

## What is not covered?

The following are not covered under the program:

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



## How to claim for benefits

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

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

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

Expenses for eligible diabetic supplies may be billed directly to Alberta Blue Cross by the

## Premiums

As of July 1, 2010, the monthly rate is:

	Full Premiums	Subsidized Premiums
Single	\$ 63.50	\$44.45
Family	\$118.00	\$82.60

Subsidized rates are available to those who qualify, based on information reported on their income tax return. If you qualify for premium subsidy, you will receive subsidized *Non-Group Coverage* rates. For more information on the Premium Subsidy Program, contact Alberta Health.



pharmacy. Show your Alberta Blue Cross ID card at the time of purchase.

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

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

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

## Payment

Premiums are billed quarterly by Alberta Blue Cross.

Your Alberta Blue Cross *Non-Group Coverage* will be cancelled if premium payments are not maintained. If cancellation occurs due to non-payment, arrears must be cleared, and a new application submitted before coverage can recommence. Coverage will then be reinstated the first day of the fourth month after Alberta Health receives the application.

For more **information on claims or benefits**, please contact Alberta Blue Cross at:

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

For more **information on payment**, please contact **Alberta Blue Cross** at:

- **780-498-5970** (Edmonton and area)
- **1-888-498-5970** (toll free)
- **780-498-3532** (fax)
- **1-877-220-3532** (toll free fax)

For more **information on registration and premium subsidy**, please contact **Alberta Health** at:

- **780-427-1432** (Edmonton and area)
- Toll free for the rest of Alberta to **310-0000** and then **780-427-1432**
- **Dial 711** for TTY for the Deaf and Hard of Hearing
- Website at [www.health.alberta.ca](http://www.health.alberta.ca)
- e-mail via [health.ahcipmail@gov.ab.ca](mailto:health.ahcipmail@gov.ab.ca)



# Non-Group Coverage



Supplementary health coverage  
for Albertans

*Alberta*  
Government

## Introduction

The Government of Alberta offers Alberta Blue Cross *Non-Group Coverage* to ensure all Albertans have access to an economical supplementary health benefits program that provides coverage for a variety of health-related services not covered by the Alberta Health Care Insurance Plan (AHCIP). Alberta Blue Cross administers *Non-Group Coverage* on behalf of Alberta Health.



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

## Applying for coverage

To obtain *Non-Group Coverage* you must complete an application form, which is available through Alberta Health or Alberta Blue Cross.

Coverage will become effective on the first day of the fourth month after Alberta Health receives your application.

If you submit your application within 30 days of other supplementary coverage ending, coverage will begin the first day of the following month.

To cancel *Non-Group Coverage*, Alberta Health must be notified. Coverage will be cancelled the last day of the month in which notification is received.

## Eligibility

Alberta Blue Cross *Non-Group Coverage* is available to all Alberta residents under 65 years of age and their dependants, as registered under the Alberta Health Care Insurance Plan (AHCIP) provided there is no amount owing on their AHCIP account and they are not eligible to receive the Alberta Widows' Pension.

**Single coverage**—available to Alberta residents with no dependants

**Family coverage**—available to Alberta residents and eligible dependants\*

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

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

Note: Albertans 65 years of age and over may apply for the *Coverage for Seniors* program offered by the Government of Alberta. For more information, contact Alberta Health.

\* *The same dependants covered under the subscriber's AHCIP account must be included on the subscriber's Non-Group Coverage.*

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

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

*Please note:*

*The information contained in this brochure is a summary of benefits, restrictions and limitations applying to Alberta Blue Cross Non-Group Coverage. This summary does not constitute a contract. Rules and regulations governing participation are available from Alberta Blue Cross or Alberta Health.*

## Benefits

**Note: A \$50 annual deductible is applied to the total of all eligible health benefit expenses incurred in a benefit year, except for prescription drugs and diabetic supplies.** The benefit year runs from July 1 to June 30. When no claim has been made for health benefits in a benefit year, any such expenses incurred during April, May or June that do not exceed \$50 may be carried forward into the next benefit year and credited, in whole or in part, toward the deductible in that year.

### Prescription Drugs

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

There are a few cases when you might have to pay more:

- If your drug is not listed in the *Alberta Drug Benefit List* ([www.health.alberta.ca](http://www.health.alberta.ca)); or
- If you want a more expensive brand of drug instead of the lowest-cost or generic brand; or
- If the brand of drug you want costs more than the maximum cost set by Alberta Health for that drug.

