EXPLORE EDMONTON

Benefits Booklet

for
Hourly Employees

Alberta Blue Cross Group Number: 84813 - CC
Blue Cross Life Policy Number: 84813 - 002

Effective Date: January 1, 2026

Issue Date: April 2026

EXPLORE EDMONTON CORPORATION

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Employee Classification: Hourly Employees

Schedule of Benefits

Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Health Benefits

Prescription Drugs
Hospital
Extended Health
Out of Province Emergency Travel
Vision Care

Dental Benefits

Basic
Extensive
Orthodontic

Benefit Year

January 1st - December 31st

Life and Disability Benefits

Underwritten by: Blue Cross Life

Life Insurance Benefits

Employee Life Insurance
Dependent Life Insurance
Optional Employee Life Insurance

Disability Benefits

Short Term Disability
Long Term Disability

The information contained in this booklet is important to you and your family and should be kept in a safe place. You should familiarize yourself with the contents of the booklet and refer to it whenever you submit a claim for benefits.

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Coverage Level:	100%
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Generic Pricing:	Applied
Aerosol Holding Chamber:	1 per Participant each Benefit Year
Allergy Serums:	Included
Blood Testing Monitor:	Included
Contraceptive Drugs:	Included
Diabetic Supplies:	Included
Fertility Products:	Excluded
Glucose Monitoring Systems:	$4,000 combined maximum per Participant each Benefit Year for the following (not subject to the Prescription Drug Benefit Year Maximum):
Continuous Glucose Monitoring System	
Receiver	Included
Sensor	Included
Transmitter	Included
Intermittent Glucose Monitoring System	
Reader	Included
Sensor	Included
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	$300 lifetime per Participant
Vaccines:	Excluded
Weight Loss Products:	Excluded

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Definitions

1. **Alberta Blue Cross Drug Benefit List:** A listing created and varied from time to time and published by Blue Cross which contains the drugs, drug products and their respective restrictions, limitations and other criteria, defined as Benefits under this Contract.
2. **Eligible Drugs:** Drugs defined as Eligible Drugs in the current Alberta Blue Cross Benefit List.
3. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
4. **Generic Price:** The maximum unit price as determined by Blue Cross that will be paid for a drug product (whether it is a brand or generic product) within a grouping. Groupings are determined by Blue Cross.
5. **Generic Products:** Generic drug products contain the same active ingredients, in the same amounts and comparable dosage form as a corresponding product.
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. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
9. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

Hospital Benefits

Coverage Level:	100%
Private Room:**	Direct payment basis
Semi-Private Room:**	Direct payment basis
Long Term Care:**	$1,000 combined maximum per Participant each Benefit Year for:
Semi-Private Room	Included
Private Room	Included
Ward Room	Included

Definitions

1. **Hospital**: An institution located in Canada which is legally licensed and operates under any federal, provincial or territorial health insurance act or law, with facilities to provide active in-patient treatment and care in the acute phase. The term Hospital shall not include a rehabilitation facility, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat addiction.
2. **Long Term Care Facility**: An establishment located in Canada that is legally licensed to provide treatment of long term or chronic illnesses, diseases or infirmities and include any auxiliary Hospital but does not include a nursing home.
3. **Private Room**: A room in a Hospital or Long Term Care Facility which holds only 1 bed.
4. **Semi-Private Room**: A room in a Hospital or Long Term Care Facility which holds only 2 beds.

Limitations

1. ** Services subject to a Reasonable and Customary daily maximum as determined by Blue Cross.

Extended Health Benefits

Extended Health Core Benefits - Medical Services

Coverage Level:		100%
Accidental Dental:		Repair, extraction and/or replacement of natural or permanently attached artificial teeth
Ambulance Services:		To a maximum set in the current Blue Cross schedule of ambulance rates. Response fees covered if treatment provided.
Home Nursing Care:	*	$10,000 per Participant each Benefit Year

Extended Health Core Benefits - Medical Supplies and Equipment

Coverage Level:		100%
Custom Fitted/Custom Made Braces:	*	Once per limb in a 24 month period
Foot Orthotics:	*	$400 per Participant in a 2 year period
Hearing Aids:	*	$500 per Participant in a 4 year period
Hospital Beds:	*	Rental, purchase or repair once in a 5 year period
Ileostomy, Colostomy, Urinary Catheters and Supplies:		$1,200 per Participant each Benefit Year
Mastectomy Prosthesis:		Once per side in a 24 month period
Supporting Brassiere		2 per Participant each Benefit Year
Medical Aids:		
Casts, Canes		Included
Cervical Collars, Crutches		Included
Splints, Trusses		Included
Stump Socks		6 pair per Participant each Benefit Year
Surgical Stockings		2 pair per Participant each Benefit Year
Traction Kits, Walkers		Included
Wig/Hairpiece		$250 per Participant in a 5 year period
Medical Durable Equipment:		$5,000 per Participant each Benefit Year.
Orthopaedic Shoes:	*	$250 per Participant each Benefit Year
Oxygen and Equipment:		$2,500 per Participant each Benefit Year
Prosthetics:	*	Once per limb in a 24 month period
Wheelchairs:		
Purchase	*	Once per Participant in a 5 year period
Rental	*	Once per Participant in a 3 month period
Repairs		Included

