



CALGARY CATHOLIC  
SCHOOL DISTRICT



# **Calgary Catholic School District Employee Group Benefits Program**

**CUPE Employees  
Issued: March 1, 2025**



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## Benefits Overview

This is an overview of your Group Benefits Plan, including those benefits you may have opted out of, or may not yet be eligible for.

For a more detailed description of your coverage, please refer to the General Information section.

### General Information

<b>Class</b>	CUPE employees
<b>Eligibility</b>	You must occupy a permanent or part-time position equivalent to 0.5 FTE or greater
<b>Participation</b>	All benefits are compulsory with the exception of Optional Employee Life Insurance and Optional Spousal Life Insurance.
<b>Waiting period</b>	6 months of continuous employment
<b>Termination</b>	<ul style="list-style-type: none"> <li>Termination of coverage may vary from benefit to benefit. Please refer to each benefit in this Benefit Overview for more information.</li> <li>Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>

### Extended Health Care

<b>Benefit year</b>	July 1 <sup>st</sup> to June 30 <sup>th</sup>
<b>Reimbursement level</b>	100% for all eligible expenses
<b><i>Prescription drugs</i></b>	<ul style="list-style-type: none"> <li>Direct bill, generic pricing, special authorization</li> <li>\$9 dispensing fee maximum</li> </ul>
<b><i>Diabetic supplies and equipment</i></b>	<ul style="list-style-type: none"> <li>Up to a maximum of \$2,000 per person per benefit year</li> <li>Purchase or repair of a blood-testing monitor, up to a maximum of \$150 every 5 years</li> </ul>
<b><i>Custom fit braces</i></b>	Included
<b><i>Hearing aids</i></b>	\$500 per person in a 4-year period
<b><i>Hospital expenses</i></b>	<ul style="list-style-type: none"> <li>Semi-private or private hospital room, depending upon availability.</li> <li>Treatment in an auxiliary hospital, up to a maximum of \$360 per person per benefit year</li> </ul>
<b><i>Home nursing care</i></b>	\$15,000 per person in a 3-year period



<b><i>Surgical or support stockings</i></b>	2 pairs per person per benefit year with a minimum pressure gradient of 30 mmhg
<b><i>Medical aids and equipment</i></b>	Refer to the <i>Extended Health Care</i> section of this booklet for details
<b><i>Foot Orthotics</i></b>	\$200 per person per benefit year
<b><i>Orthopedic shoes</i></b>	\$250 per person per benefit year
<b><i>Wigs</i></b>	Lifetime maximum of \$300 per person
<b><i>Paramedical practitioners</i></b>	<p>Physiotherapist, up to a maximum of \$4,000 per person per benefit year</p> <p>Combined maximum of \$1,750 per person per benefit year for the following list of practitioners:</p> <ul style="list-style-type: none"> <li>▪ Acupuncturist, limited to \$45 per visit</li> <li>▪ Naturopath, limited to \$45 per visit</li> <li>▪ Osteopath, limited to \$45 per visit</li> <li>▪ Podiatrist/Chiropractist, limited to \$30 per visit</li> <li>▪ Psychologist/Master of Social Work, limited to \$110 per visit</li> </ul>
<b><i>Out of province/country emergency travel</i></b>	<ul style="list-style-type: none"> <li>▪ Maximum 90 days duration per trip</li> <li>▪ \$5,000,000 per person per incident</li> </ul>
<b><i>Vision care</i></b>	<ul style="list-style-type: none"> <li>▪ \$400 per person every 24 months</li> <li>▪ Eye exams covered up to a maximum of \$40 per person every 24 months</li> </ul>
<b><i>Termination</i></b>	<ul style="list-style-type: none"> <li>▪ The date your employment with the District terminates.</li> <li>▪ Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>