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

### Diabetic Supplies

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

### Ambulance Services

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

### Clinical Psychological Services

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

### Home Nursing Care

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

### Prosthetic and Orthotic Benefits

**Coverage for up to 25 per cent of the maximum allowable amount for items included on the benefit list as defined by Alberta Health is provided.** Coverage includes the purchase or repair of artificial eyes, prosthetic devices (except myoelectric-controlled prostheses) and braces required for six months or longer. A physician's written order is required. Foot orthotics are not included as a benefit.

### Mastectomy Prosthesis

**Coverage for up to 25 per cent of the maximum allowable amount for the mastectomy prosthesis included on the benefit list as defined by Alberta Health.** This does not apply to the purchase of a supporting brassiere.

### Hospital Accommodation

Coverage for private or semi-private room accommodation for insurable, differential charges in a public, general, active treatment hospital in Canada is provided. All Alberta hospitals bill Alberta Blue Cross directly—so show your card when you are admitted.

**The benefit year is July 1 to June 30.**

Mailing Address  
Alberta Health  
PO Box 1360 Stn Main  
Edmonton AB T5J 2N3

In Person  
To locate the office nearest you,  
please telephone our office or visit  
our website.

Telephone  
780-427-1432 Edmonton  
Toll-free within Alberta at  
310-0000, then 780-427-1432

Fax 780-422-0102  
Website  
www.health.alberta.ca

**Please read the information on the back of this form before applying for Alberta Blue Cross Non-Group coverage.**

Account holder's personal information (Please print)		Personal Health Number	
Last Name	First Name	Middle Name	
Mailing Address	City/Town	Province	Postal Code
Location of residence (if different from mailing address)	City/Town	Province	Postal Code

List the name, date of birth and personal health number for each individual on your account. If you need more room, please attach a separate sheet.

Name (First/Last)	Date of Birth (yyyy-mm-dd)	Personal Health Number

**If you had similar supplementary health insurance with another insurance plan that has recently ended, complete the box below.**

Do you want your Alberta Blue Cross Non-Group coverage to start on the date your previous coverage was cancelled?  Yes  No  
 If yes, this application must be received by Alberta Health within 30 days from the cancellation date of your previous coverage.  
 Note: Alberta Blue Cross Non-Group coverage can only become effective on the first day of a month.

Name of previous insurance company	
Policy number of previous coverage	Cancellation date of previous coverage (yyyy-mm-dd)

The information on this application is being collected by Alberta Health pursuant to section 20(b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining or verifying eligibility for Alberta Blue Cross Non-Group coverage. If you have any questions regarding the collection of this information, please contact an Alberta Health representative at the address or telephone numbers provided above.

**I certify that I have read, understand and agree to the terms and conditions for Alberta Blue Cross Non-Group coverage set out on page 2 of this application and that the information I have provided on this application is correct.**

Daytime phone number	Work phone number	Date (yyyy-mm-dd)	Signature
<b>For Alberta Health office use only</b>			
Effective (yyyy-mm-dd)		If returned by (yyyy-mm-dd)	
Completed By		(yyyy-mm-dd)	
<b>For Alberta Blue Cross office use only</b>			
			Alberta Blue Cross Coverage Number

## Who can apply?

All Albertans who want supplementary health insurance can apply for Alberta Blue Cross Non-Group coverage.

## What are the conditions for coverage?

- You must have Alberta Health Care Insurance Plan (AHCIP) coverage.
- If you or your spouse/partner are 65 years of age or older. Alberta Blue Cross Coverage for Seniors is provided premium-free, once your proof of age has been submitted to Alberta Seniors or Alberta Health.
- You cannot have any outstanding premiums owing on your previous Non-Group account, if applicable.
- The spouse/partner and/or dependants covered on your AHCIP account **must be the same as** those covered on your Alberta Blue Cross Non-Group coverage.
- If you apply and qualify for premium subsidy, you will be billed a reduced Alberta Blue Cross Non-Group premium rate.
- **Alberta Blue Cross Non-Group coverage will be cancelled if premiums are in arrears for more than three months. You are responsible for payment of premiums owing up to the cancellation date even if coverage has not been used.**

## When does my coverage begin?

Your coverage begins on the first day of the fourth month following the date your application is received.

*Coverage may begin earlier for:*

- new residents,
- applicants who recently had other supplementary health insurance, or
- applicants who had AHCIP or Alberta Blue Cross coverage on a previous AHCIP account, and who have been set up with their own account.

Please contact Alberta Health for more information.

## What happens after I apply?

Alberta Blue Cross will bill you for Alberta Blue Cross Non-Group coverage premiums and will issue you an identification card and statement.