Extended Health Enhanced Benefits - Other

Coverage Level:	100%
Diagnostic Services and Laboratory Testing:	$2,000 per Participant each Benefit Year
Eye Examinations:**	1 eye examination per Participant in a 24 month period for Participants between 19 and 64 years of age

Extended Health Enhanced Benefits - Paramedical Services

Paramedical Practitioners:**	
Coverage Level:	100%
	The following Paramedical Practitioner services have a combined maximum of $1,500 per Participant each Benefit Year
Acupuncturist	Included
Athletic Therapist	Included
Chiropractor	Included
Massage Therapist	Included
Naturopath	Included
Occupational Therapist	Included
Osteopath	Included
Physiotherapist	Included
Podiatrist/Chiropodist	Included
Psychologist/Social Worker	Included
Speech Language Pathologist	Included

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. **Services subject to a Reasonable and Customary per visit maximum as determined by Blue Cross.
3. Acupuncturist – Eligible Expenses for services provided by a registered acupuncturist.
4. Athletic Therapist – Eligible Expenses for services provided by a certified athletic therapist.
5. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor and the cost of 1 x-ray.
6. Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
7. Naturopath – Eligible Expenses for services provided by a licensed naturopath.
8. Occupational Therapist – Eligible Expenses for services provided by a licensed occupational therapist.
9. Osteopath – Eligible Expenses for services provided by a licensed osteopath.

10. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist, once all provincial government funding has been fully accessed.
11. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
12. Psychologist/Social Worker – Eligible Expenses for individual or family counseling for treatment of mental or emotional illness, including assessment, provided by a psychologist, master of social work, registered social worker or other Health Care Professional approved by Blue Cross in its discretion.
13. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist, once all provincial government funding has been fully accessed.

Out of Province Emergency Travel Benefits

Benefits are provided as a result of a Medical Emergency which occurs outside the Participant's province or territory of residence.

Coverage Level:	100%
Benefit Period:	60 Days
Maximum:	$5,000,000 in Canadian funds per Participant, per incident
Accidental Dental:	$2,000 per Participant per accident for repair, extraction and/or replacement of natural or permanently attached artificial teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of $2,500
Dental Pain Relief:	$300 per Participant per trip
Diagnostic Services:	Laboratory services and x-rays
Drugs:	Included
Expenses to Visit the Covered Person:	
Transportation	One round trip economy airfare
Meals/Accommodation	$250 per day to a maximum of $2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
Transportation	One round trip economy airfare
Meals/Accommodation	$250 per day to a maximum of 3 days per incident
Incidental Expenses:	$50 per day to a maximum of $500 per inpatient per hospital stay
Meals and Accommodations:	$250 per day per Participant to a maximum of $2,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
Casts, Canes	Included
Crutches, Slings	Included
Splints, Trusses	Included
Temporary Wheelchair Rental, Walkers	Included

Medical Evacuation:	
Air Ambulance	Included
Repatriation	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
Chiropractor	$300 per Participant per trip
Physiotherapist	$300 per Participant per trip
Podiatrist/Chiropodist	$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of $7,000
Return of Dependent Children:	Cost of one way economy airfare per child for the return of Dependent children
Return of Personal Items:	Cost of the return of luggage or personal items to a maximum of $500 per Participant per incident
Return of Pet(s):	Cost of one way transportation for the return of accompanying pet(s) to a maximum of $500 per incident
Travel Assistance:	In the event of a Medical Emergency contact must be made with the travel assistance service
Vehicle Services:	$1,000 per incident
Restrictions:	The Out of Province Emergency Travel Benefits will only cover the first 60 days per trip

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the Provider or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. If a Participant is medically able to return to their province of residence and refuses to comply with the transfer request, Blue Cross will be absolved of any further liability, whether related to the initial incident or not.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. Blue Cross shall have the right to obtain medical information from the Participant's physician(s) and may request an assessment by an independent physician(s) or specialist(s).

4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Benefits are not covered if emergency medical care expenses are incurred in a country, region or city, when a written formal notice was issued by the Department of Foreign Affairs, Trade and Development of the Canadian government, or its equivalent, prior to the departure date advising Canadians to avoid non-essential travel or avoid all travel to that country, region or city unless the incident is unrelated to the posted warning.
7. Blue Cross may request proof of departure upon receipt of claim. Claims must be supported by receipts from commercial organizations.
8. Blue Cross shall not pay for any Benefit relating to pregnancy or childbirth complications, including treatment for the newborn, if the Medical Emergency occurs after the 32nd week of gestation or is a result of the deliberate inducement of a miscarriage.
9. Blue Cross will not pay for expenses incurred due to:
    - seeking medical advice, surgery, a second opinion or treatment, intentionally or incidentally, even if the trip is on the medical recommendation of a Provider; or
    - abuse of medication, toxic substances, alcohol or the use of non-prescription drugs; or
    - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
    - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
    - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.
10. Blue Cross will not pay for the following unless prior approval is received from the travel assistance provider and are subject to the discretion of Blue Cross:
    - medical evacuation air ambulance services, or
    - medical evacuation repatriation, or
    - friend/family hospital visits, or
    - friend/family identification of deceased, or
    - vehicle services, or
    - return of Dependent children, or
    - return of personal items, or
    - return of pet(s).

