

RED DEER LIBRARY BOARD

Benefits Booklet

for
All Eligible Employees

Alberta Blue Cross Group Number: 72333

Blue Cross Life Policy Number: 72333

Effective Date: June 1, 2018

Issue Date: June 2018



Alberta Blue Cross Group Number: 72333
Blue Cross Life Policy Number: 72333
Effective Date: June 1, 2018
Eligibility Period: 1st of the month following 3 months of employment
Employee Classification: All Eligible 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
- Second Opinion

Dental Benefits

- Basic
- Periodontic
- Extensive
- Orthodontic

Benefit Year

November 1st - October 31st

Life and Disability Benefits

Underwritten by: Blue Cross Life

Life Insurance Benefits

- Basic Life
- Dependent Life
- Accidental Death and Dismemberment
- Optional Life

Disability Benefits

- Long Term Disability

Schedule of Benefits

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Reimbursement
Coverage Level:	100%
Eligible Drugs:	Drugs defined as Eligible Drugs in the current Alberta Blue Cross Drug Benefit List®
Aerosol Holding Chamber:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Blood Testing Monitor:	\$150 per Participant in a 5 year period
Contraceptive Drugs:	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period
Diabetic Supplies:	Included
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	\$200 lifetime per Participant
Vaccines:	\$250 per Participant each Benefit Year
Weight Loss Products:	Excluded

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Summary of Benefits

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. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
5. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
6. **Vaccines:** Drugs with at least one Health Canada indication for use as a vaccine as defined by Blue Cross.
7. **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 Rooms**:	Direct payment basis
Semi-Private Rooms**:	Direct payment basis
Long Term Care Facility**:	\$1,000 combined maximum per Participant each Benefit Year for:
<i>Semi-Private Room</i>	Included
<i>Private Room</i>	Included
<i>Ward Room</i>	Included

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuse.
2. **Long Term Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital, long term care facility or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

Limitations

1. ** Services subject to a daily maximum based on the current Blue Cross Schedule of Fees. To see the most current Schedule of Fees please call Blue Cross or visit our website at: www.ab.bluecross.ca/scheduleoffees.php.

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Extended Health Benefits

Extended Health Core Benefits

Coverage Level:	100%
Accidental Dental:	\$2,000 per Participant per accident for 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:	* \$15,000 per Participant each Benefit Year
Manual Hospital Beds:	* Rental, purchase or repair to a lifetime maximum of \$1,500 per Participant
Manual Wheelchairs:	
<i>Purchase</i>	* Once per Participant in a 3 year period
<i>Rental</i>	* Once per Participant in a 3 month period
<i>Repair</i>	Included
Mastectomy Prosthesis:	* \$200 per Prosthesis once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Prosthetics:	* Conventional artificial limbs and eyes

Complementary Health Option

Coverage Level:	100%
Braces:	* 70% of Eligible Expense once per limb in a 24 month period
Diagnostic Services and Laboratory Testing:	* \$150 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
Foot Orthotics:	* 70% to a maximum of \$300 per Participant each Benefit Year
Hearing Aids:	* \$750 per Participant in a 4 year period
Ileostomy, Colostomy, Urinary Catheters and Supplies:	80% to a maximum of \$1,200 per Participant each Benefit Year

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Medical Aids:

<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses</i>	Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
<i>Traction Kits, Walkers</i>	* Included
<i>Wig/Hairpiece</i>	* \$250 per Participant in a 5 year period

Medical Durable Equipment:

70% to a maximum of \$1,500 per Participant each Benefit Year

Orthopaedic Shoes:

* \$250 per Participant each Benefit Year

Osteopath**:

\$500 per Participant each Benefit Year

Oxygen and Equipment:

\$2,500 per Participant each Benefit Year

Physiotherapist**:

\$500 per Participant each Benefit Year

Podiatrist/Chiropractist**:

\$500 per Participant each Benefit Year

Psychologist/

Master of Social Work**:

\$750 per Participant each Benefit Year

Speech Language Pathologist**:

\$750 per Participant each Benefit Year

Enhanced Health Option

Coverage Level:

100%

Maximum:

All services provided under the Enhanced Health Option have a combined maximum of \$750 per Participant each Benefit Year

Acupuncturist**:

Included

Chiropractor**:

Included

Massage Therapist**:

Included

Naturopath**:

Included

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. ** Services subject to a per visit maximum based on the current Blue Cross Schedule of Fees. To see the most current Schedule of Fees please call Blue Cross or visit our website at: www.ab.bluecross.ca/scheduleoffees.php.
3. Wig/Hairpiece when required for hair loss due to a medical condition, illness or accidental injury.
4. Acupuncturist – Eligible Expenses for services provided by a registered acupuncturist.
5. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor and the cost of 1 x-ray.
6. Massage Therapist – Eligible Expenses on the written order of a physician, for therapeutic massages provided by a registered massage therapist to treat a medical condition.

