



Continuous glucose monitor coverage for Albertans under 18 years of age

Coverage for Continuous Glucose Monitors (CGMs), listed on the Alberta Drug Benefit list, will be provided for eligible insulin-dependent Albertans under the age of 18 years who are enrolled in a government-sponsored health benefit plan.

Albertans must meet all of the following criteria to obtain coverage for CGMs:

- Be a resident of Alberta;
- Be enrolled in one of Alberta's government-sponsored health benefit plans;
- Be under the age of 18 years;
- Be diagnosed with diabetes and require ongoing insulin therapy or insulin pump therapy; and
- Be prescribed a CGM by an endocrinologist or pediatrician.

Exclusions to coverage

Coverage is not provided for the following:

- Requests made due to lifestyle choices (e.g., sports, personal preference, etc.).
- Components or devices that are not primarily part of the CGM composite device (e.g., batteries, insertion devices, adhesive removers or other supplies).

Covered benefits

- Up to a maximum of 4 CGM transmitters for the Dexcom G6 device and a maximum of 1 CGM transmitter for the Medtronic Guardian device; and
- Up to a maximum of 36 CGM sensors for the Dexcom G6 device and up to a maximum of 52 CGM sensors for the Medtronic Guardian device.

Government program participants may obtain their CGM from the manufacturer or from a pharmacy.

Get more information about coverage for Albertans using diabetes management supplies, as well as supplementary health benefit plans at <https://www.alberta.ca/drug-coverage-health-benefits.aspx> or by calling Alberta Blue Cross at 1-800-661-6995.



Application for Alberta Blue Cross Non-Group Coverage

Protected B (when completed)

The information on this application is being collected by Alberta Health pursuant to section 20(b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining or verifying eligibility for Alberta Blue Cross Non-Group Coverage. If you have any questions regarding the collection of this information, please contact an Alberta Health representative at 780-427-1432 in Edmonton or toll-free at 310-0000 then 780-427-1432.

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

Your application can only be accepted if you have active Alberta Health Care Insurance Plan coverage and there are no outstanding Alberta Blue Cross Non-Group Coverage premiums.

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

List your spouse/partner and dependant(s) (if applicable).

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

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

Do you want your Alberta Blue Cross Non-Group Coverage to start on the date your previous coverage was cancelled?
<input type="radio"/> Yes <input type="radio"/> No
If yes, this application must be received by Alberta Health within 30 days from the cancellation date of your previous coverage.

Note: Alberta Blue Cross Non-Group Coverage can only become effective on the first day of a month.

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

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

Daytime Phone Work Phone Date yyyy-mm-dd Signature

For Alberta Health office use only	
Effective yyyy-mm-dd	If returned by yyyy-mm-dd
Completed By	yyyy-mm-dd
For Alberta Blue Cross office use only	
	Alberta Blue Cross Coverage Number



What is not covered?

The following are not covered under the program:

1. Claims for benefit expenses incurred prior to the effective date of coverage.
2. Claims for benefit expenses received by Alberta Blue Cross more than 12 months after the service was provided.
3. Services covered by the Alberta Health Care Insurance Plan (AHCIP).
4. Charges for drugs supplied directly and charged for by a physician, with the exception of allergy serums.

How to claim for benefits

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

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

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

Expenses for eligible diabetic supplies may be billed directly to Alberta Blue Cross by the pharmacy. Show your Alberta Blue Cross ID card at the time of purchase.

Premiums

As of July 1, 2010, the monthly rate is

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

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

5. Registration, admission or user fees charged by a hospital.
6. Drug products not listed in the *Alberta Drug Benefit List*. Ask your pharmacist or physician if your prescribed medication is on this list.
7. Travel insurance for emergency hospital and medical expenses outside of the province or country.

To claim reimbursement for other eligible expenses, submit your claim on an Alberta Blue Cross claim form, available at any Alberta Blue Cross office, Alberta pharmacy or on the Alberta Blue Cross web site (www.ab.bluecross.ca).

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

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

Payment

Premiums are billed quarterly by Alberta Blue Cross.

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

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

- **780-498-8000** (Edmonton and area)
- **403-234-9666** (Calgary and area)
- **1-800-661-6995** (toll free)
- email via **www.ab.bluecross.ca**

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

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

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

- **780-427-1432** (Edmonton and area)
- Toll free for the rest of Alberta at **310-0000** and then **780-427-1432**
- **Dial 711** for TTY for the Deaf and Hard of Hearing
- Web site at **www.health.alberta.ca**
- email via **health.ahcipmail@gov.ab.ca**

**The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. *† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC 40004/80639 (NCN0008) 2016/05



Non-Group Coverage



Supplementary health coverage
for Albertans



Alberta

Revised January 2016

Introduction

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

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



Applying for coverage

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

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

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

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

Eligibility

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

Single coverage—available to Alberta residents with no dependants.

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

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

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

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

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

Benefits

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

Prescription drugs

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

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

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

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

Diabetic supplies

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

Ambulance services

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

Clinical psychological services

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

Home nursing care

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

Prosthetic and orthotic benefits

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

Mastectomy prosthesis

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

Hospital accommodation

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

The benefit year is July 1 to June 30.

*The same dependants covered under the subscriber's AHCIP account must be included on the subscriber's *Non-Group Coverage*.
**An adult interdependent partner is a person who lives together with another person in a relationship of interdependence
• for a continuous period of not less than three years;
• of some permanence, if there is a child of the relationship by birth or adoption; or
• if the subscriber and partner have entered into an adult interdependent partner agreement.