

FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

Benefits Booklet

*for
Teachers*

Alberta Blue Cross Group Number: 19162 - A

Effective Date: January 1, 2019

Issue Date: June 2022



FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

Effective Date: January 1, 2019
Eligibility Period: Exact date of permanent employment
Employee Classification: Teachers

Schedule of Benefits

Health and Dental Benefits

Underwritten by: Alberta BlueCross
Group Number: 19162-A

Health Benefits

Prescription Drugs
Hospital
Extended Health
Out of Province Emergency Travel
Vision Care

Dental Benefits

Basic
Extensive
Orthodontic

Health Spending Account

Benefit Year

Health and Dental Benefits January 1st - December 31st
Health Spending Account September 1st - August 31st

Life and Disability Benefits

Underwritten by: Manulife Financial
Policy No. G0021569

Life Insurance Benefits

Group Life Insurance
Optional Life Insurance

Disability Benefits

Long Term Disability Benefit

Accidental Death and Dismemberment

Underwritten by: Citadel Assurance
Policy No. 9218342

Accidental Death and Dismemberment

The information contained in this booklet is important to you and your family and should be kept in a safe place. You should familiarize yourself with the contents of the booklet and refer to it whenever you submit a claim for benefits.

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Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Coverage Level:	100%
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Generic Pricing:	Applied
Aerosol Holding Chamber:	\$40 per Participant in a consecutive 24 month period
Allergy Serums:	Included
Contraceptive Drugs:	Included
Fertility Drugs:	\$800 per Participant in a consecutive 12 month period
Sexual Dysfunction Products:	\$80 per month to a maximum of \$800 per Benefit Year per male Participant 18 years of age and older
Smoking Cessation Products:	\$1,500 lifetime per Participant
Vaccines:	\$250 per Participant each Benefit Year
Weight Loss Products:	Excluded

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Definitions

1. **Alberta Blue Cross Drug Benefit List:** A listing created and varied from time to time and published by Blue Cross which contains the drugs, drug products and their respective restrictions, limitations and other criteria, defined as Benefits under this Contract.
2. **Eligible Drugs:** Drugs defined as Eligible Drugs in the current Alberta Blue Cross Benefit List.
3. **Fertility Drugs:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
4. **Generic Price:** The maximum unit price as determined by Blue Cross that will be paid for a drug product (whether it is a brand or generic product) within a grouping. Groupings are determined by Blue Cross.
5. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
6. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
7. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
8. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
9. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

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Hospital Benefits

Coverage Level:	100%
Private/Semi-Private Rooms:	Direct payment basis
Long Term Care Facility:	Maximum of 180 days per disability if admitted within 48 hours of being discharged from an active treatment hospital
Outpatient Expenses:	Out of Province
Out of Canada:	Referred services when not available in Canada

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuse.
2. **Long Term Care Facility:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

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Extended Health Benefits

Coverage Level:	100%
Accidental Dental:	Repair, extraction and/or replacement of natural teeth to \$1,000 lifetime maximum per tooth
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates.
Ancillary Services:	
<i>Blood and Blood Plasma</i>	Included
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration</i>	\$1,000 per Participant per Benefit Year
<i>Radium and Radioactive Isotopes</i>	Included
Braces:	* \$500 per brace per Participant in a 2 year period
Diabetic Supplies:	\$4,400 combined maximum per Participant each Benefit Year
<i>Blood Testing Monitor</i>	* Included
<i>Needles, Syringes, Lancets</i>	Included
<i>Alcohol Swabs</i>	Included
<i>Urine and Blood Glucose Testing Strips</i>	Included
Endovenous Laser Therapy:	\$5,000 lifetime per Participant
Foot Orthotics:	* \$200 per Participant each Benefit Year
Hearing Aids:	\$3,000 per Participant in a 3 year period
<i>Supplementary Benefit Due to an Accident</i>	\$3,000 lifetime per Participant
Home Nursing Care:	* Lifetime maximum of 4,000 hours per Participant
Ileostomy, Colostomy, Incontinence Supplies:	\$1,000 per Participant each Benefit Year
Insulin Pump and Supplies	\$4,400 per Participant in a 4 year period
Mastectomy Prosthesis:	* \$400 per Participant in a 12 month period
Medical Aids:	
<i>Allergy Testing Materials</i>	\$40 per test per Participant
<i>Bandages, Dressings & Related Supplies</i>	\$600 per Participant each Benefit Year
<i>Blood Pressure Monitor</i>	* \$250 per Participant in a 3 year period
<i>Canes, Casts, Crutches</i>	
<i>Cervical Collars*</i>	\$40 per purchase per Participant
<i>Intravenous Supplies</i>	\$150 per Participant each Benefit Year
<i>Prosthetic Devices</i>	Included when required after surgery
<i>Splints, Trusses</i>	Included
<i>Stump Socks</i>	Included
<i>Surgical/Support Stockings</i>	\$300 per Participant each Benefit Year