## Employee Family Assistance Program (EFAP)

<b>Benefit year</b>	July 1 <sup>st</sup> to June 30 <sup>th</sup>
<b>Reimbursement level</b>	5 visits, limited to \$130 per visit up to a maximum of \$650 per person per benefit year
<b>Termination</b>	<ul style="list-style-type: none"> <li>▪ The date your employment with the District terminates.</li> <li>▪ Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>

## Dental Care

<b>Benefit year</b>	January 1 <sup>st</sup> to December 31 <sup>st</sup>
<b>Fee guide</b>	Reimbursement for dental services will be based on Alberta Blue Cross Usual and Customary Dental Fees plus a margin of 15%
<b>Reimbursement level</b> <i>Basic services</i> <i>Major restorative services</i> <i>Orthodontic services (Adult and Child)</i>	100%  50%, up to a maximum of \$1,000 per person per benefit year  50%, up to a lifetime maximum of \$1,500 per person
<b>Termination</b>	<ul style="list-style-type: none"> <li>▪ The date your employment with the District terminates.</li> <li>▪ Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>



## Health Spending Account (HSA)

<b>Benefit year</b>	January 1 <sup>st</sup> to December 31 <sup>st</sup>
<b>Credits</b>	<ul style="list-style-type: none"> <li>An annual amount as stated in the Collective Agreement.</li> <li>Credits will be adjusted based on the following: <ul style="list-style-type: none"> <li>If you occupy a position less than 1.0 FTE, your credits are adjusted based upon your working hours</li> <li>If your coverage starts after the commencement of the benefit year, your credits are adjusted based on the number of days remaining in that benefit year</li> </ul> </li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>The date your employment with the District terminates.</li> <li>Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>

## Long-Term Disability Insurance (LTD)

<b>Benefit maximum</b>	65% of your pre-disability monthly gross earnings, up to a benefit maximum of \$8,200 per month less the pension plan contribution for the length of your approved disability leave
<b>Termination</b>	<ul style="list-style-type: none"> <li>The date on which you reach age 65 less the qualifying period or when your employment with the District terminates, whichever is earlier.</li> <li>Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li> </ul>

## Group Life Insurance

### Employee Basic Life

<b>Amount</b>	<ul style="list-style-type: none"> <li>2 times your annual salary rounded to the next higher \$1,000</li> <li>Maximum: \$300,000</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>The date your employment with the District terminates.</li> <li>Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section and <i>Group Life Insurance</i> section and of this booklet.</li> </ul>



### Employee Optional Life

<b>Amount</b>	<ul style="list-style-type: none"><li>You may choose 1, 2, 3 or 4 times your annual salary</li><li>Maximum: \$300,000</li></ul>
<b>Termination</b>	<ul style="list-style-type: none"><li>The date your employment with the District terminates or when you reach age 65, whichever is earlier.</li><li>Coverage may also end on an earlier date, as indicated in the <i>Group Life Insurance</i> section of this booklet.</li></ul>

### Spouse Optional Life

<b>Amount</b>	<ul style="list-style-type: none"><li>You may choose in units of \$10,000</li><li>Maximum: \$100,000</li></ul>
<b>Termination</b>	<ul style="list-style-type: none"><li>The date your employment with the District terminates or when your spouse reaches age 65, whichever is earlier.</li><li>Coverage may also end on an earlier date, as indicated in the <i>Group Life Insurance</i> section of this booklet.</li></ul>

### Accidental Death and Dismemberment Insurance (AD&D)

<b>Amount</b>	<ul style="list-style-type: none"><li>2 times your annual salary rounded to the next higher \$1,000</li><li>Maximum: \$300,000</li></ul>
<b>Termination</b>	<ul style="list-style-type: none"><li>The date your employment with the District terminates.</li><li>Coverage may also end on an earlier date, as indicated in the <i>General Information</i> section of this booklet.</li></ul>



## General Information

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This booklet outlines the provisions of the Employee Benefits Program of the Calgary Catholic School District.