## How do I submit a claim?

Claims must be received by the Alberta Blue Cross office within 12 months from the date the insured goods or services were provided. You cannot submit a claim for a service provided before your coverage became effective.

Claim inquiries should be directed to the Alberta Blue Cross office by:

Mail: 10009 108 ST NW  
Edmonton AB T5J 3C5

Telephone: 780-498-8000 (Edmonton and area)  
403-234-9666 (Calgary and area)  
1-800-661-6995 (Toll-free)

Website: [www.ab.bluecross.ca](http://www.ab.bluecross.ca)

## Is there a deductible?

An annual deductible of \$50 is applied to the total of all expenses incurred in a benefit year except for prescription drugs. A benefit year is July 1 to June 30.

## How do I cancel my Alberta Blue Cross Non-Group coverage?

If you no longer require coverage, notify Alberta Health. Your coverage will be cancelled at the end of the month in which the request is received. **You are responsible for any premiums owing up to the cancellation date.**

## If you have any questions or concerns regarding Alberta Blue Cross Non-Group coverage,

- Refer to the Alberta Blue Cross Non-Group Coverage Brochure, or
  - Visit the Alberta Blue Cross website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca), or
  - Contact Alberta Health
- Refer to page 1 of this form for contact information.

IMPORTANT INFORMATION FOR NON-GROUP COVERAGE PLAN MEMBERS



# Have you registered for Preauthorized Payment?

Enjoying the advantages of Preauthorized Payment. Through this convenient service, Alberta Blue Cross will deduct your premiums from your account automatically on a monthly basis and on a fixed date.

Preauthorized Payment offers the following significant advantages:

- **Easier budgeting:** Break your Non-Group coverage costs into smaller regular payments simply by paying your premiums on a monthly basis rather than quarterly.
- **Greater convenience and time savings:** Your premiums will automatically be paid so you can avoid the hassle of remembering to make payments—or missing a payment. Plus, you will have peace of mind knowing your payments have reached their destination.
- **Reduce your environmental impact:** By minimizing paper use associated with printing and mailing bills, Preauthorized Payment helps to reduce our environmental footprint.
- **Statement of premiums paid:** At the beginning of each year, you will receive a Receipt of Annual Premiums Paid which may be used for tax purposes.

Register today in two easy steps

1. Complete the enclosed registration form.
2. Return your completed form to Alberta Blue Cross by fax or mail.

## Questions?

If you have any questions about Preauthorized Payment or require assistance in completing the registration form, please contact Alberta Blue Cross Non-Group Coverage Administration at

- **780-498-5970** (Edmonton and area), or
- **1-888-498-5970** (toll free).

**SECTION A – PLAN MEMBER'S PERSONAL INFORMATION**

LAST NAME	FIRST NAME	PLAN MEMBER'S PERSONAL HEALTH NUMBER (PHN)	HOME PHONE NUMBER	WORK PHONE NUMBER
MAILING ADDRESS		CITY/TOWN	PROVINCE	POSTAL CODE

**SECTION B – BANK ACCOUNT HOLDER'S INFORMATION**

Same as plan member?  yes  no

NAME OF FINANCIAL INSTITUTION	FINANCIAL INSTITUTION NUMBER	BRANCH TRANSIT NUMBER	BANK ACCOUNT NUMBER
BRANCH ADDRESS		CITY/TOWN	PROVINCE
			POSTAL CODE

BANK ACCOUNT HOLDER NAME, ADDRESS AND PHONE NUMBER (if different from plan member)

For verification, please attach a blank cheque marked "VOID." If you do not have a cheque, please have a representative of your financial institution certify, below, that the bank account information you have provided is correct.

I certify the accuracy of the above branch, institution and account number.

Branch Stamp of Financial Institution

\_\_\_\_\_  
Signature of financial institution representative

\_\_\_\_\_  
Print name of representative

**SECTION C – OPTIONS**

1. Please select a Preauthorized Payment withdrawal date:  1st day of each month  15th day of each month

Premium statements are not sent to individuals who are registered for preauthorized payment. If premiums are changing, advanced notification will be sent by mail. At the beginning of each year, you will receive a Receipt of Annual Premiums Paid which may be used for tax purposes.

**SECTION D – AUTHORIZATION (if more than one bank account holder, both bank account holders' names and signatures required)**

I, the bank account holder, agree to the terms and conditions of authorization established by the Alberta Blue Cross Non-Group Coverage Plan as outlined on the back of this form. I authorize Alberta Health to automatically withdraw funds from my bank account for payment of premiums on the Plan Account.