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Medical Care (Outside Alberta):

Expenses for non-emergent services when not available in Alberta to the maximum stated in the Alberta College of Physicians and Surgeons Schedule

Medical Durable Equipment:

Hospital Beds

* \$2,000 lifetime per Participant

Iron Lungs

* Included

*Other Approved Medical
Durable Equipment*

* Included

Phototherapy Lights

\$300 lifetime per Participant

*Physical Rehabilitation
Equipment*

\$300 lifetime per Participant

Ultra Violet Lights

\$300 lifetime per Participant

Wheelchairs/Scooters

* \$4,000 per Participant in a 4 year period

Orthopaedic Shoes:

* \$1,000 per Participant in a 2 year period

Paramedical Practitioners:

Acupuncturist

\$65 per visit to a maximum of \$700 per Participant each Benefit Year

Audiologist

Included

Chiropractor

\$40 per visit to a maximum of \$700 per Participant each Benefit Year

Massage Therapist

\$75 per visit to a maximum of \$700 per Participant each Benefit Year

Midwife

\$40 per hour to a maximum of 1 hour per day excluding services related to the actual delivery, subject to an overall maximum of \$700 per pregnancy

Naturopath

\$20 per visit to a maximum of \$200 per Participant each Benefit Year

Physiotherapist

\$75 per visit to a maximum of \$700 per Participant each Benefit Year

Podiatrist/Chiropodist

\$40 per visit to a maximum of \$700 per Participant each Benefit Year

Psychologist/

Master of Social Work

\$100 for the initial hour of each visit, \$50 for each additional half hour thereafter, subject to a maximum of \$1,200 per Participant each Benefit Year

Prosthetics:

Conventional Artificial Limbs

* \$15,000 per limb per Participant, one in a 3 year period

Artificial Eyes

* \$500 per eye per Participant in a 3 year period

Prosthetic Larynx

* \$2,000 per Participant in a 3 year period

Respiratory and Sleep Apnea Equipment:

* \$2,500 per Participant in a 5 year period

Wigs and Hairpieces:

\$600 per Participant in a consecutive 3 year period

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Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Acupuncturist – Eligible Expenses when required as an anaesthetic or to relieve pain provided by a registered acupuncturist.
3. Audiologist – Eligible Expenses provided by a licensed audiologist.
4. Blood Testing Monitor – The purchase of a blood testing monitor at Blue Cross' discretion.
5. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor.
6. Hearing Aids – Purchase, repair or maintenance of hearing aids.
7. Home Nursing Care requires prior approval from Blue Cross.
8. Ileostomy, Colostomy, Incontinence Supplies – Benefits will only be covered once all provincial government health program funding has been accessed or if the Participant applied for, but is not eligible for, government health program funding.
9. Insulin Pump and Supplies – The purchase of insulin pump requires the written order of a Health Care Professional. Insulin pump supplies (excluding batteries and glucose control solution) are eligible and does not require a written order of a Health Care Professional.
10. Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
11. Midwife – Eligible Expenses for services provided by a licensed midwife.
12. Naturopath – Eligible Expenses for services provided by a licensed naturopath.
13. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist.
14. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
15. Psychologist/Master of Social Work – Eligible Expenses for individual or family counselling, provided by a chartered psychologist or master of social work for treatment of mental or emotional illness.
16. Respiratory and Sleep Apnea Equipment – Eligible Expenses for the purchase or rental of a nebulizer compressor, peak flow monitor, continuous positive airway pressure (CPAP) machine. Purchase or repair of related apparatus is eligible and does not require a written order of a Health Care Professional.
17. Wigs and Hairpieces – Eligible Expenses for wigs or hairpieces required as a result of radiation or chemotherapy.

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Out of Province Emergency Travel Benefits

Benefits are provided as a result of a Medical Emergency which occurs outside the Participant's province or territory of residence.

Coverage Level:	100%
Benefit Period:	Unlimited
Maximum:	\$5,000,000 in Canadian funds per Participant, per incident
Reduction:	Outside Province of Residence Emergency Travel Benefits, for the Member and eligible dependents, shall be automatically limited to 30 day duration per trip on the exact date of the Member's 65th birthday
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$300 per Participant per trip
Diagnostic Services:	Laboratory services and x-rays
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
Incidental Expenses:	\$50 per day to a maximum of \$500 per inpatient per hospital stay
Meals and Accommodations:	\$250 per day per Participant to a maximum of \$2,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

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Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
<i>Podiatrist/Chiropodist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Return of Dependent Children:	Cost of one way economy airfare per child for the return of Dependent children
Return of Personal Items:	Cost of the return of luggage or personal items to a maximum of \$500 per Participant per incident
Return of Pet(s):	Cost of one way transportation for the return of accompanying pet(s) to a maximum of \$500 per incident
Travel Assistance:	In the event of a Medical Emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the Provider or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. If a Participant is medically able to return to their province of residence and refuses to comply with the transfer request, Blue Cross will be absolved of any further liability, whether related to the initial incident or not.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Blue Cross shall have the right to obtain medical information from the Participant's physician(s) and may request an assessment by an independent physician(s) or specialist(s).

