

Coverage	Benefit Description
<b>Hospital</b>	<ul style="list-style-type: none"> <li>Semi-private hospital room accommodation.</li> </ul>
<b>Ambulance</b> <ul style="list-style-type: none"> <li>80% coverage</li> </ul>	<ul style="list-style-type: none"> <li>Charges incurred in Canada for professional ambulance services to an active treatment hospital when required due to illness or injury.</li> </ul>
<b>Drugs</b> <ul style="list-style-type: none"> <li>80% reimbursement of the drug cost based on Least Cost Alternative with some exceptions</li> <li>\$5.00 Dispensing Fee Cap</li> </ul>	<ul style="list-style-type: none"> <li>Drugs that require a prescription under Provincial or Federal law, prescribed by a Health Care Professional and dispensed by a licensed pharmacist and included in the drug formulary with some exceptions.</li> <li>New drugs that meet the criteria above will be reviewed to determine if the new drug product will be added to the formulary.</li> <li>Drugs that can be purchased over-the-counter are not eligible under the plan.</li> <li>Reimbursement is based on the Least Cost Alternative (LCA). LCA drugs have the same active ingredients as other drug products (e.g. brand name) but are less costly.</li> <li>Prescription smoking cessation products for one continuous course of treatment per lifetime per covered person.</li> <li>Oral contraceptives at 80% up to a maximum of \$250 per year.</li> </ul>
<b>Clinical Psychology</b> <ul style="list-style-type: none"> <li>80% of the cost of a treatment session</li> <li>Maximum of \$2000*</li> </ul>	<ul style="list-style-type: none"> <li>Treatment must be provided by either a psychologist registered with the Psychologists' Association of Alberta (PAA) or a Registered Social Work.</li> </ul>
<b>Home Nursing</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2000*</li> <li>Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>Nursing care provided in the home by a practical or registered nurse where the covered person is suffering a chronic or debilitating condition.</li> <li>Home-making services are not eligible.</li> <li>Practical or registered nurse cannot be related to the member or their dependent(s).</li> </ul>
<b>Respiratory Equipment</b> <ul style="list-style-type: none"> <li>80% coverage</li> <li>Maximum of \$2,500*</li> </ul>	<ul style="list-style-type: none"> <li>Oxygen and related supplies (including compressors, nebulizers, masks, aerochambers, and tubing).</li> <li>Air cleaning devices, ionizing machines, vaporizers, and humidifiers are excluded.</li> <li>Physician written order required.</li> </ul>
<b>Braces and Prosthetics</b>	<ul style="list-style-type: none"> <li>Artificial limbs (excluding myoelectric-controlled prosthesis)</li> </ul>

<ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• \$2000 Maximum*</li> <li>• Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>• Artificial eyes</li> <li>• Braces which incorporate a rigid support of metal or plastic</li> <li>• Trusses</li> <li>• Cervical collars</li> <li>• Breast prosthesis as a result of a mastectomy</li> <li>• All appliances must be required to treat an existing medical condition.</li> <li>• The repair or replacement of breast prosthesis does not require the written order of a physician; however such replacement or repair shall be limited to once in twenty-four (24) months.</li> </ul>
<b>Colostomy/Ileostomy Supplies</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>• Colostomy Supplies</li> <li>• Ileostomy Supplies</li> <li>• Urostomy Supplies</li> <li>• Adult Incontinence Supplies</li> </ul>
<b>Diabetes Supplies</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>• Lancing Devices</li> <li>• Blood Glucose Test Strips</li> <li>• Urine Test Strips</li> <li>• Syringes</li> <li>• Insulin Pen Needles</li> <li>• Continuous/Intermittent Glucose Monitoring Systems</li> <li>• Blood Glucose Meters</li> </ul>
<b>Insulin Pumps</b> <ul style="list-style-type: none"> <li>• 80% coverage*</li> </ul>	<ul style="list-style-type: none"> <li>• Excludes transmitters and sensors.</li> </ul>
<b>Physiotherapy</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$1000*</li> </ul>	<ul style="list-style-type: none"> <li>• Services of a licensed physiotherapist.</li> </ul>
<b>Chiropractor</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$1000*</li> </ul>	<ul style="list-style-type: none"> <li>• Services of a licensed chiropractor.</li> </ul>
<b>Massage Therapy</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$1000*</li> </ul>	<ul style="list-style-type: none"> <li>• Services of a registered massage therapist.</li> </ul>
<b>Podiatry</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$500*</li> </ul>	<ul style="list-style-type: none"> <li>• Services of a licensed podiatrist.</li> <li>• The plan will pay for podiatry services once all allowable limits have been reached under Alberta Health Care.</li> <li>• A letter from Alberta Health Care stating the date the maximum was reached must be submitted with the claim.</li> </ul>
<b>Acupuncture</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$500*</li> </ul>	<ul style="list-style-type: none"> <li>• Acupuncture administered as a pain reliever or anesthetic.</li> <li>• Reason for treatment must be noted on the receipt.</li> </ul>
<b>Hearing Aids</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$2,500 in any 5 consecutive calendar years</li> <li>• Physician written order required</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase and repair of hearing aids.</li> <li>• Maintenance, batteries and recharging devices are not covered.</li> </ul>

<b>Eye Exams</b> <ul style="list-style-type: none"> <li>• 80% coverage</li> <li>• Maximum of \$80 per covered person in any two consecutive calendar years</li> </ul>	<ul style="list-style-type: none"> <li>• Eye examinations administered by an optometrist or ophthalmologist.</li> <li>• Reimbursement in excess of amounts not paid by Alberta Health Care.</li> </ul>
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For some benefits the first payer will be a government program or another plan. For further information, please call Alberta Blue Cross Customer Service at 780-498-8000 with Edmonton and area or toll-free at 1-800-661-6995.

*The Major Medical Plan is not provided through a contract of insurance. For this Plan, the benefits are payable from premiums, interest or investment earnings and an excess of revenue over expenditures.*

**This summary provides general information only. The terms and conditions of the collective agreement take precedence.**

**December 2025**