

Coverage	Benefit Description
Hospital	<ul style="list-style-type: none"> Semi-private hospital room accommodation.
Ambulance <ul style="list-style-type: none"> 80% coverage 	<ul style="list-style-type: none"> Charges incurred in Canada for professional ambulance services to an active treatment hospital when required due to illness or injury.
Drugs <ul style="list-style-type: none"> 80% reimbursement of the drug cost based on Least Cost Alternative with some exceptions \$5.00 Dispensing Fee Cap 	<ul style="list-style-type: none"> Drugs that require a prescription under Provincial or Federal law, prescribed by a Health Care Professional and dispensed by a licensed pharmacist and included in the drug formulary with some exceptions. New drugs that meet the criteria above will be reviewed to determine if the new drug product will be added to the formulary. Drugs that can be purchased over-the-counter are not eligible under the plan. Reimbursement is based on the Least Cost Alternative (LCA). LCA drugs have the same active ingredients as other drug products (e.g. brand name) but are less costly. Prescription smoking cessation products for one continuous course of treatment per lifetime per covered person. Oral contraceptives at 80% up to a maximum of \$250 per year. Drugs for the management of obesity or weight loss, sexual dysfunction, fertility and hair replacement are not covered.
Clinical Psychology <ul style="list-style-type: none"> 80% of the cost of a treatment session Maximum of \$1000* 	<ul style="list-style-type: none"> Treatment must be provided by either a psychologist registered with the Psychologists' Association of Alberta (PAA) or a Masters in Social Work. Coverage is not provided for counselling sessions provided by practitioners who are not registered with PAA.
Home Nursing <ul style="list-style-type: none"> 80% coverage Maximum of \$2000* Physician written order required 	<ul style="list-style-type: none"> Nursing care provided in the home by a practical or registered nurse where the covered person is suffering a chronic or debilitating condition. Home-making services are not eligible. Practical or registered nurse cannot be related to the member or their dependent(s).
Respiratory Equipment <ul style="list-style-type: none"> 80% coverage Maximum of \$2,500* 	<ul style="list-style-type: none"> Oxygen and related supplies (including compressors, nebulizers, masks, aerochambers, and tubing). Air cleaning devices, ionizing machines, vaporizers, and humidifiers are excluded. Physician written order required.
Braces and Prosthetics	<ul style="list-style-type: none"> Artificial limbs (excluding myoelectric-controlled prosthesis)

<ul style="list-style-type: none"> ● 80% coverage ● \$2000 Maximum* ● Physician written order required 	<ul style="list-style-type: none"> ● Artificial eyes ● Braces which incorporate a rigid support of metal or plastic ● Trusses ● Cervical collars ● Breast prosthesis as a result of a mastectomy ● All appliances must be required to treat an existing medical condition. ● The repair or replacement of breast prosthesis does not require the written order of a physician; however such replacement or repair shall be limited to once in twenty-four (24) months.
Colostomy/Ileostomy Supplies <ul style="list-style-type: none"> ● 80% coverage ● Physician written order required 	<ul style="list-style-type: none"> ● Colostomy Supplies ● Ileostomy Supplies ● Urostomy Supplies ● Adult Incontinence Supplies
Diabetes Supplies <ul style="list-style-type: none"> ● 80% coverage ● Physician written order required 	<ul style="list-style-type: none"> ● Lancets/Penlets ● Lancing Devices ● Blood Glucose Test Strips ● Urine Test Strips ● Syringes ● Insulin Pen Needles
Insulin Pumps <ul style="list-style-type: none"> ● 80% coverage* 	<ul style="list-style-type: none"> ● Excludes transmitters and sensors.
Physiotherapy <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$1000* 	<ul style="list-style-type: none"> ● Services of a licensed physiotherapist.
Chiropractor <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$1000* 	<ul style="list-style-type: none"> ● Services of a licensed chiropractor.
Massage Therapy <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$1000* 	<ul style="list-style-type: none"> ● Services of a registered massage therapist.
Podiatry <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$500* 	<ul style="list-style-type: none"> ● Services of a licensed podiatrist. ● The plan will pay for podiatry services once all allowable limits have been reached under Alberta Health Care. ● A letter from Alberta Health Care stating the date the maximum was reached must be submitted with the claim.
Acupuncture <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$500* 	<ul style="list-style-type: none"> ● Acupuncture administered as a pain reliever or anesthetic. ● Reason for treatment must be noted on the receipt.
Hearing Aids <ul style="list-style-type: none"> ● 80% coverage ● Maximum of \$2,500 in any 5 consecutive calendar years ● Physician written order required 	<ul style="list-style-type: none"> ● Purchase and repair of hearing aids. ● Maintenance, batteries and recharging devices are not covered.

<p>Eye Exams</p> <ul style="list-style-type: none"> • 80% coverage • Maximum of \$80 per covered person in any two consecutive calendar years 	<ul style="list-style-type: none"> • Eye examinations administered by an optometrist or ophthalmologist. • Reimbursement in excess of amounts not paid by Alberta Health Care.
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For some benefits the first payer will be a government program or another plan. For further information, please call Alberta Blue Cross Customer Service at 780-498-8000 with Edmonton and area or toll-free at 1-800-661-6995.

The Major Medical Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.

This summary provides general information only. The terms and conditions of the collective agreement take precedence.

January 2024

* Per calendar year per single or family coverage