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4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Benefits are not covered if emergency medical care expenses are incurred in a country, region or city, when a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, prior to the departure date advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
7. Blue Cross may request proof of departure upon receipt of claim. Claims must be supported by receipts from commercial organizations.
8. Blue Cross shall not pay for any Benefit relating to pregnancy or childbirth complications, including treatment for the newborn, if the Medical Emergency occurs after the 32nd week of gestation or is a result of the deliberate inducement of a miscarriage.
9. Blue Cross will not pay for expenses incurred due to:
 - seeking medical advice, surgery, a second opinion or treatment, intentionally or incidentally, even if the trip is on the medical recommendation of a Provider; or
 - a abuse of medication, toxic substances, alcohol or the use of non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
10. Blue Cross will not pay for the following unless prior approval is received from the travel assistance provider and are subject to the discretion of Blue Cross:
 - medical evacuation air ambulance services, or
 - medical evacuation repatriation, or
 - friend/family hospital visits, or
 - friend/family identification of deceased, or
 - vehicle services, or
 - return of Dependent children, or
 - return of personal items, or
 - return of pet(s).

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Vision Care Benefits

Coverage Level:	100%
Maximum:	\$400 per Participant each Benefit Period Including Eye Examinations
Benefit Period:	24 consecutive months
Eligible Benefits:	Contact Lenses Eyewear Intra ocular Lenses Eye Examinations \$50 per Participant between 19 and 64 years of age each Benefit Period Industrial Safety Glasses Sunglasses Corrective Eye Surgery/Laser Eye Surgery Contact Lens Fitting Fees

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Dental Plan

Fee Schedule: Usual and Customary dental fees as determined by Alberta Blue Cross

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	100%
Maximum:	\$2,500 per Participant each Benefit Year Combined maximum with Extensive Benefits
Diagnostic Services:	
<i>Complete Oral Exam</i>	1 per Participant per Health Care Professional in any 24 month period
<i>Any other Oral Exam</i>	Adult 1 per Participant per Health Care Professional in any 12 month period Child 1 per Participant per Health Care Professional in any 6 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant 30 months and older in a 5 year period
<i>Bitewing Imaging</i>	Adult 2 images per Participant in any 12 month period Child 2 images per Participant in any 6 month period
<i>Consultations</i>	Only when performed by a another Health Care Professional
Preventive Services:	
<i>Polishing</i>	Adult 1 time unit per Participant in any 9 month period Child 1/2 time unit per Participant in any 6 month period
<i>Fluoride Treatment</i>	Child 1 per Participant in any 6 month period
<i>Space Maintainers</i>	Included
<i>Pit and Fissure Sealant</i>	1 per tooth in any 24 month period
<i>Habit Breaking Appliances</i>	Included
Restorative Services:	
<i>Restorations</i>	Included
Oral Surgery:	
<i>Oral Surgery</i>	Included
Endodontics:	
<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 24 month period
Periodontics:	
<i>Scaling and Root Planing</i>	18 time units per Participant in any 12 month period
<i>Occlusal Equilibration</i>	8 time units per Participant in any 12 month period

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General Anesthesia/Conscious Sedation:	When required in the course of dental treatment
Medication and Administration:	Included when provided by injection in the dentist's office
Denture Services:	
<i>Relines and Rebasing</i>	1 service per denture in any 24 month period
<i>Repairs</i>	Repairs where a further impression is not required
Bruxism Appliances:	1 upper and/or 1 lower per Participant in any 24 month period
<i>Relines</i>	Included
Pre-Authorization Amount:	\$800

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Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	50%
Maximum:	\$2,500 per Participant each Benefit Year Combined maximum with Basic Benefits

Prosthetic Appliances (Limited to one of the following services per tooth):

<i>Crowns</i>	1 in a 12 month period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in any 7 year period
<i>Inlays and Onlays</i>	1 in a 12 month period when tooth cannot be adequately restored to form and function with a filling
<i>Pre-fab Veneers, Jackets</i>	1 in any 4 year period
<i>Posts & Cores</i>	1 in a 12 month period
<i>Gold Restorations</i>	1 in a 12 month period
<i>Implants</i>	\$825 per tooth once in a 12 year period

Removable Appliances:

<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in a 7 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in a 7 year period

Major Denture Repairs: Included

Bridge Repairs: Included

Pre-Authorization Amount: \$800

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Orthodontic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	50%, unless otherwise indicated
Maximum:	\$3,000 lifetime per Participant
Diagnostic Services:	
<i>General Orthodontic Exam</i>	Covered at 100% 1 per Participant per Health Care Professional in any 24 month period
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included
Habit-Breaking Appliances:	Included
Interceptive, Interventive, Preventive:	
<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
Pre-Authorization:	Treatment Plan Required

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Termination of Benefits

Health and Dental Termination of Benefits

Benefit coverage terminates the earlier of termination of employment or June 30th coincident with or next following the Member's attainment of age 70.