Vision Care Benefits

Adult:	Participants 19 years of age and older	
Child:	Participants under 19 years of age	
Coverage Level:	100%	
Maximum:	Adult	$300 per Participant each Benefit Period
	Child	$300 per Participant each Benefit Period
Benefit Period:	Adult	24 consecutive months
	Child	12 consecutive months
Eligible Benefits:	Contact Lenses Eyewear Intraocular Lenses Laser Eye Surgery, including assessment fees ***Applicable to Employees only*** Safety Glasses	

Dental Plan

Fee Schedule: Blue Cross Usual and Customary Dental Fee Schedule

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	80%
Maximum:	$2,000 per Participant each Benefit Year Combined maximum with Extensive Benefits
Diagnostic Services:	
Complete, Comprehensive and General Oral Exams	1 of each exam per Participant in a 5 year period
Limited Oral, Recall or Specific Oral Exam	Adult 1 per Participant in a 6 month period Child 1 per Participant in a 6 month period
Emergency Exams	Included
Complete Series/Panoramic Imaging	1 set per Participant in a 24 month period
Bitewing Imaging	Adult 2 images per Participant in a 6 month period Child 2 images per Participant in a 6 month period
Consultations	Only when performed by another Health Care Professional
Unmounted Diagnostic Casts	In conjunction with the placement of fixed or removable prosthetics
Preventive Services:	
Polishing	Adult 1 time unit per Participant in a 6 month period Child 1 time unit per Participant in a 6 month period
Scaling and Root Planing	12 time units per Participant in any 12 month period
Fluoride Treatment	Adult 1 per Participant in a 6 month period Child 1 per Participant in a 6 month period
Pit and Fissure Sealant	Child 1 per permanent posterior tooth in a 5 year period
Space Maintainers	Included
Restorative Services:	
Restorations	1 per surface in a 24 month period to a maximum of 5 surfaces per tooth

Periodontic Benefits:	
General Periodontal Exam	1 per Participant in a 5 year period
Surgical	
Periodontic Surgery	Included
Osseous Surgery	Included
Osseous Grafts	Included
Soft Tissue Grafts	Included
Non-Surgical	
Provisional Splinting	Included
Management of Oral Infections	Included
Periodontal Appliances	1 upper or 1 lower per Participant in a 36 month period
Repairs of Periodontal Appliances	Included
Reline of Periodontal Appliances	1 in a 12 month period per appliance
Occlusal Equilibration	4 time units per Participant in a 12 month period
Oral Surgery:	
General Surgery Exam	1 per Participant in a 5 year period
Uncomplicated and Surgical Extractions	Included
General Anesthesia and Deep Sedation	Administration in conjunction with covered oral surgery
Endodontics:	
Complete Endodontic Exam	1 per Participant in a 5 year period
Root Canal Therapy	1 per tooth in a 24 month period
Apicoectomy	Included
Retrofill	Included
Pulpectomy	Included
Pulpotomy	Included
Pre-Determination Amount:	$1,000

Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	50%
Maximum:	$2,000 per Participant each Benefit Year Combined maximum with Basic Benefits
Diagnostic Services:	
Fixed Oral Rehabilitation Exam	1 per Participant in a 5 year period
Prosthodontic Services (Limited to one of the following services per tooth):	
Crowns	1 in a 5 year period when tooth cannot by adequately restored to form and function with a filling
Fixed Bridges	1 in a 5 year period
Inlays and Onlays	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
Processed Veneers	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
Posts and Cores	1 in a 5 year period
Implants	$1,000 per implant once in a 5 year period including but not limited to mesostructures, implantology and related to periodontal surgery
Removable Appliances:	
Prosthodontic Edentulous Exam	1 per Participant in a 5 year period
Complete Dentures	1 upper and/or 1 lower per Participant in a 5 year period
Partial Dentures	1 upper and/or 1 lower per Participant in a 5 year period
Denture Services:	
Rebasing and Resetting	Providing at least 5 years has lapsed from placement of denture
Adjustments	Providing at least 3 months has lapsed from placement of denture
Relines	1 service per denture in a 24 month period
Liners	1 service per denture in a 24 month period
Tissue Conditioning	1 service per denture in a 24 month period
Repairs	Included
Pre-Determination Amount:	$1,000

Orthodontic Benefits

Child:	Participants under 19 years of age
Coverage Level:	50%
Maximum:	$2,000 lifetime per Participant
Diagnostic Services	
General Orthodontic Exam	1 per Participant in a 5 year period In cases where a Participant chooses to obtain a second opinion from a certified specialist in orthodontics (other than the originating provider) a second general orthodontic exam will be eligible within the 5 year period
Habit-Breaking Appliances:	Included, for primary and mixed dentition only
Orthodontic Services:	
Fixed or Removable Appliances	Included
Functional Appliance Therapy	Included
Formal Banding Treatment	Included
Pre-Determination Amount:	Treatment Plan Required

Contract Maximums and Termination of Benefits

Health and Dental Maximum

A combined maximum of $2,000,000 per Participant each Benefit Year applies to all Benefits, excluding Out of Province Emergency Travel Benefits.

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

Health and Dental Termination of Benefits

Benefit coverage terminates the exact date of the earlier of the Member's retirement, termination of employment or attainment of age 70.

