



Thank you for your interest in an Alberta Blue Cross Individual Health Plan.

As you complete your application, please remember to include the following:

- ☐ Complete banking information (including Branch Number, Financial Institution Number and Account Number). Alberta Blue Cross will debit the initial one month payment, withdraw subsequent monthly payments and directly deposit claims payments to the account provided.
- ☐ Your authorization signature on the application form for automatic payment withdrawal and direct deposit of claims payment.
- ☐ Current date on the Acknowledgement and Consent section of the application.
- ☐ Your signature on the Acknowledgement and Consent section of the application.

Please ensure you have spoken with one of our licensed representatives prior to submitting an application for coverage. If you have any questions regarding the attached information, I can be reached in Edmonton at 780-498-8471 or toll-free province-wide at 1-800-394-1965, extension 8471.

We cannot review your eligibility for coverage until this application has been **fully completed** and returned to us.

Your completed application can be faxed to 780-498-3529 (toll free at 1-877-498-8471), or mailed to Alberta Blue Cross at the Edmonton address listed below.

Sincerely,

Jo-Ann Jacques
Individual Products
Alberta Blue Cross
10009 108 Street
Edmonton, AB T5J 3C5
780-498-8471

Edmonton
Blue Cross Place
10009 108 Street NW
T5J 3C5
780-498-8000

Calgary
Main Floor
715 5 Avenue SW
T2P 2X6
403-234-9666

Grande Prairie
Suite 108
10126 120 Avenue
T8V 8H9
780-532-3505

Lethbridge
470 Chancery Court
220 4 Street S
T1J 4J7
403-328-1785

Medicine Hat
95 Carry Drive Plaza
105 Carry Drive SE
T1B 3M6
403-529-5553

Red Deer
105 Elements at River Edge
5002 55 Street
T4N 7A4
403-343-7009

www.ab.bluecross.ca

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Life is full of options ... your health benefits shouldn't be any different



BlueAssured[™]

Individual health plans for Albertans
through all ages and stages of life



Build your benefit plan **your way**

Most individual health plans are medically underwritten—meaning that you could be excluded from coverage for certain pre-existing medical conditions.

Blue Assured™ *is different*. With Blue Assured™, you get access to a wide range of benefits *without medical review*—to support you through **all** ages and stages of life.

Blue Assured™ is designed to help you maintain and protect your health—at a price you can afford.

*Simply **choose** the plan options that meet your needs and **apply today**.*

Extended health benefits

Required: <i>select desired level of benefits</i>	Level A	Level B	Level C
Overall extended health benefit maximum (excludes AD&D, travel and final expenses)	\$5,000 per year	\$5,000 per year	\$5,000 per year
Ambulance services	100% ground and air	100% ground and air	100% ground and air
Accidental dental care	\$2,000 per incident	\$2,500 per incident	\$3,000 per incident
Hospital cash		\$20 per day; \$400 per year	\$20 per day; \$600 per year
Preferred hospital accommodations (semi-private or private rooms)	\$1,000 per year	\$2,000 per year	\$3,000 per year
Hospital beds		\$1,000 per lifetime	\$1,500 per lifetime
Home nursing			\$2,500 per year
Auxiliary care			\$1,000 per year
Individual Family Assistance Program (IFAP)		Twelve sessions per calendar year	Twelve sessions per calendar year
Psychologist	\$75 per visit; \$150 per year	\$75 per visit; \$450 per year	\$75 per visit; \$750 per year
Chiropractor		\$35 per visit	\$35 per visit
Physiotherapist		\$50 per visit	\$50 per visit
Massage therapist		\$50 per visit	\$50 per visit
Combined maximum (chiropractor, physiotherapist and massage therapist)		\$350 per year combined maximum	\$500 per year combined maximum
Podiatrist and chiropodist		\$25 per visit; \$300 per year combined maximum	\$25 per visit; \$300 per year combined maximum
Acupuncturist, homeopath, osteopath and naturopath			\$50 per visit; \$350 per year combined maximum
Speech language pathologist			\$80 per visit; \$500 per year
Vision care (including eye exams)	\$100 every two years	\$200 every two years	\$300 every two years
Travel (\$5 million maximum; terms at age 65*)	10 days per trip (terms at age 65*)	17 days per trip (terms at age 65*)	30 days per trip (terms at age 65*)
Travel plan discount (additional coverage)	15%	20%	25%
Stability clause	90 days	90 days	90 days