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Health Spending Account (HSA)

HSA Benefit Year:	September 1st - August 31st
Minimum Payment Amount:	\$50 daily for Members who have signed up for direct deposit and paperless statements \$50 monthly for Members who have not signed up for direct deposit and paperless statements
Credit Allocation:	Credits are deposited to your HSA by your employer on a monthly basis.
Carry Forward:	Unused HSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
Run Off:	A 3 month run-off period will exist after the end of each Benefit Year to submit claims.
Grace period:	Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date.

Benefits of an HSA

You can draw on your HSA to pay for many health related expenses that would not otherwise be covered by your core health or dental plan - all in a tax advantaged manner.

Allowable expenses must be deemed an eligible medical expense by Canada Revenue Agency to be eligible for payment through your HSA. All expenses must meet Canada Revenue Agency's listing of eligible medical expenditures. Any medical or dental costs incurred by you or your dependents may be reimbursed through your HSA as long as they are not eligible for payment through provincial health care, and meet Canada Revenue Agency's requirement for a deduction on your tax return.

Expanded Dependent Eligibility

Canada Revenue Agency permits a broader definition of dependents for expenses claimed through your HSA - the perfect solution if you need to cover expenses for extended family members who are not eligible under your core benefit plan.

Carry Forward

Your HSA carries forward credits. You can carry forward unused credits for 12 months from the end of the Benefit Year in which they were allocated.

A 3 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow active Members to claim for prior Benefit Year claims with prior Benefit Year Credits.

Allowable expenses incurred in the prior Benefit Year not claimed within that Benefit Year or the subsequent run off period will be forfeited.

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How Your Health Spending Account Works

- Eligible Expenses that have been submitted for which a Credit balance exists will be pending until the Member directs Blue Cross to issue reimbursement.
- If you coordinate benefits (COB) under a spousal or other employer plan, the unpaid portion of your claim must be submitted to the other plan first for their reimbursement prior to being paid through your HSA.
- Claims to your HSA are assessed against the available credits in your account. Your employer will inform you of the amount credited to your HSA at the time your account is established and annually thereafter.
- You may submit claims for allowable expenses you want to pay through your HSA only and not through your core plan. For this you must complete and submit an HSA claim form accompanied by any original receipts or payment statements from another insurer.
- Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date. The only funds available to pay allowable expenses that are incurred prior to your termination date are existing credits in your HSA. Any credits remaining after the grace period are forfeited.

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Life and Disability Benefits

Life Insurance

Group Life

Amount of Insurance:	4 times annual earnings, up to a maximum of \$350,000
No Evidence Limit:	\$350,000
Termination:	<u>Teachers</u> - on the date of retirement or on the June 30th coincident with or next following the date you attain age 70, whichever is earlier <u>All other employees</u> - on the date of retirement or on the date you attain age 70, whichever is earlier

If you die while insured for this benefit, the amount of life insurance shown on the Schedule of Benefits will be paid to your beneficiary in a lump sum, or by any income settlement method then offered by Manulife Financial.

Beneficiary

You may designate a beneficiary and may change that designation at any time by completing a change of beneficiary form. If there is no living beneficiary at the date of your death, benefits will be paid to your estate.

Disability Benefit

If, prior to a age 65, you become totally disabled and the disability continues for at least 3 consecutive months, your life insurance will continue without payment of premiums while your disability continues until the date you retire or the date you reach age 65, whichever is earlier. If your disability ceases and you do not return to active full-time employment, you may exercise the Conversion Privilege.

Conversion Privilege

If your group life insurance terminates, you have the right to apply to Manulife Financial to convert the amount of your group life insurance to an individual policy of term insurance or to any other regular plan being offered by Manulife Financial. You must exercise this right within 31 days of the termination of insurance.

You may convert the full amount of your group coverage or a lesser amount as long as it is not less than the normal amount issued by Manulife Financial for the plan you choose. If the group policy terminates or if there is an amendment to this plan, there will be limitations to this conversion privilege. Please see your plan administrator for details.

If you should die within the 31 days following the termination of your life insurance benefit, the death benefit under this plan will be paid, as long as any individual policy to which you have converted is returned for a refund of premium. If the individual policy is not returned, the death benefit under this plan will be reduced by the amount of the individual policy.

If you wish to exercise the Conversion Privilege, ask your employer for a "Request for Conversion Information" form.

