

THE UNIVERSITY OF LETHBRIDGE

Benefits Booklet

for
PostDocs

Alberta Blue Cross Group Number: 21105 - 017

Effective Date: January 1, 2018

Issue Date: December 2017



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Alberta Blue Cross Group Number: 21105 - 017
Effective Date: January 1, 2018
Classification: PostDocs

Schedule of Benefits

Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Health Benefits

Prescription Drugs

Payment Basis: Reimbursement
Co-payment: 70%

Ambulance

Co-payment: 100%

Out of Province Emergency Travel

Co-payment: 100%
Benefit Period: 30 Days

Dental Benefits

Basic

Co-payment: 70%
Maximum: \$2,000 per Participant each Benefit Year

Fee Schedule

2017 Alberta Blue Cross Dental Schedule®

Employee and Family Assistance Program

Benefit Year January 1st - December 31st

**Limitations or maximums may apply.
Please see complete benefit booklet for further information.**

Schedule of Benefits

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.

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Reimbursement
Coverage Level:	70%
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Generic Pricing:	Applied
Allergy Serums:	Included
Contraceptive Drugs:	Included

Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **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.
3. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.

Extended Health Benefits

Coverage Level:	100%
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates

Limitations

1. Ambulance Services – Eligible Expenses for services of a professional ground ambulance required to transport a patient, who is ill or has an injury, to or from the nearest hospital able to provide appropriate medical care. The ambulance must be licensed to operate in the jurisdiction where the service was rendered.

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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:	30 Days
Maximum:	\$5,000,000 in Canadian funds per Participant, per incident
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
Restrictions:	The Out of Province Emergency Travel Benefits will only cover the first 30 days per trip

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
 - 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).

Dental Plan

Fee Schedule:

2017 Alberta Blue Cross Dental Schedule®

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	70%
Maximum:	\$2,000 per Participant each Benefit Year
Diagnostic Services:	
<i>Complete Oral Exam</i>	Adult 1 per Participant per Health Care Professional in a 9 month period Child 1 per Participant per Health Care Professional in a 6 month period
<i>Any other Oral Exam</i>	Adult 1 per Participant per Health Care Professional in a 9 month period Child 1 per Participant per Health Care Professional in a 6 month period
<i>Emergency Exams</i>	When necessary due to the sudden development of dental pain or an accidental injury to the oral cavity
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant in a 24 month period
<i>Bitewing Imaging</i>	Adult 1 set per Participant in a 9 month period Child 1 set per Participant in a 6 month period
<i>Intra-Oral Imaging</i>	15 sets, other than bitewing, per Participant in a 3 year period
<i>Complete Intra-Oral Imaging</i>	1 set per Participant in a 24 month period
<i>Sialography</i>	Included
<i>Extra oral Imaging</i>	Included - other than panoramic and sialography
<i>Radiopaque Dyes</i>	Used to demonstrate lesions
<i>Interpretation</i>	Imaging or models from another source
<i>Consultations</i>	Only when performed by another Health Care Professional
<i>Tests and Laboratory Reports</i>	Microbiological, histological, cytological and pupal vitality tests

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Preventive Services:

<i>Polishing</i>	Adult	1 time unit per Participant in a 9 month period
	Child	1 time unit per Participant in a 6 month period
<i>Fluoride Treatment</i>	Adult	1 per Participant in a 9 month period
	Child	1 per Participant in a 6 month period
<i>Pit and Fissure Sealants</i>		1 per tooth in a 5 year period for Children under 17 years of age
<i>Space Maintainers</i>		Included
<i>Therapeutic Injections</i>		Included

Restorative Services:

<i>Amalgam and Composite Restorations (Fillings)</i>		1 per tooth surface in a 12 month period
<i>Replacement Fillings</i>		Only if the existing filling is at least 1 year old or the existing filling was not covered under this Plan
<i>Plastic Preformed or Stainless Steel Crowns</i>		Only when the tooth cannot be adequately restored to form and function with a filling
<i>Prefabricated Crowns</i>		For primary teeth
<i>Retentive Pins and Prefabricated Posts</i>		For fillings

Oral Surgery:

<i>Oral Surgery</i>		Included
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Endodontics:

<i>Pulpal/Root Canal Therapy</i>		1 course of treatment per permanent tooth Repeat treatment is covered only if the original therapy fails after the first 18 months
<i>Apexification</i>		Included
<i>Periapical Services</i>		Apicoectomies are covered for permanent teeth only

Periodontics:

<i>Scaling and Root Planing</i>		8 time units combined per Participant in a 12 month period
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Denture Services:

<i>Repairs</i>		Included
<i>Removal and Recementation of Bridgework</i>		Included
<i>Rebases</i>		Included
<i>Relines</i>		Included
<i>Resilient Liner in Relined or Rebased Dentures</i>		Included
<i>Adjustments</i>		Included
<i>Tissue Conditioning</i>		Included
<i>Repairs/Additions/Resetting of Denture Teeth</i>		Included

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General Anesthesia:	When required in the course of covered dental treatment/surgery
<i>Facilities/Equipment/Supplies</i>	When a separate anesthetic is required
Periodontal Services:	
<i>Occlusal Adjustment and Equilibration</i>	16 time units in a 12 month period
<i>Periodontal Appliances</i>	Including Adjustments, Relines and Repairs
Periodontal Treatment Procedure:	
<i>Surgical</i>	
Periodontal Surgery	Included
Osseous Surgery	Included
Osseous Grafts	Included
Soft Tissue Grafts	Included
<i>Non-Surgical</i>	
Provisional Splinting	Included
Appliances:	For the control of harmful habits, including related observations, adjustments, repairs alterations and removal
Finishing Restoration:	Included
Interproximal Disking:	Included
Recontouring of Teeth:	Included
Pre-Authorization Amount:	\$800

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Contract Maximums and Termination of Benefits

Health and Dental Maximum

A combined lifetime maximum of \$1,000,000 per Participant applies to all Benefits, excluding Out of Province Emergency Travel Benefits.