Health Spending Account (HSA)

HSA Benefit Year:	January 1st - December 31st
Payment Frequency:	Expenses that have been submitted for which a Credit balance exists will be pended until the Member directs Blue Cross to issue reimbursement.
Credit Allocation:	Credits are deposited to your HSA by your employer on an annual basis.
Carry Forward:	Unused HSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
Run Off:	A 3 month run-off period will exist after the end of each Benefit Year to submit claims.
Grace period:	Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date.

Benefits of an HSA

You can draw on your HSA to pay for many health related expenses that would not otherwise be covered by your core health or dental plan - all in a tax advantaged manner.

Allowable expenses must be deemed an eligible medical expense by Canada Revenue Agency to be eligible for payment through your HSA. All expenses must meet Canada Revenue Agency's listing of eligible medical expenditures. Any medical or dental costs incurred by you or your dependents may be reimbursed through your HSA as long as they are not eligible for payment through provincial health care, and meet Canada Revenue Agency's requirement for a deduction on your tax return.

Expanded Dependent Eligibility

Canada Revenue Agency permits a broader definition of dependents for expenses claimed through your HSA - the perfect solution if you need to cover expenses for extended family members who are not eligible under your core benefit plan.

Carry Forward

Your HSA carries forward credits. You can carry forward unused credits for 12 months from the end of the Benefit Year in which they were allocated.

A 3 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow active Members to claim for prior Benefit Year claims with prior Benefit Year Credits.

Allowable expenses incurred in the prior Benefit Year not claimed within that Benefit Year or the subsequent run off period will be forfeited.

How Your Health Spending Account Works

- When you submit a Health or Dental claim to Blue Cross, any unpaid portion or ineligible expense is automatically transferred into your HSA. Even claims submitted electronically by a pharmacy, dental office or other health care professional that have unpaid balances are transferred into your HSA. Expenses that have been submitted for which a Credit balance exists will be pended until the Member directs Blue Cross to issue reimbursement.
- If you coordinate benefits (COB) under a spousal or other employer plan, the unpaid portion of your claim must be submitted to the other plan first for their reimbursement prior to being paid through your HSA.
- Claims to your HSA are assessed against the available credits in your account. Your employer will inform you of the amount credited to your HSA at the time your account is established and annually thereafter.
- You may submit claims for allowable expenses you want to pay through your HSA only and not through your core plan. For this you must complete and submit an HSA claim form accompanied by any original receipts or payment statements from another insurer.
- Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date. The only funds available to pay allowable expenses that are incurred prior to your termination date are existing credits in your HSA. Any credits remaining after the grace period are forfeited.

Wellness Spending Account (WSA)

WSA Benefit Year:	January 1st - December 31st
Payment Frequency:	For Members who have signed up for direct deposit and paperless statements WSA balances will be paid on a daily basis For Members who have not signed up for direct deposit and paperless statements WSA balances will be paid on a monthly basis
Credit Allocation:	Credits are deposited to your WSA by your employer on an annual basis.
Carry Forward:	Unused WSA Credits carry forward for 12 months from the end of the Benefit Year in which they were allocated.
Run Off:	A 3 month run-off period will exist after the end of each Benefit Year to submit claims.
Grace period:	Upon termination of employment, you have a 3 month grace period in which to claim for services incurred prior to your termination date.

Benefits of a WSA

You can claim many expenses through your Wellness Spending Account (WSA) that would not otherwise be covered. Expenses incurred by you or your eligible Dependent which fall under the following WSA categories are eligible for coverage. The Eligible Expenses in each category are not comprehensive and are limited to the extent that they are deemed reasonable by Blue Cross. Products and services that are deemed a non-taxable medical expense by Canada Revenue Agency (CRA) are ineligible.

Enhanced Benefits

Health Support
Products and services that improve health and wellbeing

- Smoking cessation programs
- Weight management program fees
- Natural health products
- Stress management programs
- Nutritional counseling
- Nutritional supplements and meal replacement products (e.g. meal replacement shakes and protein powder)

Fitness and Sports Activity
Participation in physical activity that promotes good health

- Fitness centre membership
- Physical activity fees (e.g. gym drop in fees, lift tickets)
- Sports league / team membership
- Instruction for physical activities / lessons

* *Excludes equipment purchase or rental*

Fitness and Sports Equipment
Fitness and sports equipment that promotes good health

- Fitness equipment (e.g. treadmill, elliptical)
- Sports equipment (e.g. hockey sticks, skates and pads, bicycle helmet)
- Athletic footwear

* *Excludes clothing*

Professional Development
Supports continuous learning and career development

- Professional membership fees
- Course, seminar, conference or class (e.g. fees, books, texts, etc.)