General Exclusions

No benefits will be paid for injury or loss sustained as a result of either the following:

- suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- insurrection, war, participating in a riot or civil commotion, or service in the armed forces of any nation.

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Optional Group Life

Benefit Description:	Available to you or your eligible spouse in units of \$10,000 up to a maximum of \$250,000. All amounts of Optional Life are subject to approval of medical evidence.
Termination:	<u>Employee</u> termination is on the date of retirement or on the date you attain age 70, whichever is earlier. <u>Spouse</u> termination is on the date your insurance terminates or on the date your spouse attains age 70, whichever is earlier.

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Disability Benefits

Long Term Disability

Waiting Period:	90 Days
No Evidence Limit:	\$8,000
Benefit:	70% of monthly earnings
Maximum Benefit:	\$8,000 per month
Maximum Benefit Period:	<u>Teachers</u> - on the date of retirement or on the June 30th coincident with or next following the date you attain age 65, whichever is earlier <u>All other employees</u> - on the date of retirement or on the date you attain age 65, whichever is earlier
Termination:	<u>Teachers</u> - on the date of retirement or on the June 30th coincident with or next following the date you attain age 65, whichever is earlier <u>All other employees</u> - on the date of retirement or on the date you attain age 65, whichever is earlier

The Long Term Disability benefit pays you a regular monthly income for a lengthy period of total disability. If you become totally disabled while insured for this benefit, and remain totally disabled for a period of time longer than the waiting period, a monthly benefit will be payable during the benefit period while total disability continues. To qualify for benefits, you must be under regular care and treatment of a physician.

Definition Of Total Disability

You will be considered to be totally disabled if you are unable, as a result of sickness or injury, to perform the duties of your regular occupation.

In order to continue receiving benefits, after receiving benefits for 24 months, you must be unable to perform the material and substantial duties of any gainful employment for which you are reasonably fitted by education, training, or experience which will enable you to earn at least 70% of indexed pre-disability earnings. From time to time, you may be required to submit proof of your continued disability. Manulife Financial reserves the right to have proof of your total disability substantiated by an independent medical examination performed by a physician, therapist or specialist who is acceptable to Manulife Financial.

Payment of premiums will be waived while your disability continues, commencing with the first premium which falls due after benefits have been payable for one month. Premiums due prior to this time must be paid.

Waiting Period

The waiting period, shown on the Schedule of Benefits, is the period of time during which you must be continuously and totally disabled in order to qualify for benefit payments.

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Recurring Disability

If you cease to be totally disabled during the waiting period and then become disabled again from the same or related cause within 30 days of your return to active employment, the second period of disability will be treated as a continuation of the same disability. A recurrence of total disability after 30 days of active employment will be treated as a new disability.

If you cease to be totally disabled after you have completed the waiting period, and then become disabled again from the same or related cause within 6 months, it will be treated as a continuance of the same disability, and benefit payments will begin again without the completion of another waiting period. A recurrence of total disability after 6 months will be treated as a new disability.

Benefit Period

The benefit period, shown in the Schedule of Benefits begins after completion of the waiting period. Your benefit is paid monthly at the end of the month for which it is due. If you are totally disabled for a fraction of a month during the benefit period, your benefit payment will be calculated at a daily rate of one-thirtieth of the monthly benefit payment.

Extension Of Benefits

If this long term disability benefit terminates while you are receiving disability payments, your payments will continue according to the terms of the group policy.

Pre-Existing Conditions

If you have incurred medical expenses, or received care or treatment by a physician during the 90 day period prior to the effective date of your insurance, no benefit will be payable for any total disability resulting from the same or related cause until:

- you have not incurred medical expenses, or received care or treatment by a physician for a period of 90 days; or
- you have been insured for 12 consecutive months and the total disability commences after this period.

If this plan replaces a similar plan which was in effect until the day before this one began you will receive credit for continuous time insured under both plans for the purpose of applying this provision.

Co-Ordination Of Benefits

Your long term disability benefit **may** be reduced if you are entitled to benefits from other sources which begin on or after the date your total disability begins. These sources include:

- disability benefits under the Canada or Quebec Pension Plan (excluding benefits with respect to dependents)
- benefits under an Unemployment Insurance Commission Act, any Workers' Compensation Act or similar legislation.
- payments from any employer
- disability or retirement benefits under any group insurance or pension plan available through employment
- disability benefits under any no-fault automobile insurance law or similar legislation
- periodic payments provided under any government plan or law, or by any government agency

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A further reduction in your benefit may be made if the total of the monthly benefit and your income from other sources exceed 85% of your gross pre-disability monthly earnings. Your benefit payment will be subject to income tax if your employer contributes any portion of the premium for this benefit.

The benefit payable will also be reduced by the amount that the benefit payable plus all the amounts listed above plus any disability benefits payable to you under a group insurance plan sponsored by a professional association exceeds 100% of your gross pre-disability earnings.