The District reserves the right to modify, suspend or terminate, entirely or partially, any of the benefits coverage provided under a particular plan.

The Employee Benefits Program is currently provided under the following policies:

### **Alberta Blue Cross - Group Policy Number 14200**

Extended Health Care

Dental Care

Health Spending Account

Employee Family Assistance Program

### **Canada Life Assurance Company**

#### **Group Policy Numbers**

**328631**

Employee Basic Life Insurance

Long-Term Disability Insurance

**328632**

Employee Optional Life Insurance

Spouse Optional Life Insurance

### **Beneva Inc. – Group Policy Number 1C180**

Accidental Death and Dismemberment Insurance

The exact terms of the plans are described in the policies issued by Alberta Blue Cross, Canada Life Assurance Company and Beneva Inc. In the event of a discrepancy between this document and the group policy, the terms of the group policy will prevail.

## Eligible Dependents

Dependents are defined as a spouse (as described below) and unmarried dependent children, including adopted and stepchildren, who are dependents for income tax purposes. Dependents for income tax purposes means that in relationship to the employee, a person in respect of whom the employee is entitled to an Equivalent-to-Spouse Credit for the purpose of calculating his or her income tax under the Income Tax Act (Canada) or is entitled to receive the Child Tax Benefit under the Income Tax Act (Canada).

The term “spouse” is defined as 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 24 consecutive months having been represented as members of a conjugal relationship (common-law).





Dependent children are eligible for benefits coverage if they are unmarried and less than 21 years of age, or, if 21 years of age but less than 25 years of age, attending an accredited educational institution on a full-time basis.

Alberta Blue Cross requires an Over-Age Dependent Declaration to be completed digitally from the Alberta Blue Cross Member site beginning of each school year for dependents age 21 or older. Please visit the ASK Portal for more information.

Any mentally or physically disabled child may retain benefits coverage past the age of 21. The child, upon reaching age 21, must be incapable of self-sustaining employment and be completely dependent on you for support and maintenance.

Dependent children, who do not fit into the above definitions, may be considered eligible dependents, if you have legal guardianship of the child.

## **Benefits Enrollment**

Before your benefits coverage can commence, you must complete the required enrolment form for your coverage to become effective. If we do not receive your completed form within 31 days of your eligibility date, you will be enrolled with single coverage and your beneficiary will be designated to your Estate for your Life and Accidental Death and Dismemberment insurance. Therefore, it is important that your benefits enrolment form be completed promptly as it may affect the commencement date of your family coverage and beneficiary designation.

Any change to your coverage, including but not limited to, adding or removing a dependent or changing your marital status or your beneficiaries, requires the completion of a Benefits Change Form. This form is available on the ASK Portal.

## **Coordination of Health and Dental Care Benefits**

With Coordination of Benefits (COB), you submit a claim to your benefits carrier first for adjudication and payment and once the claim is adjudicated, you can submit a claim for the eligible outstanding amount to your spouse's plan or your second plan. COB allows a plan member to receive up to the maximum eligible amount for eligible prescription drug, dental and health COB claims.

If both you and your spouse have separate benefits coverage, your children must claim under the plan of the parent with the earliest birthday (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's is June 5, your children will claim under your plan first. The total benefit amount paid from all plans will not exceed the actual amount of expenses incurred.

You and your spouse will submit claims to your own plan, through your own employer. If you are claiming expenses for your spouse and your spouse is covered for those expenses under another plan, you must submit the claim to your spouse's plan first. If the District employs you both, your claim will be first submitted against the identification number in which you are listed as the subscriber with Alberta Blue Cross.



## Waiver of Coverage

If you are enrolled for extended health, vision, hearing and/or dental coverage through your spouse's plan(s), you may waive your participation in these benefits with the District.

If you decide to cancel or waive any benefit with the District, as you are covered under a spousal plan, you will not be able to enroll under the District's plan at a future date, unless you experience a loss of the spousal coverage.

