

# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **Benefits Booklet**

*for  
Management Staff*

*Alberta Blue Cross Group Number: 19162 - AM*

*Effective Date: January 1, 2019*

*Issue Date: June 2022*



**FORT MCMURRAY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION**

**Alberta Blue Cross Group Number:** 19162 - AM  
**Effective Date:** January 1, 2019  
**Eligibility Period:** Exact date of permanent employment  
**Employee Classification:** Management Staff

**Schedule of Benefits**

**Health and Dental Benefits**

Underwritten by: Alberta BlueCross

**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

*Schedule of Benefits*

**FORT MCMURRAY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION**

**Summary of Benefits**

**Health and Dental Benefits**

**Health Plan**

**Prescription Drug Benefits**

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

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# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **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.

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## Hospital Benefits

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

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## 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.

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## Extended Health Benefits

<b>Coverage Level:</b>	100%
<b>Accidental Dental:</b>	Repair, extraction and/or replacement of natural teeth to \$1,000 lifetime maximum per tooth
<b>Ambulance Services:</b>	To a maximum set in the current Blue Cross schedule of ambulance rates.
<b>Ancillary Services:</b>	
<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
<b>Braces:</b>	* \$500 per brace per Participant in a 2 year period
<b>Diabetic Supplies:</b>	\$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
<b>Endovenous Laser Therapy:</b>	\$5,000 lifetime per Participant
<b>Foot Orthotics:</b>	* \$200 per Participant each Benefit Year
<b>Hearing Aids:</b>	\$3,000 per Participant in a 3 year period
<i>Supplementary Benefit Due to an Accident</i>	\$3,000 lifetime per Participant
<b>Home Nursing Care:</b>	* Lifetime maximum of 4,000 hours per Participant
<b>Ileostomy, Colostomy, Incontinence Supplies:</b>	\$1,000 per Participant each Benefit Year
<b>Insulin Pump and Supplies</b>	\$4,400 per Participant in a 4 year period
<b>Mastectomy Prosthesis:</b>	* \$400 per Participant in a 12 month period
<b>Medical Aids:</b>	
<i>Allergy Testing Materials</i>	\$40 per test per Participant
<i>Bandages, Dressings &amp; 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

## **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

### **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

# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **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.



# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## 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.

<b>Coverage Level:</b>	100%
<b>Benefit Period:</b>	Unlimited
<b>Maximum:</b>	\$5,000,000 in Canadian funds per Participant, per incident
<b>Reduction:</b>	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
<b>Accidental Dental:</b>	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
<b>Air Ambulance:</b>	Included
<b>Ambulance Services:</b>	To the nearest qualified medical facility
<b>Cremation or Burial:</b>	Cost of cremation or burial at place of death, to a maximum of \$2,500
<b>Dental Pain Relief:</b>	\$300 per Participant per trip
<b>Diagnostic Services:</b>	Laboratory services and x-rays
<b>Drugs:</b>	Included
<b>Expenses to Visit the Covered Person:</b>	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
<b>Hospital Accommodation:</b>	Included
<b>Identification of Deceased:</b>	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of 3 days per incident
<b>Incidental Expenses:</b>	\$50 per day to a maximum of \$500 per inpatient per hospital stay
<b>Meals and Accommodations:</b>	\$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
<b>Medical Aids:</b>	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

## **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

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

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### **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).

## **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

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, a alcohol or the use of non-prescription drugs; or
  - driving a motorized vehicle while impaired by drugs, toxic substances or a 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).

**FORT MCMURRAY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION**

**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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# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## Dental Plan

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

### Basic Benefits

<b>Adult:</b>	Participants 19 years of age and older
<b>Child:</b>	Participants under 19 years of age
<b>Coverage Level:</b>	100%
<b>Maximum:</b>	\$2,500 per Participant each Benefit Year Combined maximum with Extensive Benefits
<b>Diagnostic Services:</b>	
<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
<b>Preventive Services:</b>	
<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
<b>Restorative Services:</b>	
<i>Restorations</i>	Included
<b>Oral Surgery:</b>	
<i>Oral Surgery</i>	Included
<b>Endodontics:</b>	
<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 24 month period
<b>Periodontics:</b>	
<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

**FORT MCMURRAY ROMAN CATHOLIC  
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<b>General Anesthesia/Conscious Sedation:</b>	When required in the course of dental treatment
<b>Medication and Administration:</b>	Included when provided by injection in the dentist's office
<b>Denture Services:</b>	
<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
<b>Bruxism Appliances:</b>	1 upper and/or 1 lower per Participant in any 24 month period
<i>Relines</i>	Included
<b>Pre-Authorization Amount:</b>	\$800

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## FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

### Extensive Benefits

<b>Adult:</b>	Participants 19 years of age and older
<b>Child:</b>	Participants under 19 years of age
<b>Coverage Level:</b>	50%
<b>Maximum:</b>	\$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 &amp; 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

<b>Major Denture Repairs:</b>	Included
<b>Bridge Repairs:</b>	Included
<b>Pre-Authorization Amount:</b>	\$800

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## FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

### Orthodontic Benefits

<b>Adult:</b>	Participants 19 years of age and older
<b>Child:</b>	Participants under 19 years of age
<b>Coverage Level:</b>	50%, unless otherwise indicated
<b>Maximum:</b>	\$3,000 lifetime per Participant
<b>Diagnostic Services:</b>	
<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
<b>Habit-Breaking Appliances:</b>	Included
<b>Interceptive, Interventive, Preventive:</b>	
<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
<b>Pre-Authorization:</b>	Treatment Plan Required

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# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **Termination of Benefits**

### **Health and Dental Termination of Benefits**

Benefit coverage terminates at 12:01 a.m. on the 1st of the month following the earlier of the Member's termination of employment or attainment of age 70.

# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **Health Spending Account (HSA)**

<b>HSA Benefit Year:</b>	September 1st - August 31st
<b>Minimum Payment Amount:</b>	\$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
<b>Credit Allocation:</b>	Credits are deposited to your HSA by your employer on a monthly basis.
<b>Carry Forward:</b>	Unused HSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
<b>Run Off:</b>	A 3 month run-off period will exist after the end of each Benefit Year to submit claims.
<b>Grace period:</b>	Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date.

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### **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.

# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **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.

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## 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.

## **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

### **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*

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## 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](http://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](http://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.

# **FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION**

## **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](http://www.ab.bluecross.ca) or are available upon request by calling Blue Cross.