

CALGARY BOARD OF EDUCATION

Benefits Booklet

Alberta Blue Cross Group Number: 70630

Blue Cross Life Policy Number: 70630

Effective Date: February 1, 2018

Issue Date: September 2026



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Alberta Blue Cross Group Number: 70630
Blue Cross Life Policy Number: 70630
Effective Date: February 1, 2018
Eligibility Period: 1st of the month following date of hire
Employee Classification: Substitute Teachers and Teachers with Contracts less than 3 Months

Schedule of Benefits

Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Health Benefits

Prescription Drugs
Hospital
Extended Health
Out of Province Emergency Travel

Dental Benefits

Basic

Benefit Year

July 1st - June 30th

Termination of Benefits

Prescription Drug, Hospital and Extended Health Benefit coverage terminates at 12:01 a.m. on the 1st of the month following the Member's termination of employment.

Out of Province Emergency Travel and Dental Benefit coverage terminates at 12:01 a.m. on the 1st of the month following the earlier of the Member's termination of employment or attainment of age 65.

Life and Disability Benefits

Underwritten by: Blue Cross Life

Life Insurance Benefits

Basic Life
Accidental Death and Dismemberment

Schedule of Benefits

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

Summary of Benefits

Health and Dental Benefits

Health Plan

Prescription Drug Benefits

Payment Basis:	Reimbursement
Coverage Level:	80%
Maximum:	\$100,000 per Participant each Benefit Year Combined with Prescription Drug, Hospital and Extended Health Benefits
Deductible:	\$25 each Benefit Year under Single or Family Coverage Deductible combined with Prescription Drug and Extended Health Benefits
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Aerosol Holding Chamber:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Contraceptive Drugs (Other than Oral):	Excluded
Sexual Dysfunction Products:	Excluded
Smoking Cessation Products:	Excluded
Weight Loss Products:	Excluded

Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
3. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
4. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

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Hospital Benefits

Coverage Level:	100%
Maximum:	\$100,000 per Participant each Benefit Year Combined with Prescription Drug, Hospital and Extended Health Benefits
Private/Semi-Private Rooms:	Direct payment basis
Auxiliary Care:	\$360 per Participant each Benefit Year
Outpatient Expenses:	Out of Province
Out of Canada:	\$100 per day in an active treatment facility for non- emergent services

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. **Auxiliary Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital 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.

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Extended Health Benefits

Coverage Level:	100%
Maximum:	\$100,000 per Participant each Benefit Year Combined with Prescription Drug, Hospital and Extended Health Benefits
Deductible:	\$25 each Benefit Year under Single or Family Coverage Deductible combined with Prescription Drug and Extended Health Benefits
Accidental Dental:	\$1,000 per Participant per accident for repair, extraction and/or replacement of natural teeth
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates
Ancillary Services:	
<i>Blood and Blood Plasma</i>	Included
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration</i>	Included
<i>Radium and Radioactive Isotopes</i>	Included
<i>X-ray Examination</i>	Included
Blood Testing Monitor:	* \$175 per Participant once in a 5 year period
Braces:	* Included
Diabetic Supplies:	Included
Eye Examinations:	\$31.75 each 24 consecutive month period for Participants between 19 and 64 years of age
Foot Orthotics:	* \$200 per Participant each Benefit Year
Hearing Aids:	\$500 per Participant in a 3 year period
Home Nursing Care:	* \$10,000 per Participant in any 3 year period
Ileostomy, Colostomy Supplies:	Included
Mastectomy Prosthesis:	* \$200 per single or \$400 per double once per Participant in a 24 month period
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses</i>	Included
<i>Traction Kits</i>	* Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
Medical Care (Outside Canada):	Expenses for non-emergency services to the maximum stated in the Alberta College of Physicians and Surgeons Schedule

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Medical Durable Equipment:

<i>Hospital Beds</i>	* Included
<i>Wheelchairs</i>	* Included
<i>Iron Lungs</i>	* Included

Orthopaedic Shoes:

* 1 pair per Participant each Benefit Year

Paramedical Practitioners:

<i>Chiropractor</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Massage Therapist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Osteopath</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Physiotherapist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Podiatrist/Chiropodist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Psychologist/Master of Social Work</i>	\$50 per visit, to a maximum of \$500 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year

Prosthetics:

* Conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Chiropractor – Eligible Expenses for services provided by a licensed chiropractor.
3. Massage Therapist – Eligible Expenses for therapeutic massages provided by a registered massage therapist to treat a medical condition.
4. Osteopath – Eligible Expenses for services provided by a licensed osteopath.
5. Physiotherapist – Eligible Expenses for services provided by a licensed physiotherapist
6. Podiatrist/Chiropodist – Eligible Expenses for services or supplies provided by a licensed podiatrist or chiropodist.
7. 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.
8. Speech Language Pathologist – Eligible Expenses for services provided by a licensed speech language pathologist.

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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:	90 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 90 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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Dental Plan

Fee Schedule: Usual and customary dental fees as determined by Alberta Blue Cross

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Coverage Level:	80%
Maximum:	\$1,000 per Participant each Benefit Year
Diagnostic Services:	
<i>Complete Oral Exam</i>	1 lifetime per Participant per Health Care Professional
<i>Any other Oral Exam</i>	1 per Participant per Health Care Professional in any 6 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Imaging</i>	1 set per Participant in any 24 month period
<i>Bitewing Imaging</i>	2 images per Participant in any 6 month period
<i>Consultations</i>	Only when performed by another Health Care Professional
Preventive Services:	
<i>Polishing</i>	1 time unit per Participant in any 6 month period
<i>Fluoride Treatment</i>	1 per Participant in any 6 month period
<i>Space Maintainers</i>	Included
Restorative Services:	
<i>Restorations</i>	Included
Oral Surgery:	
<i>Oral Surgery</i>	Included
Endodontics:	
<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 24 month period
Periodontics:	
<i>Scaling and Root Planing</i>	18 time units per Participant in any 12 month period
General Anesthesia:	When required in the course of dental treatment
Denture Services:	
<i>Relines and Rebasing</i>	1 service per denture in any 24 month period
<i>Denture Repairs</i>	Repairs where a further impression is not required
Pre-Authorization Amount:	\$800

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Life and Disability Benefits

Life Insurance

Group Life

Benefit Formula:	\$15,000
Non-Evidence Limit:	\$15,000
Termination:	Ceases at the earlier of the Member's retirement or age 65

Terminal Illness

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request. The payment must be requested in writing and will be the lesser 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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Accidental Death and Dismemberment

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

Termination:

Ceases at the earlier of the Member's retirement or age 65

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.

Employee

Substitute teachers and temporary contract teachers not eligible for the ATA benefit package. 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.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of this eligibility period.

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 continuously resides with the Member being 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 25 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 25, 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.

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.

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.

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. * 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.
6. In reference to Group Life or Accidental Death & Dismemberment 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.

* 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.

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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.