If you lose your spousal coverage, you must enroll in the District's plan within 31 days. Proof of loss of coverage must be supplied at the time of enrollment. If the 31 day period has expired, you must appeal for reinstatement in writing. This written appeal should be directed to the Benefits department of People Services.

## Continuation of Benefits Coverage during Disability

If you become disabled, your benefits coverage will continue. While on an approved leave, you are only responsible for the employee's share of premium costs as outlined in your Employee Handbook. This provision covers the following leaves:

- Paid Sick Leave
- Leave of Absence for Health-Related Reasons (leaves in conjunction with Supplemental Employment Benefits)
- Long-Term Disability Leave

If you are approved for a Long-Term Disability Leave, the premiums for your Life Insurance, Accidental Death and Dismemberment Insurance, and Long-Term Disability coverage are waived from the first day of the month following the effective date of your approved Long-Term Disability Leave. This means that you will have continued coverage but are no longer responsible for the premium cost for the duration of your approved Long-Term Disability Leave.

If you cancel your entire employee benefits plan during the qualifying period and you are subsequently approved for Long-Term Disability, your benefits will be reinstated as of the effective date of your Long-Term Disability benefits by the carrier.

## Dispute Resolution Process and Limitations

### Access to Documents

You have the right to request from Canada Life any records you have provided to them, subject to certain limitations.

### Legal Actions

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 or other applicable legislation (e.g. Limitations Act, 2002 in Ontario, Quebec Civil Code).



## Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract if you do so within one year of the initial denial of insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

## Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days of Canada Life sending you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

## Termination of Benefits Coverage

Benefits coverage for you and your dependents will cease on the earliest of the following events:

- the date your employment with the District terminates
- the date of your retirement
- for Optional Employee Life Insurance, the date on which you reach age 65 or retirement, if earlier. For Optional Spousal Life Insurance, the date on which your spouse reaches age 65, your retirement, or your death, if earlier
- for Long-Term Disability Insurance, the date on which you reach age 65 less the qualifying period or your retirement, if earlier
- in the event of your death
- the date you enter full-time service in the armed forces
- the date of termination of the policy or coverage of the group, division or class to which you belong



## Extended Health Care

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This plan complements the coverage of the Alberta Health Care Insurance Plan. It covers the cost of certain eligible medical and hospital expenses not covered or covered to a limited extent by the government plan. Health expenses not covered by the government plan are not automatically covered by the District's Extended Health Care Plan.

### Benefit year deductibles

There are no deductibles for eligible expenses incurred under Extended Health Care.

### What are the benefits:

The benefits covered during a benefit year are outlined below. Reimbursement levels are indicated in the Benefits Overview.

### Accidental Dental Care

The repair or extraction of natural teeth damaged by a direct accidental external blow to the mouth, if the dental services take place within 12 months of the accidental injury. The injury must have occurred after the effective date of participation in the Extended Health Care Plan. Replacement of the damaged tooth is not covered.

### Aerochambers

The cost of an aerochamber device for dependent children under 10 years of age up to a maximum of \$40.00 once every 24 months.

### Allergy testing materials

The purchase of allergy testing materials to a maximum of \$40.00 per test, to a lifetime maximum of \$200.00 on the written order of a physician.

### Ambulance services

Ambulance services for transportation to or from a hospital in the event of illness or injury. Reimbursement will be based on the usual and reasonable charges of the ambulance services as determined by Alberta Blue Cross. Air ambulance transportation will only be covered if normal ground ambulance is not available or not in the best medical interests of the patient.

If you are being billed for ambulance services by the City of Calgary, please complete the portion of the bill regarding other insurance coverage. By providing the City of Calgary with your coverage information, they may directly bill Alberta Blue Cross. For other jurisdictions, please follow the procedures outlined for prescription drugs and medical expenses.



