

FORT MCMURRAY CATHOLIC
BOARD OF EDUCATION

Benefits Booklet

for
Support Staff, CUPE

Alberta Blue Cross Group Number: 19162 - B

Effective Date: January 1, 2006

Issue Date: March 2010



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Alberta Blue Cross Group Number: 19162 - B
Effective Date: January 1, 2006
Eligibility Period: 1st of the month following 3 months of employment
Employee Classification: Support Staff, CUPE

Schedule of Benefits

Extended Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Extended Health Benefits

Prescription Drugs
Hospital
Health
Out of Province Emergency Travel
Vision Care

Dental Benefits

Basic
Extensive
Orthodontic

Benefit Year

January 1st - December 31st

Schedule of Benefits

Summary of Benefits

Extended Health and Dental Benefits

Extended Health Plan

Payment Basis:	Direct Bill
Co-payment:	100%
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL)* Selected Over the Counter Products dispensed on a prescription Convention Drugs
Least Cost Alternative Pricing:	Applied
Aerochamber Device:	\$40 per Participant in a consecutive 24 month period
Allergy Serums:	Included
Fertility Products:	\$800 per Participant in a consecutive 12 month period
Oral Contraceptive Drugs:	When prescribed for the treatment of disease, abnormality or dysfunction
Contraceptive Drugs other than Oral:	Excluded
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:	\$500 Lifetime per Participant
Weight Loss Products:	Excluded

* Selected drugs may be considered for coverage through a special authorization process. Special authorization is a process where a physician requests coverage for medications as it pertains to their patient's condition. The list of drugs and their clinical criteria for coverage are specified in the current Alberta Blue Cross Drug Benefit List.

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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. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
3. **Least Cost Alternative:** The lowest cost product within a set of interchangeable drug products. Interchangeable drug products contain the same active ingredients, in the same amounts and same dosage form as a corresponding product made by another manufacturer.
4. **Least Cost Alternative Price:** The maximum unit price that will be paid for a product within an interchangeable grouping as published by Blue Cross.
5. **Over the Counter Drugs:** Drugs not requiring a prescription by law and are usually available for sale in the self-selection area of a pharmacy.
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. **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

Co-payment:	100%
Private/Semi-Private Rooms:	Direct payment basis
Auxiliary Care:	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 treatment 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, as used in this Contract, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Auxiliary Care:** 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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Health Benefits

Co-payment:	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

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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

Medical Care (Outside Alberta):

Expenses for non-emergent treatment when not available in Alberta

Medical Durable Equipment:

<i>Hospital Beds</i>	* \$2,000 per lifetime per Participant
<i>Iron Lungs</i>	* Included
<i>Other Approved Medical Durable Equipment</i>	* Included
<i>Phototherapy Lights</i>	\$300 per lifetime per Participant
<i>Physical Rehabilitation Equipment</i>	\$300 per lifetime per Participant
<i>Respiratory and Sleep Apnea Equipment</i>	* \$2,500 per Participant in a 5 year period
<i>Ultra Violet Lights</i>	\$300 per lifetime per Participant
<i>Wheelchairs/Scooters</i>	* \$4,000 per Participant in a 4 year period
	* \$1,000 per Participant in a 2 year period

Orthopaedic Shoes:

Paramedical Practitioners:

<i>Acupuncturist*/ Chiropractor/ Physiotherapist</i>	\$40 per visit to a maximum of \$700 per Practitioner subject to an overall combined maximum of \$1,200 per Participant each Benefit Year
<i>Audiologist</i>	Included
<i>Chiropracist/Podiatrist</i>	\$40 per visit to a maximum of \$700 per Participant each Benefit Year
<i>Massage Therapist</i>	\$50 per visit to a maximum of \$400 per Participant each Benefit Year
<i>Midwife</i>	\$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
<i>Naturopath</i>	\$20 per visit to a maximum of \$200 per Participant each Benefit Year

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*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

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. Blood Testing Monitor – The purchase of a blood testing monitor at Blue Cross' discretion.
3. Hearing Aids – Purchase, repair or maintenance of hearing aids.
4. Home Nursing Care requires prior approval from Blue Cross.
5. 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.
6. Insulin Pump and Supplies – The purchase of insulin pump requires the written order of a Health Care Professional.
7. Respiratory and Sleep Apnea Equipment – Eligible expenses for the purchase of a nebulizer compressor, peak flow monitor, continuous positive airway pressure (CPAP) machine.
8. Wigs and Hairpieces – Eligible expenses for wigs or hairpieces required as a result of radiation or chemotherapy.
9. Acupuncturist – Eligible expenses on the written order of a Health Care Professional for services provided by a registered Acupuncturist.
10. Audiologist – Eligible expenses provided by a licensed Audiologist.
11. Chiropracist/Podiatrist – Eligible expenses for services or supplies provided by a licensed Chiropracist or Podiatrist.
12. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor.
13. Massage Therapist – Eligible expenses for therapeutic massages provided by a registered Massage Therapist to treat a medical condition.
14. Midwife – Eligible expenses for services provided by a licensed Midwife.
15. Naturopath – Eligible expenses for services provided by a licensed Naturopath.
16. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist.
17. 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.