Partial Disability Benefit

If you are totally disabled throughout the waiting period but subsequently return to work on a limited basis, you will be eligible to receive a partial disability benefit. This benefit is payable for the duration of the benefit period if you remain gainfully employed in a position approved by Manulife Financial and are under the supervision of a physician.

The partial disability benefit payable will be equal to the gross income benefit reduced by 50% of your gross earnings from gainful employment and any amounts paid to you from the sources listed under Co-ordination of Benefits.

The partial disability benefit will be further reduced by the amount that the sum of your gross earnings from gainful employment plus any amounts paid to you from the other sources listed under Co-ordination of Benefits exceeds 100% of your gross pre-disability earnings.

Exclusions

No long term disability benefits are paid:

- during any leave of absence regardless of the date disability begins. If disability occurs during leave of absence, the benefit period will begin on the date the waiting period ends or the date leave of absence ends, whichever is later. Maternity leave is a form of leave of absence and is deemed to begin on the date scheduled or the date of delivery, whichever is earlier
- during any period of prison confinement.

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Accidental Death and Dismemberment

The principal amount is equal to the amount of Group Life.

Reduction: Reduces 50% at age 65

Termination: Ceases at the earlier of retirement or age 70

Coverage

Covers any accident resulting in death, dismemberment, loss of sight, paralysis, speech or hearing, and loss of use - anywhere in the world - 24 hours a day - on or off the job.

Schedule Of Benefits

If any of the following losses occurs within one year after the date of the accident, the following benefits will be paid.

For Loss or Loss of Use of:

Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
The Entire Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and the Entire Sight of One Eye	The Principal Sum
One Foot and the Entire Sight of One Eye	The Principal Sum
One Arm or One Leg	Three-Fourths of The Principal Sum
One Hand or One Foot	Two-Thirds of The Principal Sum
The Entire Sight of One Eye	Two-Thirds of The Principal Sum
Thumb and Index Finger or at least Four Fingers of One Hand	One-Third of The Principal Sum

For Loss of:

All Toes of One Foot	One-Quarter of The Principal Sum
Speech and Hearing in Both Ears	The Principal Sum
Speech or Hearing in Both Ears	Two-Thirds of The Principal Sum
Hearing in One Ear	One-Third of The Principal Sum
For Total Paralysis of Both Upper and Lower Limbs (Quadriplegia)	Two Times The Principal Sum
Both Lower Limbs (Paraplegia)	Two Times The Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	Two Times The Principal Sum

The Loss must occur within 365 days of the accident.

Loss of hands, feet, arms or legs means complete separation. Other losses must be complete and irrevocable. Payment for loss of use will not be made until the loss of use has continued for 12 months and has been determined to be permanent.

There is a total payment limit of \$2,500,000 for all losses as the result of any one accident.

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Beneficiary

With reference to all eligible employees, indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary designated in writing by the Insured Person under the Holder's group life insurance policy or its replacement. All other indemnities payable are payable to the Insured Person.

Repatriation Benefit

If you sustain an accidental loss of life which becomes payable under the program, repatriation benefits of up to \$10,000 will be paid for expenses incurred for the return home of your body (including preparation charges for transportation). The death must occur at least 50 km from your residence.

"The above benefit shall only be payable under one of the policies issued by the Insurer".

Education

If you sustain an accidental loss of life for which an amount of Principal Sum becomes payable under the program, up to 5% of your Principal Sum, to a maximum of \$5,000, will be payable for each of your dependent children who are already enrolled in an institution for higher learning or who will do so within 365 days after your death.

The benefit is payable annually, for each year (up to 4 consecutive years) that the child continues school beyond the secondary school level.

Room, board or other ordinary living, travelling or clothing expenses are not covered.

If none of your children satisfy the above requirements, an amount of \$2,500 will be paid to your beneficiary.

Day-Care

If you sustain an accidental loss of life for which an amount of Principal Sum becomes payable under the program, up to 5% of your Principal Sum, to a maximum of \$5,000, will be payable for each of your dependent children under 13 years of age who are enrolled in a legally licensed day-care centre or who will do so within 365 days after your death.

Rehabilitation

If any Principal Sum loss becomes payable, this benefit will refund expenses incurred for your special training in a special occupation during the 3 year period following the loss, to a maximum of \$10,000.

"The above benefit shall only be payable under one of the policies issued by the Insurer".

Occupational Training

If you sustain an accidental loss of life for which an amount of Principal Sum becomes payable under the program, and your spouse must engage in a formal occupational training program in order to upgrade employment qualifications, this benefit will refund expenses incurred within 3 years following the date of your death, to a maximum of \$10,000.

Room, board or other ordinary living, travelling or clothing expenses are not covered.