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7. Naturopath – Eligible Expenses for services provided by a licensed naturopath.
8. Osteopath – Eligible Expenses for services provided by a licensed osteopath.
9. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist, once all provincial government funding has been fully accessed.
10. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
11. 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.
12. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist, once all provincial government funding has been fully accessed.

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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:	30 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:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$250 per day to a maximum of \$2,500 per incident
Hospital Accommodation:	Included
Identification of Deceased:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$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:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

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Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
<i>Podiatrist/Chiropodist</i>	\$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 30 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).

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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).

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Vision Care Benefits

Adult:	Participants 19 years of age and older	
Child:	Participants under 19 years of age	
Coverage Level:	100%	
Maximum:	Adult	\$200 per Participant each Benefit Period
	Child	\$200 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	

Second Opinion

Second Opinion is a confidential service that provides you and your dependents with access to medical specialist expertise and the reassurance that you are receiving the right care at the right time. Upon the diagnosis of a qualifying medical condition, you or your dependents can contact Second Opinion to have your medical files reviewed by a medical specialist. With your signed consent, Second Opinion coordinators will assist you through the process and will collect your medical files and all relevant documentation. Your medical files will then be submitted to a medical specialist who will review your case.

The medical specialist will validate your diagnosis and treatment plan in a written report which will be delivered to you and your treating physician. If applicable, the report will include alternate or enhanced treatment options.

The Second Opinion service may be accessed toll-free Monday to Friday from 6 a.m. to 6 p.m. MST at 1-877-940-5071.

Serious conditions, which may qualify for Second Opinion, are diagnoses of the following:

- AIDS
- Alzheimer's disease
- Any life threatening illness
- Cancer
- Chronic pelvic pain
- Deafness
- Emphysema
- Kidney failure
- Major or severe burns
- Major trauma
- Neuro-degenerative disease
- Parkinson's disease
- Stroke
- ALS
- Any amputation
- Benign brain tumor
- Cardiovascular conditions
- Coma
- Embolism/Thrombophlebitis
- Hip/knee replacement
- Loss of speech
- Major organ transplant
- Multiple sclerosis
- Paralysis
- Rheumatoid Arthritis
- Sudden blindness due to illness

After reviewing the patient's medical documentation, the medical specialist will provide recommendations to the patient and their physician. Ongoing treatment decisions will be made between the patient and their physician.

NOTE: This Benefit does not cover the cost of the travel, accommodation or treatment; these costs are the responsibility of the patient. The Participant's Out of Province Emergency Travel Plan Benefits will not pay for emergency expenses incurred while seeking medical advice, surgery, a second opinion or treatment, outside the patient's province of residence, even if the trip is on the recommendation of a Second Opinion medical specialist or a Health Care Professional. Blue Cross shall not be responsible for the availability, quality or results of any medical treatment or the failure of the Participant to obtain recommended treatment.

Second Opinion's privacy policy complies with requirements under the Personal Information Protection and Electronic Documents Act (PIPEDA), as well as provincial privacy legislation.

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Dental Plan

Fee Schedule:

Usual and Customary dental fees as determined by Blue Cross

Basic Benefits

Adult:

Participants 19 years of age and older

Child:

Participants under 19 years of age

Coverage Level:

100%

Maximum:

\$2,500 per Participant each Benefit Year
Combined maximum with Periodontic and 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 12 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 12 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 12 month period

Child 1 time unit per Participant in a 6 month period

Scaling and Root Planing

4 time units per Participant in any 12 month period

Fluoride Treatment

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 (or dollar equivalent)

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Oral Surgery:

<i>General Surgery Exam</i>	1 per Participant in a 5 year period
<i>Uncomplicated and Surgical Extractions</i>	Included
<i>General Anesthesia and Deep Sedation</i>	Included

Endodontics:

<i>Complete Endodontic Exam</i>	1 per Participant in a 5 year period
<i>Root Canal Therapy</i>	1 per tooth in a 24 month period
<i>Apicoectomy</i>	Included
<i>Retrofill</i>	Included
<i>Pulpectomy</i>	Included
<i>Pulpotomy</i>	Included

Removable Appliances:

<i>Prosthetic Edentulous Exam</i>	1 per Participant in a 5 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period

Denture Services:

<i>Rebasing and Resetting</i>	Providing at least 5 years has lapsed from placement of denture
<i>Adjustments</i>	Providing at least 3 months has lapsed from placement of denture
<i>Relines</i>	1 service per denture in a 24 month period
<i>Liners</i>	1 service per denture in a 24 month period
<i>Tissue Conditioning</i>	1 service per denture in a 24 month period
<i>Repairs</i>	Included

Pre-Authorization Amount:

\$1,000

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Periodontic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	100%
Maximum:	\$2,500 per Participant each Benefit Year Combined maximum with Basic and Extensive Benefits
Diagnostic Services:	
<i>General Periodontal Exam</i>	1 per Participant in a 5 year period
Treatment Procedures:	
Surgical	
<i>Periodontic Surgery</i>	Included
<i>Osseous Surgery</i>	Included
<i>Osseous Grafts</i>	Included
<i>Soft Tissue Grafts</i>	Included
Non-Surgical	
<i>Provisional Splinting</i>	Included
<i>Scaling and Root Planing</i>	In excess of 4 time units per Participant in a 12 month period
<i>Management of Oral Infections</i>	Included
<i>Periodontal Appliances</i>	1 upper or 1 lower per Participant in a 36 month period
<i>Repairs of Periodontal Appliances</i>	Included
<i>Reline of Periodontal Appliances</i>	1 per appliance in a 12 month period
<i>Occlusal Equilibration</i>	4 time units per Participant in a 12 month period
Pre-Authorization Amount:	\$1,000

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Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	50%
Maximum:	\$2,500 per Participant each Benefit Year Combined maximum with Basic and Periodontic Benefits
Diagnostic Services:	
<i>Fixed Oral Rehabilitation Exam</i>	1 per Participant in a 5 year period
Prosthetic Services (Limited to one of the following services per tooth):	
<i>Crowns</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in a 5 year period
<i>Inlays and Onlays</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Processed Veneers</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Posts & Cores</i>	1 in a 5 year period
Pre-Authorization Amount:	\$1,000

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Orthodontic Benefits

Child:	Participants under 19 years of age
Coverage Level:	50%
Maximum:	\$1,500 lifetime per Participant
Diagnostic Services <i>General Orthodontic Exam</i>	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: <i>Fixed or Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
Pre-Authorization:	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 at 12:01 a.m. on the 1st of the month following the earlier of the Member's retirement, termination of employment or attainment of age 70.

Life and Disability Benefits

Life Insurance

Group Life

Benefit Formula:	2 x annual earnings
Maximum Benefit:	\$500,000
	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:	\$150,000
Reduction:	At age 65, the amount of insurance reduces by 50%
Termination:	Ceases at the earlier of the Member's retirement or age 70

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 group Basic Life coverage.

Extension of Coverage

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

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Dependent Life

Amount of Insurance:	Spouse	\$10,000
	Each Child	\$5,000
Termination:	Ceases at the earlier of the Member's retirement or age 70 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.

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Accidental Death and Dismemberment

The principal amount is equal to the amount of Group Life.

Reduction:	At age 65, the amount of insurance reduces by 50%
Termination:	Ceases at the earlier of the Member's retirement or age 70

In the event of loss occurring within 365 days after the date of injury, the amount payable shall be the following percentage of the principal amount for which the Member is insured on the date of the injury. The principal amounts of the benefits are defined in the Schedule of Benefits. The maximum amount payable for all losses sustained as a result of the same accident shall not exceed 100% of the amount of insurance with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200%. Only one amount, the largest applicable, will be payable for injuries to the same limb resulting from any one accident:

Loss of life	100%
Loss of or loss of use of both hands or both feet	100%
Loss of or loss of use of one hand and one foot	100%
Loss of the entire sight of both eyes	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of or loss of use of both arms or both legs	100%
Loss of or loss of use of one arm and one leg	100%
Loss of speech and hearing	100%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
Loss of or loss of use of one arm or one leg	75%
Loss of or loss of use of one hand or one foot	66 2/3%
Loss of the entire sight of one eye	66 2/3%
Loss of speech or hearing	50%
Loss of thumb and index finger on the same hand	33 1/3%
Loss of four fingers on the same hand	33 1/3%
Loss of hearing in one ear	16 2/3%
Loss of all toes on one foot	12 1/2%

Exposure – a loss caused by unavoidable exposure to the elements is covered.

