

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

## **Benefits Booklet**

*for  
Retirees - Downgraded Plan*

*Alberta Blue Cross Group Number: 19162 - C2*

*Effective Date: January 1, 2019*

*Issue Date: November 2020*



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**FORT MCMURRAY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION**

Alberta Blue Cross Group Number: 19162 - C2  
Effective Date: January 1, 2019  
Employee Classification: Retirees - Downgraded Plan

**Schedule of Benefits**

**Health and Dental Benefits**

Underwritten by: Alberta Blue Cross

**Health Benefits**

- Prescription Drugs
- Hospital
- Extended Health
- Vision Care

**Dental Benefits**

- Basic
- Extensive

**Benefit Year**

January 1st - December 31st

*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.*

**FORT MCMURRAY ROMAN CATHOLIC  
SEPARATE SCHOOL DIVISION**

**Summary of Benefits**

**Health and Dental Benefits**

**Health Plan**

**Prescription Drug Benefits**

<b>Payment Basis:</b>	Reimbursement
<b>Coverage Level:</b>	80%
<b>Deductible Amount:</b>	\$50 per Single or Family Coverage each Benefit Year Combined with Health Benefits
<b>Eligible Drugs:</b>	Drugs requiring a prescription by Provincial or Federal Law Selected Over the Counter Products dispensed on a prescription Convention Drugs
<b>Aerosol Holding Chamber:</b>	\$40 in a consecutive 24 month period for children under 11 years of age
<b>Allergy Serums:</b>	Included
<b>Contraceptive Drugs:</b>	Included
<b>Fertility Drugs:</b>	Excluded
<b>Sexual Dysfunction Products:</b>	Excluded
<b>Smoking Cessation Products:</b>	Included
<i>Nicorettes</i>	4 boxes or 420 pieces lifetime per Participant
<b>Weight Loss Products:</b>	Excluded

*Summary of Benefits*

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## 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 Drugs:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
3. **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.
4. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
5. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
6. **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>	Emergent services or 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>Deductible Amount:</b>	\$50 per Single or Family Coverage each Benefit Year Combined with Prescription Drug Benefits
<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>	Included
<i>Radium and Radioactive Isotopes</i>	Included
<b>Braces:</b>	* Included
<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>Home Nursing Care:</b>	* Lifetime maximum of 4,000 hours per Participant
<b>Insulin Pump and Supplies</b>	\$4,400 per Participant in a 4 year period
<b>Mastectomy Prosthesis:</b>	* \$300 per Participant in a 12 month period
<b>Medical Aids:</b>	
<i>Blood Pressure Monitor</i>	* Included
<i>Canes, Casts</i>	Included
<i>Cervical Collars</i>	* Included
<i>Crutches</i>	Included
<i>Prosthetic Devices</i>	Included when required after surgery
<i>Splints, Trusses</i>	Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<b>Medical Care (Outside Alberta):</b>	Expenses for emergent services outside Alberta or non-emergent services not available in Alberta to the maximum stated in the Alberta College of Physicians and Surgeons Schedule

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

### **Medical Durable Equipment:**

<i>Hospital Beds</i>	* Included
<i>Iron Lungs</i>	* Included
<i>Nebulizer Compressor, Peak Flow Monitor, Continuous Positive Airway Pressure (CPAP) Machine</i>	* Included
<i>Other Approved Medical Durable Equipment</i>	* Included
<i>Wheelchairs</i>	* Included

### **Orthopaedic Shoes:**

\* Included when forming an integral part of a brace

### **Paramedical Practitioners:**

<i>Acupuncturist</i>	Included when required as an anaesthetic or to relieve pain
<i>Audiologist</i>	Included
<i>Chiropractor</i>	Included
<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
<i>Physiotherapist</i>	Included
<i>Podiatrist/Chiropodist</i>	Included
<i>Psychologist/ Master of Social Work</i>	\$60 for the initial hour of each visit, \$20 for each additional half hour thereafter, subject to a maximum of \$1,200 per Participant each Benefit Year

### **Prosthetics:**

\* Conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

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# **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. Home Nursing Care requires prior approval from Blue Cross.
7. 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.
8. Midwife – Eligible expenses for services provided by a licensed midwife.
9. Naturopath – Eligible Expenses for services provided by a licensed naturopath.
10. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist.
11. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
12. 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.



# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## Vision Care Benefits

<b>Coverage Level:</b>	100%
<b>Maximum:</b>	\$350 per Participant each Benefit Period
<b>Benefit Period:</b>	24 consecutive months
<b>Eligible Benefits:</b>	Contact Lenses Eyewear Intraocular Lenses Industrial Safety Glasses Sunglasses
<b>Exclusions:</b>	Eye Examinations

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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>	50%
<b>Deductible Amount:</b>	\$50 per Single or Family Coverage each Benefit Year Combined with Extensive Dental Benefits
<b>Maximum:</b>	\$1,000 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>	1 per Participant per Health Care Professional in any 9 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant 12 years of age and older in any 30 month period
<i>Bitewing Imaging</i>	2 images per Participant in any 9 month period
<i>Consultations</i>	Only when performed by another Health Care Professional
<b>Preventive Services:</b>	
<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
<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
<b>General Anesthesia/Conscious Sedation:</b>	When required in the course of dental treatment

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

<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>	
<i>Relines</i>	1 upper and/or 1 lower per Participant in any 24 month period
<b>Pre-Authorization Amount:</b>	Included
	\$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>Deductible Amount:</b>	\$50 per Single or Family Coverage each Benefit Year Combined with Basic Dental Benefits
<b>Maximum:</b>	\$1,000 per Participant each Benefit Year Combined maximum with Basic Benefits
<b>Prosthetic Appliances (Limited to one of the following services per tooth):</b>	
<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 5 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 a 12 month period
<i>Posts &amp; Cores</i>	1 in a 12 month period
<i>Gold Restorations</i>	1 in a 12 month period
<b>Removable Appliances:</b>	
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in a 5 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  
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**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 Member's attainment of age 65.

# FORT MCMURRAY ROMAN CATHOLIC SEPARATE SCHOOL DIVISION

## General Provisions

### Employee

A person who is an eligible Retiree 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.

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 reimbursement 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 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. \* 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.**

5. \* 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.