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Permanent Total Disability

The Principal Sum will be paid to you in a lump sum, less any other amounts payable under the Specific Loss section as a result of the same accident, if you become totally disabled and the following conditions are met:

- The disability results from an injury occurring prior to age 70.
- The disability commences within 365 days of the accident.
- The disability prevents you from engaging in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience.
- The disability continues for 12 months, remains total and is permanent at the end of such period.

Family Transportation

If any specific loss covered under the program confines an insured to a hospital and such hospital is located at least 150 kilometers from the insured's residence, this benefit will refund expenses incurred by a member of the insured's immediate family for hotel accommodation and transportation (via the most direct route) to the insured's bedside, to a maximum of \$3,000. Private transportation expenses are limited to \$0.20 per kilometer travelled.

Room, board or other ordinary living, travelling or clothing expenses are not covered.

Seat Belt

If an insured is driving or riding in a vehicle and wearing a properly fastened seat belt at the time of the accident, and such insured sustains a specific loss for which an amount of Principal Sum becomes payable under the program, the amount of Principal Sum payable is increased by 10%.

The driver of the vehicle must hold a current and valid driver's license and must not be intoxicated nor under the influence of drugs, unless drugs are taken as prescribed by a physician, at the time of the accident.

Home Alteration And Vehicle Modification

If an insured sustains the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which an amount of Principal Sum becomes payable under the policy, this benefit will refund expenses incurred within 3 years following the accident, to a maximum of \$10,000, for the cost of alterations to the insured's principal residence and/or the cost of modifications to 1 motor vehicle utilized by the insured when such modifications are approved by licensing authorities where required, for the purpose of making them wheelchair accessible.

Aircraft Coverage

Your insurance under this benefit is payable if you are injured while riding as a passenger only, in any aircraft with a valid certificate of airworthiness. This includes aircraft operated by the Canadian Armed Forces or similar military service. However, no coverage is provided while riding in any aircraft owned, operated or leased by the policyholder.

Exposure And Disappearance

If you are unavoidably exposed to the elements because of an accident, and as a result suffer a loss for which benefits are otherwise payable, the loss will be covered under the terms of this program.

If you are not found within one year after the date of the disappearance, sinking or wrecking of the conveyance in which you were riding, it will be presumed that you died in the accident.

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Continuation Of Coverage

Coverage will be continued for you and your dependents during any approved leave of absence, temporary lay-off, maternity leave or disability leave in accordance with the same continuation of coverage provisions under the Basic Life policy, provided payment of premium is continued.

Waiver Of Premium

If, as the result of total disability, you are approved for waiver of premium and remain eligible for such under the terms of your employer's Group Life Insurance contract, you need not pay any further premiums under the program for yourself and your dependents.

Conversion Privilege

Upon termination of your insurance and provided the program is still in effect, you may convert your own insurance (and not your dependents'), without evidence of insurability, into an individual accident policy.

You must apply prior to age 65 and within 31 days of the termination of your coverage.

Retirement

If you retire prior to age 65, coverage may be continued for you and your dependents until you reach age 65, provided payment of premium is continued.

Coverage may be continued after age 65, subject to the following:

1. Your Principal Sum will be limited to \$100,000
2. Paralysis benefits will not exceed 100% of the Principal Sum; and
3. Your coverage will terminate at age 70.

Exclusions

No coverage is provided for any loss, fatal or non-fatal, caused or contributed to by:

1. suicide or any suicide attempt;
2. declared or undeclared war;
3. active full-time service in the armed forces of any country;
4. flying as a pilot or crew member on any aircraft.

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General Provisions

Employee

A person who is a permanent Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Contract as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for all benefits under this Contract, an Employee, must be required to work a minimum of 20 hours per week for the Contract Holder.

All eligible Employees must apply for coverage within 31 days of becoming eligible for coverage and maintain coverage, except Employees covered under another group plan through a spouse or other employer.

Once approved for coverage an Employee is referred to as a Member.

Dependent

The Member's eligible Spouse and Children as defined below.

1. Spouse shall mean a person who is legally married to the Member, or who is not legally married to the Member but has continuously resided with the Member for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Member requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Member shall be considered to be the covered spouse. Discontinuance of cohabitation with the Member shall terminate coverage of the common-law spouse.

The Member cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Member's natural, adopted or stepchildren of the Member or Member's Spouse; or any other children for whom the Member or Member's Spouse has been appointed guardian. Such children must:
 - (a) be dependent on the Member for financial care and support,
 - (b) not be legally married or in a common law relationship that is 12 months or more in duration; and
 - (c) be less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried and unemployed children over 21 years of age shall qualify, if they are dependent upon the Member by reason of a mental or physical disability, and have been continuously disabled prior to attaining age 21. Unmarried children who become totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 25, and have been continuously disabled since that time shall also qualify as a Dependent.

A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

The children of the Member's common-law spouse shall be covered provided the children are dependent upon the Member for financial care and support.

