *treatment*, services or supplies provided; and

b. which do not exceed the general level of fees and prices in the geographical area where the expense was incurred; and

c. the frequency limits that would usually be required for *your* condition, as determined by *us*.

reimbursement level means the maximum percentage, amount or duration, *we* will pay per eligible person for *eligible expenses* as set out in this *agreement*.

related person means an individual who is ordinarily a resident of *your* home or who is related to *you* by blood or marriage.

return date means the earliest of:

a. the date in which *you* are contracted to return from any individual *eligible trip* to *your* Canadian *province or territory or residence*;

b. the date *you* actually return to *your* Canadian *province or territory of residence*;

c. the expiry date indicated on *your confirmation of coverage*.

speech language pathologist means *eligible expenses* for services provided by a licensed *speech language pathologist*.

spouse means the person who is legally married to the *applicant* or under any formal union recognized by law.

stable means *you* have **not** had any of the following:

a. a new prescription drug or had a *change in medication*;

b. a new medical *treatment*;

c. a new diagnosis, *treatment* or evaluation of symptoms;

d. a change in diagnosis or medical *treatment*;

e. a *medical consultation* to investigate symptoms that remain undiagnosed;

f. *hospitalization* related to any *medical condition*;

g. a referral to a medical specialist or a specialty clinic (made or recommended) where there are further investigations or results pending;

h. in-*hospital* care or a referral to a specialist including initial follow-up visits, tests or investigations related to the *medical condition* and pending results;

i. experienced a deterioration in *your* condition;

j. experienced new, more frequent or more severe symptoms;

k. new test results or test results showing a deterioration or pending test results (other than routine tests as part of a regular follow up); or

l. investigations or future investigations initiated or recommended.

table of benefits means the *table of benefits* set out in the *life benefits* section of this *agreement*.

telemedicine services means the provision of patient care through virtual communications where the patient and the attending *health care professional* are in different locations.

term age means the age when certain *benefits* will automatically terminate in accordance with this *agreement*.

terminal prognosis means an advanced stage of a *medical condition* for which a *physician* gave a prognosis of eventual and inevitable death or palliative care was received.

travel advisory means a published formal travel warning issued before *your* date of departure from *your province or territory of residence* by the Canadian government, advising Canadians to avoid all travel or avoid all non-essential travel to the country, region or city of *your* trip.

travel assistance service means provides assistance, primarily in medical emergencies, during travel and who is authorized to act on *our* behalf.

travelling companion means a person:

a. with whom *you* have accommodation or transportation for the same trip arranged in advance of the *departure date*; and

b. who will accompany *you* throughout the entire trip.

A maximum of 4 people, including the *applicant*, will be considered *travelling companions*.

treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician* or *dentist* including, but not limited to, prescribed medication, investigative testing or surgery.

vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile, boat or all-terrain *vehicle*.

virtual care provider means the third-party provider who *we* engage to offer the virtual platform in which *you* may access *telemedicine services*.

waiting period means the continuous period of time during which *you* must be covered for a particular *benefit module* or *coverage level* under this *agreement* before being eligible for certain *benefits*. *Waiting periods* are specified in the *benefit module* and begin on the *effective date* or if a *coverage level* is amended, the *coverage level effective date*.

we, us or our means ABC Benefits Corporation, operating as *Alberta Blue Cross*.

you or your means each person named as a covered person on the *confirmation of coverage*.

Questions or Concerns?

We are committed to high standards of customer service. *We* have a defined process to ensure that *our* customer's questions and concerns are handled as quickly as possible and in a fair manner. If *you* have questions or concerns about *our* products or services, *you* may contact *us* by phone, mail or by emailing *us* at **ipmail@ab.bluecross.ca**.

TELEPHONE

Edmonton and area: 780-498-8000

Toll free: 1-800-661-6995

Office hours: Monday to Friday from 8:30 a.m. to 5 p.m. MT

MAIL

Attention: Customer Services
Alberta Blue Cross
Blue Cross Place
10009 108 Street
Edmonton, AB T5J 3C5

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