## **Ancillary services**

The usual and reasonable costs of treatment by x-ray, radium and radioactive isotopes, oxygen (and its administration) and blood transfusions, where services are not paid under a government operated program.

## **Diabetic supplies**

Coverage for the purchase of diabetic supplies including needles, syringes, lancets, penlets, urine and blood glucose testing strips. The plan will also reimburse for the purchase or repair of a blood-testing monitor on the written order of a physician.

## **Hearing care**

Coverage is for the purchase of hearing aids (including cochlear implants).

## **Home Nursing Care**

Nursing services provided by a registered nurse, practical nurse or a registered nursing assistant on written order of a physician, once all government operated programs have been exhausted. The services must be provided by a person who is not related to the participant by blood or marriage.

## **Hospital expenses**

The cost of a semi-private or private hospital room depending on availability. The plan will also cover treatment in an auxiliary hospital in Canada.

In Canada, provide the hospital admission office with your Alberta Blue Cross Identification Card when you are admitted. Claims for semi-private and private hospital rooms are paid directly to the hospital by Alberta Blue Cross.

## **Mastectomy prosthesis**

The purchase of an external mastectomy prosthesis, up to a maximum of \$200.00 per single or \$400.00 per double every 2 years on the written order of a Health Care Professional. This does not include the cost of a supporting brassiere.

## **Medical aids**

The usual and reasonable costs for the purchase of splints, trusses, casts, crutches, cervical collars, traction kits, canes, bath lifts, bath/toilet rails and toilet seats when medically necessary, and which are not paid under a government operated program.

The purchase of surgical or support stockings on the written order of a physician and which are not paid under a government sponsored program. A copy of the original prescription completed by the physician must be submitted. Surgical stockings must be dispensed by a licensed medical supplier. You must submit a written confirmation that the surgical stockings have a minimum pressure gradient of 30 mmhg.



The purchase of dressings, bandages and related supplies necessary for the treatment of a chronic medical condition on the written order of a physician, which are not paid by a government sponsored program and with the prior approval of Alberta Blue Cross.

## **Orthopedic Shoes**

Eligible expenses on the written order of a Health Care Professional for the purchase of custom-made orthopedic shoes (Stock item footwear excluded). A fabrication form completed by the shoe provider must be submitted.

## **Orthotics**

The purchase or repair of foot orthotics on the written order of a Health Care Professional. A copy of a biomechanical assessment completed by a physician, podiatrist, chiropractor or physiotherapist is required. The foot orthotic must be dispensed by a podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or orthotist. A fabrication form completed by the orthotics provider must be submitted.



## Paramedical Practitioners

- **Acupuncturist**  
On the written order of a Health Care Professional, eligible expenses for medically necessary services provided by a registered Acupuncturist, who is a registered member of the Acupuncture Association of Alberta for the relief of pain or as an anesthetic. Treatments are limited to one per day.
- **Chiropractor**  
Eligible expenses for services provided by a licensed Chiropractor.
- **Naturopath**  
Eligible expenses for services provided by a licensed Naturopath.
- **Osteopath**  
Eligible expenses for services provided by a licensed Osteopath.
- **Physiotherapist**  
Eligible expenses for services provided by a licensed physiotherapist, once all provincial government funding has been fully accessed.
- **Podiatrist or Chiropodist**  
Eligible expenses for services or supplies, including x-rays and surgery, provided by a licensed Podiatrist or Chiropodist.
- **Psychologist/ Master of Social Work**  
Eligible expenses for individual or family counselling, including assessment, provided by a Chartered Psychologist or Master of Social Work for treatment of mental or emotional illness. Refer to the Employee Family Assistance Program for additional coverage.

## Prescription drugs

Drugs must be prescribed by a physician, dentist or podiatrist and dispensed by a licensed pharmacist.

## Prosthetics

Artificial limbs, artificial eyes, artificial ears, artificial noses, artificial larynx and braces (with the exception myoelectric controlled prosthesis), as well as the replacement and repair costs, on the written order of a physician.