All changes to add or delete eligible Dependents must be made in writing to Blue Cross.

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Life and Disability

Your insurance, excluding any amount exceeding the no evidence limit, will begin on the first day of eligibility.

The no evidence limit is the maximum amount of insurance for which you will become insured without having to submit medical evidence. You will be covered for amounts of insurance exceeding the no evidence limit upon approval of medical evidence by Manulife Financial.

If you are not actively at work due to illness or injury, on the day your insurance otherwise begins, the insurance will take effect on your return to work

Continuation Of Life/Disability Insurance

If you are on temporary lay-off your insurance may continue until the end of the 90 days following the day in which you ceased to be actively at work.

If you are on vacation, strike or lock-out, your insurance may continue until the end of the month following the month in which you ceased to be actively at work.

If you are on leave of absence your insurance may continue until the end of the 12th month following the month in which you ceased to be actively at work, provided no other employment is accepted.

Subject to prior approval of the employer and the insurance companies, your insurance may continue for an additional period of up to 12 months, provided the further period of leave of absence is for purposes of maternity, adoption or professional development in the academic sense.

At retirement your group insurance may be continued (with the exception of Long Term Disability benefit) up to age 70, if you

- have attained age 55 prior to the date of your retirement,
- have a minimum of 10 years cumulative employment with the employer,
- remain a resident of Canada, and
- apply for continuation of benefits prior to the date of your retirement.

Reinstatement Of Life/Disability Insurance

If your insurance is terminated during a leave of absence or temporary lay-off, strike or lock-out you will be eligible for insurance again on the date you return to active employment, if your return is 6 months or less from the date your leave of absence or layoff began. If you return to active work more than 6 months later, you must complete the eligibility waiting period again before your insurance will begin.

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Conversion Privilege

Health and Dental

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Contract, then the Member may apply within 31 days of the termination date of this Contract to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Survivor Benefit

In the event of a Member's death, Blue Cross will waive the monthly Member rates and continue benefits for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 24 months.

Conversion Privilege

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Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most pharmacies will bill Blue Cross directly.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most hospitals will bill Blue Cross directly.
3. * Extended Health benefits are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

Note: Some Extended Health service providers are eligible to bill Blue Cross directly for payment.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel claim form.
5. * Vision Services are covered on a reimbursement basis. The Participant must complete a claim form approved and supplied by Blue Cross and submit an official paid receipt in support of the amount claimed, as required.

Note: Some Vision Service providers are eligible to bill Blue Cross directly for payment.

6. * Dental Claim Forms must be completed by the dental office at the time the dental treatment is provided. The provider may elect to bill Blue Cross directly for payment, or may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

* NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Claim forms may be obtained from any pharmacy, dental office or any Blue Cross office.

Claim forms can also be obtained from the Alberta Blue Cross website at www.ab.bluecross.ca/forms.php

Claims may also be submitted to Alberta Blue Cross online via the Alberta Blue Cross secure website for plan members. Sign in at www.ab.bluecross.ca and following the instructions to submit your eligible claim online.

As required by legislation, for insured benefits, if you reside in Alberta or British Columbia, you may obtain copies of the following documents; your enrollment form or application for insurance, and any written statements or other records, not otherwise part of the application, provided to Blue Cross as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the contract.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies. All requests for copies of documents should be requested in writing to Blue Cross.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Claiming Provisions

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Claiming Benefits - Life and Disability

1. To file a claim:

- obtain a claim form from your employer
- complete the employee section
- attach the necessary supporting documents and/or information:

Life: proof of death

Disability: completion of Attending Physician's portion of form

Your completed claim form should be given to your employer or plan administrator who will forward it to the nearest Manulife Financial Benefit Payment Office responsible for handling your type of claim. If you have any questions or concerns about your claim or how to complete the claim form, please contact your employer or plan administrator.

Written notice and proof of a disability claim must be submitted to Manulife Financial within 90 days of the end of the waiting period. Any other type of claim must be submitted within 12 months of the date of the claim.

Misrepresentation/Fraud

Coverage for Participants may be suspended or terminated by Blue Cross immediately, without notice, if a Participant:

- assists a person to obtain, or attempt to obtain, Benefits for which such person is not eligible;
- assists or knowingly participates in any act with a Provider that has the purpose or effect of enabling the Provider or a Participant to submit false, misleading or fraudulent claims; or
- makes any false statements, knowingly provides false information or withholds material information to obtain benefits for which he is not eligible.

The Member must reimburse Blue Cross for any amounts received from Blue Cross in such circumstances.

Blue Cross may, in its discretion, from time to time, review the qualifications, practices and claims of Providers and deem certain Providers ineligible. In such case, Blue Cross reserves the right, in its sole discretion, to refuse to accept claims submitted to it by or on behalf of a Participant in relation to that Provider.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health, dental and life and disability benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enroll them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.