Professional Development Travel
Supports travel associated with professional development activities

- Transportation to course, seminar, conference or class
- Parking
- Hotel accommodation
- Meals

Personal Interest
Supporting continuous learning in personal interests

- Photography courses
- Pottery classes and supplies
- Art classes and supplies
- Text books associated with personal interest courses

* *Only supplies that are included as part of the course fee are eligible*

Family Care
Attendant care and facility costs

- Child care
- Elder care

* *Excludes lessons or activities not related to childcare, school fees*

Commuting To Work
Transportation costs associated with commuting to work

- Transit passes/bus tickets
- Parking
- Cab fare

* *Excludes private vehicle related expenses*

Personal Insurance
Expenses associated with personal insurance premiums

- Critical illness
- Life insurance
- Disability

* *Excludes home and auto insurance*

Financial Contributions
Supporting financial security

- RRSP contributions
- TFSA contributions
- RESP contributions
- Pension buy-back

* *Excludes service fees and bank charges*

Legal and Financial Advice
Expenses associated with legal and financial advice

- Legal fees
- Financial advisor fees
- Accounting fees (including tax preparation)

Personal Computing and Mobile Digital Devices
Products and services for personal computing, planning, scheduling and communication

- Computer and peripherals
- Computer equipment repairs
- Software (non-gaming)
- Internet service and data usage fees
- GPS
- Cell phone and accessories
- Digital devices that can access the internet (e.g. iPad, iPod Touch)
- E-readers

* *Excludes MP3 players without internet connection, gaming (consoles, equipment and games) and printer paper*

Pet Care
Expenses associated with caring for a personal pet

- Veterinary expenses
- Training and obedience fees
- Pet insurance

* *Excludes pet food, grooming costs and pet supplies*

Work Apparel
Industry or employer required apparel

- Steel toed boots
- Coveralls
- Hard hats
- Safety gloves

* *Excludes dress clothes*

Recreational and Leisure Activity
Participation in recreation and leisure activities

- Boating fees
- Camping fees/equipment
- Darts
- Dirt biking/motocross equipment
- Fishing equipment
- Fishing/hunting licenses
- Gun range membership
- Hot tubs
- Items associated with a hobby ex camera, sewing supplies
- Musical instruments
- National Park Pass
- Recreational activity rental fees
- Sailboats/sailboat parts
- Sailing related fees and expenses
- Snowmobiles
- Snowmobile trail fees
- Tent trailers, RVs
- Trail ride fees
- Zoo/heritage park/science centre passes

* *Excludes classes, conferences, courses, firearms and ammunition, seminars*

Recreational and Leisure Travel
Products and services associated with destination travel

- All inclusive resort or cruise ship fees
- Cabin rentals
- Car rentals
- Entertainment shows
- Flights
- Hotel accommodation
- Travel insurance
- Theme park tickets

* *Excludes professional development travel, recreational leisure activities*

Fitness Apparel
Clothing used for fitness activity

- Dance wear
- Yoga wear
- Ski gloves

* *Excludes athletic footwear (covered under fitness equipment)*

Dental Support
Products that support and improve oral health

- Manual and electric toothbrushes
- Floss
- Toothpaste
- Whitening or bleaching kits and strips
- Denture cleaners and adhesive
- Water flossers
- Mouthwash

* *Excludes products or services that are deemed non-taxable expenses per Canada Revenue Agency*

Maintenance Assistance and Green Living
Expenses associated with making your life easier or supporting the environment

- Push lawnmowers
- Composters
- Energy saving lightbulbs/appliances
- Landfill expenses
- Rain barrels
- Snow removal services
- House cleaning services
- Lawn care maintenance fees
- Landscape services
- Low flush toilets
- Auto-detailing
- Solar energy and wind products
- Lead pipe and asbestos removal from home
- Car or bike sharing memberships and usage fees
- Air purification systems and installation costs
- Energy efficient products for home heating, cooling and lighting
- Energy home audits, cost to upgrade windows, programable thermostats and weather stripping

* *Excludes services provided by a relative, items purchased from a non-licensed vendor and landscaping products (e.g. flowers, building materials, rocks etc.)*

Work From Home
Equipment and supplies required to establish/maintain a work from home environment

- Office supplies
- Desk
- Desk chair
- Ergonomic equipment/devices (e.g. standing desk, lumbar/wrist/foot support, laptop stand)
- Web cams
- Shredder
- File storage

Safety and Security

Expenses associated with making your life safer and more secure

- Eye, face, ear and body protection equipment and clothing
- Smoke/CO2 detectors
- Handrails or safety related home items without prescription**
- Snow tires and all weather tires
- Locksmith services
- Bathroom aids without prescription**
- Walking aids (includes crampons for city walking)**
- First aid kits
- Vehicle emergency safety kits
- Fireproof safe for documents
- Home owners insurance
- Fire extinguisher
- Home security systems, security cameras or lights (Includes equipment, installation and monthly monitoring fees)

* *Excludes firearms, ammunition, trail cameras, tire rims*

** *Not eligible if there is an associated prescription, as this is CRA eligible*

Basic Needs

- Utility expenses

Inclusive Supports

Expenses associated with cultural support, family support or gender affirmation

- Cultural support
- Fertility and family planning
- Gender affirming care

How Your Wellness Spending Account (WSA) Works

- Claims to your WSA are assessed against the credits in your account as allocated by your employer. Your employer will inform you of the amount credited to your WSA at the time your account is established and annually thereafter.
- When submitting claims for expenses to your WSA submit a claim form accompanied by any receipts or payment statements.
- Your WSA carries forward credits. You can carry forward credits for up to but no more than 12 months from the end of the Benefit Year in which they were allocated.