\_\_\_\_\_  
Signature of bank account holder

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of bank account co-holder

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

If this is notification of your bank account changing, please indicate the effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy/mm/dd)

If you have questions, please contact Non-Group Coverage Administration at 780-498-5970 (Edmonton and area) or 1-888-498-5970.

**Please submit this completed form by fax or mail.**

**FAX:** Non-Group Coverage Administration  
780-498-3532 or toll free 1-877-220-3532

**MAIL:** Non-Group Coverage Administration  
Box 29000 Stn Main  
Edmonton AB T5J 0B8

# TERMS AND CONDITIONS OF AUTHORIZATION

## Definitions

- “I,” “me” and “my” means each person who signs this Authorization, jointly and severally.
- “Bank Account” means the Account identified in Section B on the front of this form.
- “Non-Group Coverage Plan” means the supplementary health benefits plan sponsored by the Government of Alberta and administered by the ABC Benefits Corporation, operating as Alberta Blue Cross.
- “PPP” means a Preauthorized Payment Plan as described in this Authorization.
- “Plan Account” means the Non-Group Coverage Plan Member’s Account (see Section A).

**Scope.** I acknowledge that this Authorization is provided for my benefit and the benefit of Alberta Health and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my bank account in accordance with the rules of the Canadian Payments Association.

**Valid signing authority.** I warrant that all persons whose signatures are required on the bank account have signed Section D on the front of this form.

**Authority to debit bank account.** I authorize Alberta Health to automatically withdraw funds from my bank account for payment of premiums owing on the Plan Account. I understand and agree that the PPP will increase or decrease according to the current monthly premium rates billed on the Plan Account. Notice of changes to monthly premiums can be sent to the address listed on the Plan Account. Alberta Blue Cross will provide notice in writing at least 10 calendar days before each and any change to the monthly PPP withdrawal amount.

**Processing date.** PPP transactions will occur on the 1<sup>st</sup> or 15<sup>th</sup> of each month (as indicated in this Authorization), or the next business day if the 1<sup>st</sup> or 15<sup>th</sup> occur on a weekend or holiday. Alberta Blue Cross will send a written notice at least 10 calendar days prior advising of the date the first transaction will occur to the address listed on the Plan Account. Alberta Blue Cross will provide notice in writing at least 10 calendar days before each and any permanent change in the monthly processing date. I agree I may change my processing date once per calendar year if I deliver written notice to Alberta Blue Cross by the 20<sup>th</sup> day of the month, to be effective the following month.

**Change to bank account.** I certify that the bank account information I have provided is accurate. I agree to inform Alberta Blue Cross, in writing, of any change in my bank account information at least 21 days prior to the next PPP withdrawal date.

**Cancellation by me.** I may cancel this Authorization at any time by notifying Alberta Blue Cross (at the address or telephone numbers listed on the form) at least 21 days prior to the date of the next PPP withdrawal. Cancellation does not terminate the health care coverage under the Plan Account, but only affects the method of payment for that coverage. (*Note: A sample cancellation form or further information on your right to cancel this agreement may be obtained at your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).*)

**Cancellation by Alberta Health.** I understand Alberta Health may cancel this Authorization immediately, without notice to me or the Plan Member, if the PPP withdrawal is returned unpaid by my financial institution for any reason.

**Acceptance of delivery of authorization.** I acknowledge that providing and delivering this authorization to Alberta Blue Cross constitutes delivery by me to my financial institution.

**Validation by financial institution.** I agree that my financial institution is not required to verify that any PPP has been withdrawn in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any PPP.

**My dispute rights.** I may dispute a PPP if any of the following occurs: (a) the PPP was not drawn in accordance with this Authorization; (b) this Authorization was revoked; or (c) pre-notification of a change to the monthly withdrawal amount or date was not received. In order to be reimbursed, I acknowledge that a declaration to the effect that either (a),(b) or (c) took place must be completed and presented to the branch of my financial institution where my bank account is located within 90 calendar days after the date the PPP in dispute was posted to my bank account. If I am disputing a PPP after this 90 day period, I will resolve any dispute with Alberta Blue Cross.

**Collection of information.** The information on this Authorization is collected pursuant to section 20 of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing premium payments owed for the Non-Group Coverage Plan sponsored by the Government of Alberta. If you have any questions regarding the collection or use of this information, please contact an Alberta Health representative by fax or mail as indicated on the front of this form or by telephone at 780-498-5970 (Edmonton and area) or 1-888-498-5970 (toll free).

**Please retain a copy of this registration form for your records.**