Disappearance – caused by accidental wrecking, sinking or disappearance of a conveyance is considered to be loss of life.

Coma Benefit – 1% of the principal amount payable monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury.

Repatriation – \$10,000 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

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Rehabilitation – \$10,000 maximum reimbursement of special training expenses for the Member.

Occupational Training for Spouse – \$10,000 maximum reimbursement for a formal training program.

Education Benefit – the lesser of 5% of the Member's principal sum, or \$5,000, for each of five years for post-secondary education for eligible dependent children or until the age of 25 inclusive, whichever occurs first.

Family Travel – \$3,000 maximum reimbursement for family members to attend the hospital of confinement of the Member if confinement is more than 150 kilometers from their normal place residence.

The term "loss" is defined in the Group Contract.

Exclusions and Limitations

No benefit shall be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

No benefit will be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1. intentionally self-inflicted injuries, committing suicide, or attempting suicide.
2. insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion.
3. any accident or injury occurring while operating a motor vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.)
4. illness or disease of any kind, or medical or surgical Treatment thereof, other than septic infection caused through a wound accidentally sustained.
5. travel or flight in or descent from any kind of aircraft if the Participant:
 - is a member of the aircraft crew, or
 - has any duties relating to the operation, maintenance, testing or control of the aircraft, or
 - is on the aircraft for the purpose of instruction or training.

Reduction Schedule

The reduction schedule (if applicable) coincides with that of the Basic Group Life plan.

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Optional Group Life

Benefit Description:

Coverage is provided to the Member and/or spouse in units of \$10,000 to a maximum of \$200,000 per insured. The combined Group Life benefit plus the Optional Group Life benefit cannot exceed \$700,000.

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

Long Term Disability

Benefit Formula:	66.67% of monthly earnings
Maximum Issue Limit:	\$2,500 per month
Elimination Period:	119 Days
Benefit Period:	To Age 65
Non-Evidence Limit:	\$2,500
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 he is deemed able, by the Company, to perform the regular duties of his own occupation for any employer.

Thereafter, a Member is not considered totally disabled for the period following the first 24 months of benefits if he is deemed able, by the Company, to perform the regular duties of any occupation for which he would earn 60% of his 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, an 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 sickness or injury for which the Member, during the 6 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 12 consecutive months within the 30 month time period beginning 6 months before and ending 24 months after the Member's effective date of Long Term Disability coverage or

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2. the disability begins after 24 consecutive months of employment from the Member's effective date of Long Term Disability coverage.

Disabilities commencing within 24 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 6 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 12 consecutive months within the 30 month time period beginning 6 months before and ending 24 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,
3. any Canada or Quebec Pension Plan retirement benefits, if applied for by the Member after the date he meets the definition of Total Disability,
4. any retirement income, or benefits payable under any group program provided by or through the employer,
5. any income or benefits payable under a plan sponsored by an association, union or fraternal organization of which the Employee is a member,
6. 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
7. 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 the Pre-Disability Earnings received by the Member, and if necessary, will further be reduced so that the total amount of income and benefits received 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 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 his circumstances and has been approved by his attending physician. Participation in a program of Rehabilitative Employment will not disqualify him for Long Term Disability benefits while the Rehabilitative Employment continues and while he continues 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 occurring while operating a motor vehicle either while under the influence of any intoxicant or with a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.)

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 20 hours per week 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 he is 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.

Group Life

Conversion Privilege

If your Basic Group 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 Group 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 Group Life Insurance policy is not being replaced, all Members who had been insured for at least five continuous years may convert their group life coverage in the same manner as terminating Members.

Dependent Life

Conversion Privilege

A terminating Member may convert the insurance on the life of his/her Spouse in the same manner as under the Group 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.

Conversion Privilege

Claiming Provisions

Claiming Benefits

1. * Prescription Drug benefits are provided on a reimbursement basis. Claim forms may be obtained from any pharmacy or your local Blue Cross office.
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 Group Life, Accidental Death & Dismemberment, Dependent Life, Weekly Indemnity 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 30 days before 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 Weekly Indemnity 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 Weekly Indemnity or Long Term Disability benefit payments.

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* 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 following 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.

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 he is 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.