## Rentals

The usual and reasonable costs for the rental of wheelchairs, scooters, iron lungs, and hospital beds on the written order of a physician, and which are not paid under a government operated program. Alberta Blue Cross, at its discretion, will reimburse for the purchase of the aforementioned items.



## **Wigs and Hairpieces**

The purchase of wigs or hairpieces when loss of hair is due to radiation therapy or chemotherapy on the written order of a physician.

## **Vision Care**

Coverage is provided for eyeglasses, frames and/or lenses, replacement glasses, contact lenses, prescription sunglasses, laser eye surgery and intraocular lenses which are prescribed as a result of an eye examination by a licensed medical doctor, ophthalmologist or optometrist.

The plan will also reimburse for eye examinations every 24 months for participants between 19 and 64 years of age.

This plan does not cover industrial safety glasses, vision care expenses incurred before you joined the plan or expenses covered in whole, or in part, by other government agencies or a third party.





## Out of Province Emergency Travel

Benefits are provided as a result of a medical emergency which occurs outside the province of residence. A summary outlining this coverage including limitations and exclusions is available on the ASK Portal.

## Continuation of Health and Dental Care after Group Coverage Terminates

If you leave the District and your coverage has been terminated, you may apply to Alberta Blue Cross for individual coverage or Non-Group coverage. If your application is made within 30 days of cancellation of your group benefits, you may be eligible for special conversion privileges.

## Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.

## What is not covered

This plan does not cover:

- Medical expenses that are paid for by a government or another insurance plan
- Medical expenses that were incurred before you joined the plan or were eligible for the benefit
- Hospital expenses if you have been hospitalized for bed rest or rest cures
- Registration or admission fees charged by hospitals
- Fees for the completion of forms for employment medical, employee absence medical and employee disability medicals
- Services of physicians and surgeons in Canada
- Charges for drugs and injectable drugs, excluding allergy serums, supplied directly and charged for by a physician
- Massage therapy
- Cochlear implants (partial coverage available through the Vision/Hearing Care plan)

## Claims Submission

Your claims should be submitted promptly and received by Alberta Blue Cross no later than 12 months after the expense was incurred. Claims received after the 12-month period will be declined for reimbursement by Alberta Blue Cross.



## Employee Family Assistance Program (EFAP)

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The Employee Family Assistance Program (EFAP) provides assistance to you and your loved ones in dealing with difficult personal and family issues or circumstances.

Coverage is mandatory and automatic when you enroll in Alberta Blue Cross benefits. You and your eligible dependents are covered based on the effective date of your benefits.

### How to access the program

Contact the District EFAP Administrative Assistant at (403) 500-2774 who will connect you with the EFAP Director and/or an EFAP Psychologist for further assistance.

Contact a service provider listed on the District's Preferred Provider Listing. This listing is available on the ASK Portal which contains information of the service provider's specialty, phone number and business address.

### Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.

### Claims Submission

Your claims should be submitted promptly and received by Alberta Blue Cross no later than 12 months after the expense was incurred. Claims received after the 12-month period will be declined for reimbursement by Alberta Blue Cross.



## Dental Care

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The Dental Plan provides coverage for necessary basic, extensive and orthodontic dental services required by you and your eligible dependents.