Final expenses** (12-month waiting period; terms at age 65*)		\$4,000; term age 65*	\$6,000; term age 65*
Accidental Death and Dismemberment (AD&D)**	\$15,000	\$20,000	\$25,000
Diabetic supplies		\$250 per year	\$250 per year
Custom braces		70%; \$750 every two years	70%; \$750 every two years
Foot orthotics		\$200 per year	\$200 per year
Orthopedic shoes		\$250 per year	\$250 per year
Wheelchair		\$1,500 every three years	\$1,500 every three years
Medical aids (crutches, canes, cervical collars, walkers, splints, trusses and traction kits)		\$250 per year	\$250 per year
CPAP (sleep apnea appliances)		\$500 every five years	\$750 every five years
Hearing aids		\$500 every four years	\$750 every four years
Ileostomy/colostomy, urinary catheters and catheterization supplies		\$1,200 per year	\$1,200 per year
Surgical stockings		\$200 per year	\$200 per year
Mastectomy prosthesis		\$200 for single; \$400 for double every two years	\$200 for single; \$400 for double every two years
Prosthetics		\$300 per benefit year	\$300 per benefit year
Oxygen and equipment			\$1,000 per year

Dental *(usual and customary basis of payment)*

Required: select desired level of benefits	Level A	Level B	Level C
Basic and preventative care (three-month waiting period from enrolment date) includes checkups, cleanings, fillings, extractions and root canals	70%	75%	80%
Maximum	\$600 per year	\$600 per year; first year	\$600 per year; first year
Dentures (one-year waiting period from enrolment date)		50%	50%
Periodontics (one-year waiting period from enrolment date)		50%	80%
Extensive (two-year waiting period from enrolment date) includes crowns, bridges and implants			50%
Second and subsequent years maximum (combined basic, extensive, periodontics and dentures)		\$1,250 per year	\$1,500 per year
Orthodontic (two-year waiting period from enrolment date)			50%
Orthodontic maximum			\$2,000 lifetime maximum

Prescription drug benefits

Optional: select desired level of benefits	Level A	Level B	Level C
Coverage level (three-month waiting period from enrolment date; terms at age 65**)	70% direct bill	70% direct bill	70% direct bill
Maximum (includes contraceptives, smoking cessation and vaccines)	\$250 per year***	\$500 per year***	\$750 per year***

*Term age references the age when a benefit is no longer available for that specific individual. Final expenses and travel benefits are still available for individuals under age 65.

**Underwritten by Blue Cross Life.

***Benefit is no longer available once any individual turns 65.

This brochure provides an overview of the Blue Assured™ plan offered by Alberta Blue Cross. It is not a contract or a complete listing of all benefits.

Why choose Alberta Blue Cross?

✓ **A local organization working for Albertans.**

We have a proven track record and are ranked as one of Alberta's Top 10 Most Loved Brands and as one of Alberta's Most Respected Organizations.

✓ **Not-for-profit**

Because we're not-for-profit, we have no built-in profit margins. Any financial surplus we generate is reinvested for the current and future benefit of our customers.

✓ **Focused exclusively on your health**

At Alberta Blue Cross, your health is our only focus. We understand the needs of Albertans like no one else and tailor our plans to meet your evolving needs.

✓ **Unparalleled convenience**

Alberta Blue Cross leads the industry with over 95 per cent of all claims direct-billed by providers at the moment of service. And if you have to submit a claim, you can do it online or through our mobile app.

✓ **Excellent service**

Alberta Blue Cross provides world-class service through our customer services department and online member services.

✓ **Part of your community**

We play an active role supporting dozens of charitable organizations across the province and leading wellness and active living initiatives and programs that support the health of all Albertans

BALANCE™

Your life ▲ Your rewards

Your Blue Assured™ plan includes exclusive access to *Balance*, our online wellness resource to support and promote your health.

**BLUE
ADVANTAGE®**

You will also enjoy access to *Blue Advantage*, a program that enables Alberta Blue Cross plan members to save on medical, vision care and many other products and services regardless of whether the item is covered under your benefit plan or not.

Enjoy the benefits of a Blue Assured™ individual health plan—apply today.

Contact us to discuss plan options

1-800-394-1965 (toll free)
780-498-8008 (Edmonton)
403-294-4032 (Calgary)



www.ab.bluecross.ca



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INSTRUCTIONS

1. Please print clearly, in ink or type information.
2. Please complete all parts of the application. Failure to complete all questions on this application may result in unnecessary delays.

In this application, the applicant is referred to as “you” or “your” and Alberta Blue Cross is referred to as “our”, “us” or “we”.

To be eligible to apply for coverage, at the date of the application you must be covered by the Alberta Health Care Insurance Plan.