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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 of residence.

Co-payment:	100%
Benefit Period:	Unlimited
Maximum	\$2,000,000 in Canadian funds per Participant per incident
Accidental Dental:	\$2,000 per Participant per accident to natural 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:	\$200 per Participant per trip
Diagnostic Services:	Laboratory services, x-rays, blood and blood plasma
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$150 per day per Participant to a maximum of \$1,500 per incident
Hospital Accommodation:	Included
Incidental Expenses:	\$100 per inpatient per hospital stay
Meals and Accommodations:	\$150 per day per Participant to a maximum of \$1,500 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 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
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 attending Health Care Professional 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. Refusal to comply with the transfer request will absolve Blue Cross of any further liability.
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.
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. Blue Cross will not pay for services if travel is booked or commenced contrary to recommendations of the Canadian Department of Foreign Affairs and International Trade.

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7. Blue Cross may request proof of departure upon receipt of claim.
8. Blue Cross shall not pay for any benefit relating to an unborn or new born child, pregnancy, miscarriage, childbirth or complications of any of these conditions occurring nine weeks prior to, or any time after the expected date of birth.
9. Blue Cross will not pay for expenses incurred due to:
 - mental or nervous disorder unless Participant is hospitalized; or
 - seeking medical, second opinion advice or treatment intentionally or incidentally, even if the trip is on the medical recommendation of a Health Care Professional; or
 - suicide, attempted suicide or self inflicted injury, whether sane or insane; or
 - abuse of medication, toxic substances, alcohol or 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.

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Vision Care Benefits

Co-payment:	100%
Maximum:	\$350 per Participant each Benefit Period Including Eye Examinations
Benefit Period:	24 consecutive months
Eligible Benefits:	Contact Lenses Eye Glasses (Frames and/or Lenses) Intraocular 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
Co-payment:	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>	1 per Participant per Health Care Professional in any 9 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/ Panoramic Radiographs</i>	1 set per Participant over 12 years of age in any 30 month period
<i>Bitewing Radiographs</i>	1 set per Participant in any 9 month period
<i>Consultations</i>	Only when performed by another Health Care Professional
Preventive Services:	
<i>Polishing</i>	1 time unit per Participant in any 9 month period
<i>Fluoride Treatment</i>	1 per Participant under 16 years of age in any 9 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
General Anesthesia/Conscious Sedation:	When required in the course of dental treatment

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Medication and Administration:

Included when provided by injection in the dentist's office

Denture Services:

Relines and Rebasing

1 service per denture in any 24 month period

Denture Repairs

Repairs where a further impression is not required

Bruxism Appliances:

1 upper and/or 1 lower per Participant in any 24 month period

Relines

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
Co-payment:	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>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 a 4 year period
<i>Posts & Cores</i>	1 in a 12 month period
<i>Gold Restorations</i>	1 in a 12 month period
<i>Fixed Bridges</i>	1 in any 7 year period
<i>Implants</i>	\$825 per tooth once in any 12 year period

Removable Appliances:

<i>Partial Dentures</i>	1 in any 7 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in any 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
Co-payment:	50%
Maximum:	\$3,000 Lifetime per Participant
Diagnostic Services:	
<i>General Orthodontic Exam</i>	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

Extended Health and Dental Termination of Benefits

Benefit Coverage terminates the first of the month following the earlier of termination of employment or age 70.

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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 10 days per month or .5 of full-time employment for teachers under age 70 or, at least 10 days per month or 20 hours per week for non-teachers or support staff under age 70.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of this eligibility period.

Dependent

The Employee's eligible spouse and children as defined below.

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

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

The Employee 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 Employee's natural, adopted, stepchildren or children for whom the Employee is a legal guardian who are dependent upon the Employee for financial care and support. Such children must be:
 - (a) unmarried,
 - (b) unemployed and not eligible to apply for coverage as a Employee under another employer sponsored plan, and
 - (c) 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.

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

Unmarried and unemployed children 21 years of age or older shall qualify, if they are dependent upon the Employee by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became 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 so disabled since that time shall also qualify as a Dependent.

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

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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. Claim forms may be obtained from any pharmacy or your local Blue Cross office.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. * Health Services are covered on a reimbursement basis. The Member 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 or your local Blue Cross office.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.
5. Vision Services are covered on a reimbursement basis. The Member 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 or your local Blue Cross office.

6. * Dental Claim Forms may be obtained from your Health Care Professional's office or any Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he 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.

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 enrolling 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.