  A 3 month run-off period will exist after the end of each Benefit Year. This run-off period shall allow Members to direct Blue Cross to reimburse for prior Benefit Year expenses with prior Benefit Year Credits.
- Upon termination of employment, you have a 3 month grace period in which to claim for expenses incurred prior to your termination date. The only credits available to pay for expenses that are incurred prior to termination, are existing credits in your WSA. Credits cease to be earned upon termination, and those remaining after the grace period are forfeited to the employer.

Life Insurance

Employee Life Insurance

Benefit Formula:	2.5 x annual earnings
Maximum Benefit:	$300,000
	Amounts of insurance for Member's under age 65 are rounded to the next higher integral multiple of $1,000 if they are not already an integral multiple of $1,000. At age 65 and over, amounts that are not already an integral multiple of $500 are rounded to the next higher integral multiple of $500
Non-Evidence Limit:	$300,000
Termination:	Ceases at the earlier of the Member's retirement or age 65

Terminal Illness

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request. The payment must be requested in writing and will be the lessor of $50,000 or 50% of your Employee Life Insurance coverage.

Extension of Coverage

In the event of your death within 31 days following termination of employment, the Employee Life Insurance benefit will be paid to your designated beneficiary provided that any individual policy issued under the conversion privilege is surrendered.

Dependent Life Insurance

Amount of Insurance:	Spouse Each Child	$20,000 $10,000
Termination:	Ceases at the earlier of the Member's retirement or age 65 or when no longer an eligible Dependent	

Commencement of Coverage

Insurance on the dependent begins on the later of the date the application for dependent insurance was completed or the date the Member acquired the dependent, provided the dependent is not confined to hospital. In this instance, coverage for the dependent will commence on the date the dependent ceases to be confined to hospital. In the case of a Child born while this coverage is in force, the Dependent coverage on the Child will be effective from their live birth or, in the case of a still birth, coverage on the Child will be effective from 28 weeks gestation.

Extension of Coverage

If the spouse of a Member should die within 31 days of the Member's termination of employment, the death benefit of the spouse will be paid, provided that any individual policy issued under the Conversion Privilege is surrendered.

Optional Employee Life Insurance

Benefit Description:	Coverage is provided to the Member and/or spouse in units of $10,000 to a maximum of $500,000 per insured. The combined Employee Life Insurance benefit plus the Optional Employee Life Insurance benefit cannot exceed $800,000.
Non-Evidence Limit:	Evidence of insurability is required for all amounts of insurance.
Termination:	Member - Ceases at the earlier of the Member's retirement or age 65 Spouse - Ceases at the earlier of the Member's retirement or age 65, the Spouse's age 65 or when no longer an eligible Spouse

Disability Benefits

Short Term Disability

Benefit Formula:	66.67% of weekly earnings
Maximum Benefit:	$950 per week The maximum benefit is equal to the greater of the amount specified above or the current E.I. maximum
Elimination Period:	0 days for accident 0 days if hospitalized 7 days for sickness
Benefit Period:	17 Weeks
Non-Evidence Limit:	$950 The Non-Evidence Limit is equal to the greater of the amount specified above or the current E.I. maximum
Termination:	Coverage ceases at age 65

Benefits under this Short Term Disability Insurance provision are non-taxable

The maximum Benefit Period for a Member who attains the maximum coverage age, as shown in the Benefit Summary, while in receipt of Short Term Disability benefits will be the duration specified under the Employment Insurance Premium Reduction Program provided the Short Term Disability benefits plan was approved by Service Canada.

Disability

To be eligible for this benefit, you must be under the continuing care of a physician for the period of the disability, which normally commences with your first visit to a doctor. As a Member, you will be considered disabled and entitled to Short Term Disability payments if, as a result of sickness or accident you are unable to perform a substantial portion of the duties of your own occupation or regular employment and are not engaged in any occupation or employment for wage or profit.

Recurrent Disability

Successive periods of disability separated by less than two weeks of continuous permanent employment, will be considered one period of disability, unless the subsequent disability is due to an accident or sickness entirely unrelated to the cause of the previous disability and commences after return to permanent employment.

Reduction Clause

The amount of Short Term Disability benefit is reduced by any compensation you may receive as a result of the following provided they are deemed acceptable limitations under the Employment Insurance Premium Reduction Regulations:

1. any benefit a Member is entitled to under any provincial automobile insurance plan which is first payor,

2. any income received by the Member from all sources for which the Member becomes entitled as a result of a current or subsequent Disability so as not to exceed 100% of Pre-Disability weekly Earnings, and
3. any retirement benefits received by the Member so as not to exceed 100% of Pre-Disability weekly Earnings.

Exclusions and Limitations

Short Term Disability benefits are not payable for any of the following:

1. any period of Disability during which the Member is not under appropriate Treatment,
2. if a Disability, Accident or Sickness occurs while participating in or engaged in any criminal activity,
3. any Accident occurring while operating a motor vehicle under the influence of Drugs, including but not limited to marijuana; and/or with a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred,
4. any period during which the Member is absent from work due to imprisonment in a correctional facility, community residence or while under house arrest by order of a criminal court,
5. any illness that results from the use of Drugs or alcohol, if the Member is not receiving continuing treatment for the use of these substances,
6. any Disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion,
7. any Disability due to or resulting from any cause for which indemnity or compensation is provided under any Workers' Compensation law or other legislation of similar purpose,
8. any period during which the Member is absent from Canada and during which the Canadian Employment Insurance Commission benefits would not be payable, unless the Company agrees in writing, in advance, to pay benefits during the period,
9. any period of Disability during which the Member refuses to comply with appropriate Treatment or participate in a Rehabilitation Program,
10. any period of Disability due to medical or surgical care which is cosmetic, unless such care is rendered as a result of an injury or Sickness or
11. the date that the member engages in any occupation, or employment for wages or profit, other than an approved Rehabilitation Program, unless approved by the Company,
12. the date on which the Member fails to furnish satisfactory proof of the continuance of Disability or fails to submit to an examination requested by the Company.