### Basic Services

The following routine dental care and maintenance procedures are covered:

- examinations, once every 6 months
- diagnostic x-rays or laboratory procedures. Complete series of x-rays or panoramic x-ray once every 2 years. Bitewing x-rays twice a year
- teeth cleaning and fluoride application limited to 2 treatments in a 12-month period with a 5 month lapse between each treatment. The plan defines a cleaning as one 15-minute time unit of scaling and one 15-minute time unit of polishing
- space maintainers
- fillings and extractions
- stainless steel crowns
- endodontics - diagnostic and treatment procedures for pulp and root canal therapy
- periodontics - diagnostic and treatment procedures for treatment of tissues supporting the teeth
- general anesthesia
- cost of medication for the relief of pain when provided by injection in the dentist's office
- denture relining and rebasing, once every 2 years
- denture repairs
- oral hygiene instruction once every benefit year

### Major Restorative Services

The following restorative procedures are covered:

- crowns and bridges
- partial and complete standard dentures if existing dentures are no longer useable
- replacement of an existing appliance if:
  - an additional natural tooth is extracted, and the existing appliance cannot be made serviceable.
  - the appliance is at least five (5) years old and cannot be made serviceable (except if there is such extensive loss of remaining teeth to change in support tissues that the existing appliance cannot be made serviceable).

### Orthodontic Services

Correction of malposed teeth for adults and children.



## Treatment Plans

If a dental procedure(s) costs more than \$800.00, your dentist must prepare a “treatment plan” outlining the work required and the expense **before** the procedure begins. Alberta Blue Cross will assess the treatment plan and inform both you and your dentist of the reimbursement levels for the procedure(s). The treatment plan will be in effect for a maximum of 120 days from the date of approval.

This is not meant to control or limit use but to ensure that you are aware of how much will be reimbursed by the plan.

## Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.

## What is not covered

This plan does not cover:

- any procedure started prior to the date the patient became eligible for such services under the plan
- fees for missed appointments, completion of forms, or nutritional and diet counseling
- experimental procedures
- cosmetic surgery
- hypnosis
- administration of anesthesia
- replacement of lost or stolen devices (crowns, bridges, dentures)
- spare prosthetic devices
- coverage of replacement crowns, jackets, gold restoration or prosthetic appliances provided only after five (5) years have elapsed since the prior provision of these benefits by Alberta Blue Cross.
- services for extensive endodontic or periodontic treatment (costing more than \$500.00) are not covered unless a treatment plan and x-rays are submitted to Alberta Blue Cross for prior approval

## Claims Submission

Your claims should be submitted promptly and received by Alberta Blue Cross no later than 12 months after the expense was incurred. Claims received after the 12 month period will be declined for reimbursement by Alberta Blue Cross.



## Health Spending Account (HSA)

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The Health Spending Account may be used for the reimbursement of expenses that are not covered under the District's Benefits Plan but are defined as an eligible expense by Canada Revenue Agency.

All regular employees who are employed by the District in a permanent position following successful completion of the probationary period are eligible for the Health Spending Account. Eligible regular employees will be actively at work, on paid sick leave, on approved Long-Term Disability (LTD) or Workers Compensation (WCB) benefits.

The unused balance will be carried forward to the next plan year. The carry forward amount must be used by the end of the second year or it will be forfeited. Employees leaving the District for any reason will automatically forfeit any unused balance. Employees have 90 days from the date of termination or end of policy year to submit any outstanding claims.

Adjustments to your credits will occur upon an unpaid leave of absence or termination of employment

Further detailed information is available in the HSA information and claims guide on the ASK Portal.

## Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.



## Long-Term Disability Insurance (LTD)

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If you become sick or disabled and are no longer able to work, the LTD plan provides income replacement to qualified applicants. This plan has a 90-day qualifying period, during which you may use your sick leave entitlements, if applicable. If your claim is approved by the insurance carrier, you can expect to receive payment up to the amount indicated in the Benefits Overview.

### Pre-Existing Condition

Any disability which commences within the first 12 months that a person is insured if the disability is related to a condition for which the person, within 3 months prior to becoming insured, was treated, or tested, took medication, or attended or consulted a physician.

The insurance carrier assesses each claim on an individual basis to determine eligibility for the Long-Term Disability benefit.

### Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.



## Group Life Insurance

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### Employee Basic Life Insurance

If the event of your death, the Employee Life Insurance plan will pay a lump sum payment up to the maximum indicated in the Benefits Overview.

