

What is not covered?

The following are not covered under the program:

1. Claims for benefit expenses incurred prior to the effective date of coverage.
2. Claims for benefit expenses received by Alberta Blue Cross more than 12 months after the service was provided.
3. Services covered by the Alberta Health Care Insurance Plan (AHCIP).
4. Charges for drugs supplied directly and charged for by a physician, with the exception of allergy serums.
5. Registration, admission or user fees charged by a hospital.
6. Drug products not listed in the *Alberta Drug Benefit List*. Ask your pharmacist and/or physician if your prescribed medication is on this list.
7. Semi-private or private hospital room.
8. Travel insurance for emergency hospital and medical expenses outside of the province or country.

How to claim for benefits

Each subscriber is provided with an Alberta Blue Cross ID card issued in the name of the AHCIP account holder (maximum of two cards).

For eligible prescription drugs, you are responsible for paying 30 per cent of the cost, to a maximum of \$25 for each drug prescribed. The program covers the remaining eligible portion, billed directly to Alberta Blue Cross by the pharmacy. Show your Alberta Blue Cross ID card at the time of purchase.

If you are covered by more than one supplementary health benefit plan, eligible expenses may be coordinated between plans to maximize your benefits.

Expenses for eligible diabetic supplies may be billed directly to Alberta Blue Cross by the pharmacy. Present your Alberta Blue Cross ID card at the time of purchase.

To claim reimbursement for other eligible expenses, submit your claim on an Alberta Blue Cross claim form, available at any Alberta Blue Cross office, Alberta pharmacy, or on the Alberta Blue Cross website at (www.ab.bluecross.ca).

To be eligible for reimbursement, claims must be received by Alberta Blue Cross within 12 months of the service date. The service must have been provided after the effective date of your coverage.

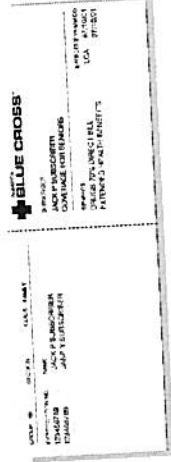
If you have any questions about your claim, please call Alberta Blue Cross.



Coverage for Seniors



The identification number of the individual who received the service should be quoted on all claims and correspondence sent to Alberta Blue Cross. This number is displayed on the back of your Alberta Blue Cross card.



For more information on **claims or benefits**, or to **locate the Alberta Blue Cross office nearest you**,

please contact **Alberta Blue Cross** at:

- **780-498-8000** (Edmonton and area)
- **403-234-9666** (Calgary and area)
- **1-800-661-6995** (toll free)
- e-mail via **www.ab.bluecross.ca**

For more information on **coverage**, please contact **Alberta Health** at:

- **780-427-1432** (Edmonton and area)
- toll-free for the rest of Alberta to **310-0000** and then **780-427-1432**
- **dial 711** for TTY for the Deaf and Hard of Hearing
- website at **www.health.alberta.ca**
- e-mail via **health.ahcipmail@gov.ab.ca**

Supplementary health coverage
for Alberta seniors



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Please note: The information contained in this brochure is a summary of benefits, restrictions and limitations applying to the Alberta Blue Cross Coverage for Seniors program. This summary does not constitute a contract. Rules and regulations governing participation are available from Alberta Blue Cross or Alberta Health.

Revised March 2013

Introduction

The Government of Alberta provides premium-free Alberta Blue Cross Coverage for Seniors for health-related services not covered by the Alberta Health Care Insurance Plan (AHCIP). This coverage is available to all Albertans 65 years of age and older and all recipients of the Alberta Widows' Pension, and their dependants. Alberta Blue Cross administers Coverage for Seniors on behalf of Alberta Health.

This program does not provide travel coverage. If you are planning to travel outside of the province or country, it is strongly recommended you purchase travel insurance to cover emergency hospital and medical expenses.



Qualifying for premium-free coverage

When an Alberta resident reaches 65 years of age, the resident and all eligible dependants automatically qualify for premium-free Alberta Blue Cross Coverage for Seniors, sponsored by Alberta Health.

In order to be registered, seniors must provide proof of being 65 years of age or older such as a birth certificate, old age pension entitlement, passport, immigration record, or naturalization or citizenship certificate.

Single coverage—available to Alberta residents with no dependants

Family coverage—available to Alberta residents and eligible dependants*

1. Spouse (husband or wife)
2. Adult interdependent partner**
3. Unmarried children under 21 years of age who are fully dependent on the subscriber
4. Unmarried children under 25 years of age who are in full-time attendance at an accredited educational institute

5. Unmarried children 21 years of age or older who are fully dependent on the subscriber because of a mental or physical disability

Alberta Health-sponsored supplementary plans cover pre-existing health conditions—no medical review is required.

The Government of Alberta also offers Non-Group Coverage for Albertans under the age of 65. For more information, please contact Alberta Health or Alberta Blue Cross.

*The same dependants covered under the subscriber's AHCIP account must be included on the subscriber's Coverage for Seniors.

**An adult interdependent partner is a person who lives together with another person in a relationship of interdependence.

- for a continuous period of not less than 3 years, or
- of some permanence, if there is a child of the relationship by birth or adoption, or
- if the subscriber and partner have entered into an adult interdependent partner agreement.

Benefits

Prescription Drugs

Prescription drugs listed in the *Alberta Drug Benefit List* (www.health.alberta.ca) are covered.

The co-payment (the portion of the prescription cost you pay to your pharmacy when you have your prescription filled) is 30 per cent to a maximum of \$25. For most prescriptions, you will not pay more than \$25 for each prescription.

There are a few cases when you might have to pay more than the \$25 co-payment maximum:

- If your drug is not listed in the *Alberta Drug Benefit List*; or
- If you want a more expensive brand of drug than the lowest-cost or generic brand; or
- If the brand of drug you want costs more than the maximum cost set by Alberta Health for that drug.

To avoid surprises, ask your pharmacist about the cost of your prescription before it is filled.

Diabetic Supplies

For insulin-treated diabetics only. Up to a maximum of \$600 per eligible person each benefit year for diabetic supplies purchased from a licensed pharmacy. Diabetic supplies include needles, syringes, lancets and urine and blood glucose testing strips.

Ambulance Services

Ambulance service charges to the maximum rate established by Alberta Health for transportation to or from a public, general, active treatment hospital in the event of illness or injury are covered. Transportation must be provided in a ground vehicle licensed under the *Emergency Health Services Act* and regulations. It does not include inter-facility transfer by ambulance.

Clinical Psychological Services

Up to \$60 per visit to a maximum of \$300 per family each benefit year for treatment of mental or emotional illness by a registered chartered psychologist is covered.

Home Nursing Care

Coverage up to \$200 per family each benefit year for nursing care provided in the patient's home by written order of a physician is provided. Home nursing care must be provided by a registered nurse or licensed practical nurse who is not a relative of the patient.

Chiropractic Services

Up to \$25 per visit to a maximum of \$200 per person each benefit year for services provided by a chiropractor who is lawfully entitled to practise.

The benefit year is July 1 to June 30.