Long Term Disability

Benefit Formula:	66.7% of the first $3,000 and 50% of the excess of monthly earnings
Maximum Issue Limit:	$4,000 per month
Elimination Period:	119 Days
Benefit Period:	To Age 65
Non-Evidence Limit:	$4,000
Termination:	Benefit ceases at age 65 Coverage ceases at the earlier of the Member's retirement or age 65 less the elimination period

Benefits under this Long Term Disability Insurance provision are non-taxable

Total Disability

A Member is not considered totally disabled during the first 24 months following the elimination period if they are deemed able, by the Company, to perform the regular duties of their own occupation for any employer.

Thereafter, a Member is not considered totally disabled for the period following the first 24 months of benefits if they are deemed able, by the Company, to perform the regular duties of any occupation for which they would earn 60% of their pre-disability earnings or is reasonably fitted or could so become, by education, training or experience.

Regular duties are defined as the essential tasks or actions the Member is required to perform as part of the occupation. The Member cannot be working other than in a Partial Disability or Rehabilitation Program approved by the Company. The availability of such occupations, jobs or work will not be considered while assessing the Member's total disability. The loss of a professional or occupational license or certification does not, in itself, constitute total disability.

Partial Disability

To be considered Partially Disabled, a Member must be deemed Totally Disabled throughout the Elimination Period shown in the Benefit Summary. If, following the Elimination Period, a Member is only capable of returning to the workforce in a reduced capacity, Blue Cross will apply the regular provisions under the Long Term Disability coverage.

Pre-Existing Conditions

A pre-existing condition means a diagnosed or undiagnosed sickness or injury for which the Member, during the 3 months immediately prior to the effective date of Long Term Disability coverage, has received medical treatment, consultation, care or services (including diagnostic measures) or has been prescribed or taken medication.

Long Term Disability benefits are not payable for any disability caused by or resulting from a pre-existing condition unless:

1. the Member has not received medical treatment, consultation, care or services (including diagnostic measures) or has not been prescribed or taken medication for any 6 consecutive months within the 15 month time period beginning 3 months before and ending 12 months after the Member's effective date of Long Term Disability coverage or

2. the disability begins after 12 consecutive months of employment from the Member's effective date of Long Term Disability coverage.

Disabilities commencing within 12 months after your effective date, and for which you have received medical treatment, consultation, care or services (including diagnostic measures) or have been prescribed medication during the 3 months immediately prior to your effective date of coverage are not covered.

The pre-existing condition clause will not apply if you have been treatment free for any 6 consecutive months within the 15 month time period beginning 3 months before and ending 12 months after your effective date of Long Term Disability coverage.

Integration of Benefits (Direct Offset)

The amount of monthly Long Term Disability benefit will be reduced by any income or benefits payable to the Member as a result of the current or subsequent Total Disability by:

1. any disability benefits available from the Canada or Quebec Pension Plan (primary benefits only),
2. any disability benefits payable under the Workers' Compensation Act.

The amount of Long Term Disability benefit will be further reduced by any income payable to the Member from the following sources:

1. any Canada or Quebec Pension Plan retirement benefits, if applied for by the Member after the date they meet the definition of Total Disability,
2. any retirement income, or benefits payable under any group program provided by or through the employer,
3. any income or benefits payable under a plan sponsored by an association, union or fraternal organization of which the Employee is a member,
4. any income or benefits payable under any plan of automobile insurance, where such reduction is not prohibited by law or is not required to be reimbursed to the auto insurer, and
5. any wage or remuneration payable from any employer or from self-employment, other than those received under an approved Rehabilitation Program.

The amount of monthly Long Term Disability benefit will be further reduced so that income and benefits received by the Member from all sources does not exceed 85% of the Member's Pre-Disability Earnings.

During an approved Rehabilitation Program, the amount of monthly Long Term Disability benefit will be reduced by 50% of all wages or remuneration payable from any employer or from self-employment. Benefits will be further reduced so that income from all sources does not exceed 100% of Pre-Disability Earnings.

The amount of the Long Term Disability benefit payable by the Company will not be affected by changes in the Canada or Quebec Pension Plan Benefit unless the changes result from:

1. the correction of an error made in the initial award,
2. a change in Dependent status, or
3. a change in the benefit formula under the Canada or Quebec Pension Plan.

The Company reserves the right to estimate and reduce the payment of the Canada or Quebec Pension Plan Disability benefit pending the actual award. The Long Term Disability benefit will be reduced if the Member, who must apply for the benefits under these plans, fails or refuses to exercise their right to such benefits.