### Optional Employee and Spousal Life Insurance

You may purchase additional term life insurance for yourself and your spouse up to the maximum indicated in the Benefits Overview.

You must complete an evidence of insurability form for yourself and/or your spouse for approval by the insurance carrier before coverage becomes effective.

Both Optional Employee and Spousal Life insurance terminates at age 65 or termination of employment, if earlier. If Optional Employee and/or Spousal Life insurance is terminated for an unpaid leave (i.e. maternity leave, etc.), the coverage cannot be reinstated. You must re-apply for coverage.

Refer to the Benefit Rate Summary on the ASK Portal for the premium cost of optional life insurance.

### Termination of Life Insurance

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.

#### **If you become sick or injured before age 65:**

1. If you have applied for long-term disability and
  - a. Is approved, your life insurance will continue without the payment of premiums until age 65
  - b. Is not approved, your life insurance can continue with premium payment until age 65
2. If you do not apply for long-term disability, your life insurance can continue with premium payment until age 65

Once you reach age 65 and still disabled, your life insurance will terminate.

#### **If you become sick or injured after age 65:**

Your life insurance can continue with premium payment until the end of the sixth month following the date on which you cease to be actively at work due to disease or injury.



## **Continuation of Life Insurance Coverage After Group Coverage Terminates**

If you terminate your employment with the District prior to attaining age 65, you may convert your group life insurance coverage to an individual life insurance policy without evidence of insurability. You must apply for the individual policy and pay the first premium within 31 days after the termination of your group coverage. You may convert up to the amount of life insurance coverage that you were insured for under the District's plan or \$200,000, whichever is the lesser.

The premium for the individual policy will be based on the carrier's premium rate as of the effective date of the individual policy, according to the plan of insurance chosen, the amount of insurance converted and your attained age.





## Accidental Death and Dismemberment Insurance (AD&D)

In addition to Employee Life Insurance, if your death is the result of an accident, the Accidental Death Insurance plan will pay a lump sum payment, up to the maximum indicated in the Benefits Overview.

The following payments will be made if the injury results in any of the following losses within 365 days after the date of the accident

### For Loss of

Life	The Principal Sum
The Entire Sight of Both Eyes	The Principal Sum
Speech & Hearing in Both Ears	The Principal Sum
One Hand & the Entire Sight of One Eye	The Principal Sum
One Foot & the Entire Sight of One Eye	The Principal Sum
The Entire Sight of One Eye	Three-Fourths of the Principal Sum
Speech	Three-Fourths of the Principal Sum
Hearing in Both Ears	Three-Fourths of the Principal Sum
Hearing in One Ear	Two-Fifths of the Principal Sum
All Toes of One Foot	One-Third of the Principal Sum

### For Loss or Loss of Use of

Both Hands	The Principal Sum
Both Feet	The Principal Sum
One Hand & One Foot	The Principal Sum
One Arm	Four-Fifths of the Principal Sum
One Leg	Four-Fifths of the Principal Sum
One Hand	Three-Fourths of the Principal Sum
One Foot	Three-Fourths of the Principal Sum
Thumb & Index Finger or at Least Four Fingers of One Hand	Two-Fifths of the Principal Sum

### For Paralysis of

Both Upper & Lower Limbs (Quadriplegia)	Two Times the Principal Sum
Both Lower Limbs (Paraplegia)	Two Times the Principal Sum
Upper & Lower Limbs of One Side of Body (Hemiplegia)	Two Times the Principal Sum

## Termination

Refer to the Benefits Overview at the beginning of this booklet and Termination of Benefits Coverage under General Information to see when your coverage terminates.



## For More Information

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People Services – Benefits

[Via ASK](#)

Alberta Blue Cross

Calgary  
Toll-Free  
Website

(403) 234-9666  
1-800-661-6995  
[www.ab.bluecross.ca](http://www.ab.bluecross.ca)