A. General information					08		
Last name	First name	Middle initial	Gender	Date of birth YYYY/MM/DD			
Applicant							
Spouse							
Dependants							
Address		City		Province	Postal code		
Cell phone number		Home/alternative phone number		Best number to reach you <input type="checkbox"/> Cell <input type="checkbox"/> Home/alternative			
Best time to call <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		Primary email address					

B. Select your level of coverage						
Please select the desired level of coverage from each benefit category below. Remember, your selection applies to all family members.						
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Extended health (required) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Dental (required) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Opt-out Prescription drug (optional)						
If you require more detailed benefit information than the Blue Assured™ plan brochure or require the Blue Assured™ plan contract, please contact an Alberta Blue Cross representative at 1-800-394-1965.						
Previous health benefits information						
1. Has the applicant terminated or will be terminating from a group plan within 31 days? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. If yes, complete the following:						
Employer's name	Carrier name	Drug <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination date	Plan administrator name	Phone number


C. Payment

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The applicant or account holder identified below (if different from the applicant) authorizes us to make an initial one-month withdrawal for the payment due on or after the date this application is approved, and for each month thereafter, from the account identified below. Withdrawals may be for variable amounts, as they may change in accordance with the agreement. **The account holder waives the right to receive further notice of the amount and date of each automatic withdrawal from the account.** This authorization may be terminated by written notice by either the account holder or us, in which case we may terminate coverage or change the method of payment to another qualifying method. If the financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, we may attempt to withdraw the payment again on your next scheduled withdrawal date. If you have any questions or concerns about payment, please contact Alberta Blue Cross Individual Products Administration at 1-800-394-1965.

Please complete the following banking information:

MEMO Cheque number	Branch or transit number	Financial institution number	Account number
099	09999	099	09099999

 Three-digit cheque number (not required)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Five-digit branch or transit number	<input type="text"/> <input type="text"/> <input type="text"/> Three-digit financial institution number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 12-digit (maximum) account number

If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization below.


All withdrawals from the account will be treated as personal withdrawals as defined in the Canadian Payments Association Rule H-1. We, or the account holder, may cancel this authorization at any time by giving 30 days' written notice. A copy of the cancellation form may be obtained by contacting the financial institution or through www.cdnpay.ca. The account holder has certain rights if any debit does not comply with this authorization. For example, the account holder has the right to receive reimbursement for a preauthorized withdrawal that is not authorized or is inconsistent with this authorization. To obtain a Reimbursement Claim, or for more information about recourse rights, contact the financial institution or visit www.cdnpay.ca.

Print name of account holder (payor) if other than the applicant:	Signature of account holder (payor) if other than the applicant:
Print second name (if joint account):	Second signature (if joint account):

Payor information (when payor is not the applicant/spouse or when the payor is a business)

Last name	First name		
Address	City	Province	Postal code
Cell phone number	Home/alternative phone number	Primary email address	

If you would like claims deposited into a different account than the one specified above, please indicate the account information below:

 Three-digit cheque number (not required)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Five-digit branch or transit number	<input type="text"/> <input type="text"/> <input type="text"/> Three-digit financial institution number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 12-digit (maximum) account number

D. Privacy notice

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We recognize and respect the importance of privacy. Your personal information will be kept confidential and secure. You authorize us and/or Blue Cross Life Insurance Company of Canada to collect, use, maintain and disclose personal information relevant to this application for the purposes of administration, assessment, audit, investigation, verifying, assessing and paying claims, developing and recommending suitable products and services to you, claim management, underwriting and determining eligibility for coverage.

You acknowledge and agree that your, or your dependants', personal information may only be collected from and/or released to a third party (health care professional/practitioner/institution or insurer/agent of record) only when needed for a purpose stated above. You confirm you are authorized by your dependants to consent to this authorization on their behalf.

You understand that you can revoke this consent at any time; however, if consent is withheld or revoked coverage may be denied or rescinded.

This consent complies with provincial and federal privacy legislation. For a copy of our privacy policies, or questions about our personal information policies and practices, please refer to www.ab.bluecross.ca, contact our Privacy Matters toll-free line at 1-855-498-7302 (780-498-7302 in the Edmonton area), email us at privacy@ab.bluecross.ca or send by mail to

Alberta Blue Cross
Privacy Compliance Office
10009 108 Street NW
Edmonton, Alberta T5J 3C5

E. Acknowledgment and consent (please read, date and sign below)

You hereby apply for the coverage identified on this application under the Blue Assured™ plan and acknowledge and agree to the following:

- a. **Acceptance.** You acknowledge that the information contained herein is accurate and complete to the best of your knowledge and belief, and together with any other forms signed by you in connection with this application and the Blue Assured™ contract, form the basis of any agreement or coverage issued. You understand that if any information in this application is inaccurate, false or misleading, or if you fail to disclose any material fact, coverage or any portion of coverage and future claims thereunder may be denied or voided by us.
- b. **Confirmation of coverage.** You acknowledge that this application is subject to our approval and/or the approval of Blue Cross Life Insurance Company of Canada and is not a contractual obligation. Coverage will not take effect until approved by us. If your application is approved, the effective date of coverage will be determined by us. We will confirm coverage within 30 days through the issuance to you of ID cards and provide you with a copy of the Blue Assured™ contract. In the event that your application is rejected or closed you will be notified accordingly.
- c. **Spouse/dependants.** You understand that certain aspects of coverage may extend to your spouse and eligible dependants. You confirm you are authorized to act on their behalf.
- d. **Brochure.** The Blue Assured™ plan brochure is for marketing purposes only and does not form part of the agreement. The agreement consists of this application and the Blue Assured™ contract.
- e. **Payment.** You authorize us to deposit all payments due to you into the account identified on this application, and any other account you choose in the future provided you advise us on at least 30 days' notice and shall remain valid until you provide us with notice of revocation in writing. You understand that if you or the account holder cancel the payment authorization, it may result in a loss of coverage unless we receive another form of payment.
- f. **Limitations and exceptions.** The coverage you are applying for is subject to limitations and exceptions. If we approve your application, you will be issued the Blue Assured™ contract setting out the definitions, limitations and exceptions. We recommend you read this carefully upon delivery.
- g. **Termination.** You have 20 days from receipt of the Blue Assured™ contract to examine it and if you are not satisfied with it, return it for cancellation. In such case, all payments will be refunded and the agreement and all coverage terminated.
- h. **Electronic agreement.** If you apply for coverage by way of electronic agreement, such agreement shall be deemed to have been signed and/or delivered and to constitute "writing" for the purposes of any law requiring the agreement to be signed. Any electronic agreement that is entered into or accepted by you, or in your name or purported to be entered and accepted by you, will be considered to be binding on you.
- i. **Cards.** You agree that the use of any card issued in connection with this agreement constitutes your agreement to the terms and conditions of such card, and the use of the card authorizes the use and exchange of personal information by us and our service providers with each other, pharmacies, health care providers, other insurers, administrators of government programs or other benefit programs and other organizations and service providers when necessary to assess and manage claims and administer benefits.
- j. **Electronic communication.** You authorize us to correspond with you through the email address identified on this application. You understand that this not guaranteed as a secured means of communication. You agree that should the email address on this application change, you are responsible for updating us. If you do not wish to receive emails from us, you may remove the email address by contacting our IP Administration department at 1-800-394-1965.
- k. **Privacy notice.** You have read, understand and agree with the content of the section titled "Privacy notice".

Print name of
applicant:

Applicant signature:

Date 2 0 / /
Y Y M M D D

Information statement

Health and Dental coverage is underwritten by
Alberta Blue Cross
10009 108 Street NW, Edmonton, Alberta T5J 3C5

Accidental Death and Dismemberment and Final Expense Benefits are underwritten by
Blue Cross Life Insurance Company of Canada.
644 Main Street, P.O. Box 220, Moncton, New Brunswick E1C 8L3

Please submit this
completed form by
only fax or mail.

FAX to
Individual Product Sales
780-498-3529 or toll free 1-877-498-3529

MAIL to
Alberta Blue Cross Individual Product Sales
10009 108 Street NW Edmonton AB T5J 3C5

Agent's use only

Agent's name (please print, if applicable)
Jennifer Kirby/Andrea Shandro

Company name
Vital Partners Inc.

Agent's signature

Mailing address
#103, 138 18th Ave SE Calgary, AB T2G 5P9

Email address
jkirby@vitalpartnersinc.com

Phone number
587.747.3288

Extended health (required)

Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	7.45	10.66	11.45	11.54	10.81	11.28	9.21	11.68	11.68
Plan level B	8.18	11.43	25.93	26.13	32.09	41.71	32.11	35.40	35.40
Plan level C	10.91	13.74	31.22	31.20	40.68	50.30	37.43	41.53	41.53

Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	4.63	19.23	28.91	28.88	29.75	29.32	29.02	28.85	25.60
Plan level B	4.90	21.66	38.51	39.29	41.15	46.29	41.85	37.98	33.78
Plan level C	6.65	29.43	56.19	55.84	60.03	67.95	55.81	51.59	47.36

Age	0-4	5-20	21-34	35-44	45-54	55-64	65-74	75-84	85+
Plan level A	4.86	7.94	14.87	16.28	17.24	18.12	N/A	N/A	N/A
Plan level B	7.16	13.02	29.47	32.15	33.20	34.14	N/A	N/A	N/A
Plan level C	8.04	15.68	44.27	48.89	48.92	48.66	N/A	N/A	N/A

All individuals covered under the applicant's Alberta Health Care Insurance Plan account must be on the same Blue Assured™ plan.

1. Select your desired level of benefits.
2. Using the rate chart above, insert the amount for each family member into the rate calculator.
3. Add the rate(s) within each column to determine your total per benefit and combine for your grand total.

**If all applicants are under the age of 21, the primary applicant must use the rates indicated under the 21-34 column.*

	Extended health	Dental	Prescription drug
Applicant			
Spouse			
Dependant(s)			
Total per benefit type			

Combined monthly total

**These rates are subject to change without notice.*