Rehabilitation Programs

The insurer may at any time require a totally disabled Members to join a program of Rehabilitative Employment which is appropriate for their circumstance and have been approved by their attending physician. Participation in a program of Rehabilitative Employment will not disqualify the Member for Long Term Disability benefits while the Rehabilitative Employment continues and while they continue to be otherwise eligible for benefits. Refusal to enter and participate in a rehabilitative program considered appropriate by Blue Cross will result in termination of benefit payments.

Exclusions and Limitations

Long Term Disability benefits are not payable for any of the following:

1. any period of Total Disability during which the Member is not under appropriate Treatment,
2. any period of Total Disability during which the Member does not make reasonable efforts to recover from the Total Disability, including participation in any reasonable Treatment or Rehabilitation Program,
3. any period of Total Disability during which the Member does not accept any reasonable offer of modified duties or alternative employment from the employer,
4. any period during which the Member is absent from work due to imprisonment in a correctional facility, community residence or while under house arrest by order of a criminal court,
5. any period during which the Member is absent from Canada due to any reason, unless the Company agrees in writing in advance to pay benefits during the period,
6. any Total Disability due to or resulting from insurrection, war (declared or not) or the hostile actions of the armed forces of any country, or the participation in any riot or civil commotion,
7. any Total Disability during the period:
   (a) of a formal maternity leave taken by the Member pursuant to applicable legislation, or pursuant to mutual agreement between the Member and the employer, or
   (b) in which employment insurance maternity benefits are being paid or would be paid if the Member were eligible,

   whichever is longer.
8. any Total Disability resulting from or associated with medical care which is not medically necessary or is performed for cosmetic purposes only,
9. any period of Total Disability directly or indirectly related to the committing of or the attempt to commit a criminal offence, regardless of whether charges are laid or a conviction obtained,
10. any accident or injury occurring while operating a motor vehicle under the influence of Drugs, including but not limited to marijuana; and/or with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred.

General Provisions

Employee

A person who is an active and permanent Employee of the Policyholder. 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 benefits an Employee is required to work at least 32 hours per week for 52 weeks a year (including paid vacations) for the Policyholder.

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 26 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 26, 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 they are 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.

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.

Employee Life Insurance

Conversion Privilege

If your Employee Life Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of Members eligible for insurance under this plan, then the Member may purchase an individual policy of the type then being offered by Blue Cross in an amount not to exceed the amount of Employee Life Insurance for which the Member was covered on the date of termination, or $200,000.

This conversion option also applies to scheduled reductions or termination of coverage which become effective at specified ages.

Limited conversion rights are available on termination of the Group Policy in accordance with applicable provincial legislation. If the Employee Life Insurance policy is not being replaced, all Members who had been insured for at least five continuous years may convert their Employee Life Insurance coverage in the same manner as terminating Members.

Dependent Life

Conversion Privilege

A terminating Member may convert the insurance on the life of their Spouse in the same manner as under the Employee Life benefit in an amount not to exceed the amount of insurance which terminated. The Conversion Privilege is available to your Spouse only – not to dependent children.

Claiming Benefits

1. * Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification number, most pharmacies will bill Blue Cross directly.
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. * Out of Province Emergency Travel benefits should be claimed on a Travel claim form.
5. * 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.
6. * 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.
7. In reference to Employee Life Insurance, Accidental Death & Dismemberment, Dependent Life Insurance, Critical Illness, Short Term Disability or Long Term Disability claims, please obtain the necessary form from your Employer. Certain portions must be completed by the Employer, the claimant and/or the attending physician. Once the claim forms are completed, they should be submitted to the insurer for processing. Written notice of claim must be given to the insurer within 31 days of loss. Claims for disability benefits should be reported within 90 days immediately following the end of the Elimination Period; or, if this is not reasonably possible, at least within six months of the commencement of disability.

   Blue Cross may, at any time, require a totally disabled Member to join a program of Rehabilitative Employment.

   Rehabilitation means a program of medical, employment or vocational Rehabilitation and it may consist of:

   - any medical care or treatment, diagnostic measures or any medication prescribed, or
   - full-time or part-time work or any other employment for a Member whether or not wages are payable, or
   - any vocational training or re-training program or period of work for the purpose of Rehabilitation

   If you qualify to receive Short Term Disability or Long Term disability benefits under this policy you may at any time be required to participate in a Rehabilitation program which Blue Cross deems appropriate.

   Benefits payable under this policy while you are participating in a Rehabilitation program approved by Blue Cross will be coordinated with the Integration of Benefits Clauses shown in this booklet.

   Refusal to enter, participate or comply with a program of Rehabilitation deemed appropriate by Blue Cross will result in the termination of Short Term Disability or Long Term Disability benefit payments.

* 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

Claims may also be submitted to Alberta Blue Cross online via the Alberta Blue Cross secure website for plan members. Sign in at www.ab.bluecross.ca and follow 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.

Beneficiary

If this policy is replacing a Previous Policy, then the beneficiary designations made under the Previous Policy are continued under this policy.

All employees may appoint or update their beneficiary designation with Blue Cross online through our member site or by completing a beneficiary designation form available on our public site at: https://www.ab.bluecross.ca/pdfs/beneficiary-form.pdf

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 they were 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 or are available upon request by calling Blue Cross.