Out of Province Emergency Travel Benefits are subject to a \$5,000,000 Canadian maximum per Participant, per incident.

Health and Dental Termination of Benefits

Benefit Coverage terminates on the exact date of termination of your PostDoc contract.

Out of Province Emergency Travel Benefits for active PostDocs will terminate at 12:01 AM on the 1st of the month following the PostDocs attainment of age 70.

Employee and Family Assistance Program (EFAP)

Service Units:

12 per Participant each Benefit Year

From time to time we all have to deal with difficult or stressful events in our lives. Most of the time, we handle these personal challenges fairly well on our own. At other times however, our personal problems can become significant enough that they begin to interfere with our effectiveness, happiness, and safety at work or at home.

The Employee and Family Assistance Program (EFAP) has been designed to help you solve these problems. It provides confidential, professional counselling for a broad range of personal and family problems. While the program can be used for crisis intervention, the ideal time to use the program is early on, before the problems become so difficult that they put you at serious risk.

The EFAP is a pro-active option for helping you manage your personal health and happiness.

You and your eligible dependents can each receive up to twelve hours of counselling services per benefit year provided through the EFAP. Counselling services are provided either in person, over the phone or through a secure Internet site.

The EFAP offers confidential, professional counselling (and referrals, when required) for you or your family's personal difficulties such as:

- emotional or physical problems
- marital or family problems
- financial and legal difficulties
- work-related problems
- bereavement
- pre-retirement planning
- stress
- gambling
- alcohol or drug dependencies
- sexual harassment or abuse

If you require assistance, simply call Homewood Health at one of the number listed below anytime of the day or week. You will be asked, confidentially, for some basic registration information to establish your eligibility for this benefit. Then the assistance needed will be arranged. If counselling is required, an experienced psychologist or counsellor will help assess your concerns and aid you in developing practical solutions. If other assistance is recommended, the counsellor will connect you to the appropriate resource.

Homewood Health is contracted to provide and coordinate all services. If counselling is required, a registered psychologist or counsellor in the Homewood Health network will provide it. All Homewood Health counsellors have extensive experience helping individuals with their problems. If longer-term counselling, hospital treatment or specialized services (such as medical, legal or financial help) are required, your counsellor will arrange an appropriate referral and follow-up with you.

Counsellors are required by law to maintain the strictest confidentiality. No one who inquires about - or receives services - under this plan will be identified to anyone without your written approval. You won't be identified to anybody - including your employer.

To speak with someone confidentially, contact Homewood Health at one of the numbers listed below or on-line at www.homewoodhealth.com.

Contact Numbers

Toll Free English	1 800 663 1142
Toll Free French	1 866 398 9505
TTY (Hearing Assistance)	1 888 384 1152
International (Call Collect)	1 604 689 1717

PostDoc

A person who is a PostDoc and is employed for wages or salary from the Contract Holder and who meets the Contract Holders eligibility requirements for benefits as per appropriate Employee agreements or employment contracts.

In order to be eligible for benefits a PostDoc is required to work at least the minimum hours per week as identified by the Contract Holder.

Dependent

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

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

The PostDoc 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 PostDoc shall be considered to be the covered spouse. Discontinuance of cohabitation with the PostDoc shall terminate coverage of the common-law spouse.

The PostDoc 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 PostDoc's natural, adopted or stepchildren of the PostDoc or PostDoc's Spouse; or any other children for whom the PostDoc or PostDoc's Spouse has been appointed guardian. Such children must:
 - (a) Unmarried,
 - (b) be dependent on the Member for financial care and support,
 - (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,
 - (d) unemployed or working less than 30 hours per week unless they are in full-time attendance at an accredited educational institution, college or university.

Unmarried and unemployed children over 21 years of age shall qualify, if they are dependent upon the PostDoc 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 PostDoc 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 PostDoc's common-law spouse shall be covered provided the children are dependent upon the PostDoc for financial care and support.

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

Conversion Privilege

Health and Dental

Conversion Privilege

If a PostDoc's coverage ceases because of termination of employment, or termination of membership in the class of PostDocs eligible for coverage under this Contract, then the PostDoc 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 PostDoc'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.

Conversion Privilege

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a reimbursement basis. Claim forms may be obtained from any pharmacy, your local Blue Cross office, Blue Cross website, University of Lethbridge website, or University of Lethbridge Pension and Benefits - HR.
 2. * Ambulance Services are covered on a reimbursement basis. The PostDoc must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy, your local Blue Cross office, Blue Cross website, University of Lethbridge website or University of Lethbridge Pension and Benefits - HR.
 3. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at your local Blue Cross office, Blue Cross website or University of Lethbridge Pension and Benefits - HR.
 4. * Dental Claim Forms must be completed by the dental office at the time the dental treatment is provided.

Dental Claim Forms may be obtained from your Health Care Professional's office or your local Blue Cross office, Blue Cross website, University of Lethbridge website or University of Lethbridge Pension and Benefits - HR.

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. Terminated Members must submit claims for Eligible Expenses within 30 days of their termination date.

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.

Misrepresentation/Fraud

Coverage for Participant 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 PostDoc 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 PostDocs 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.