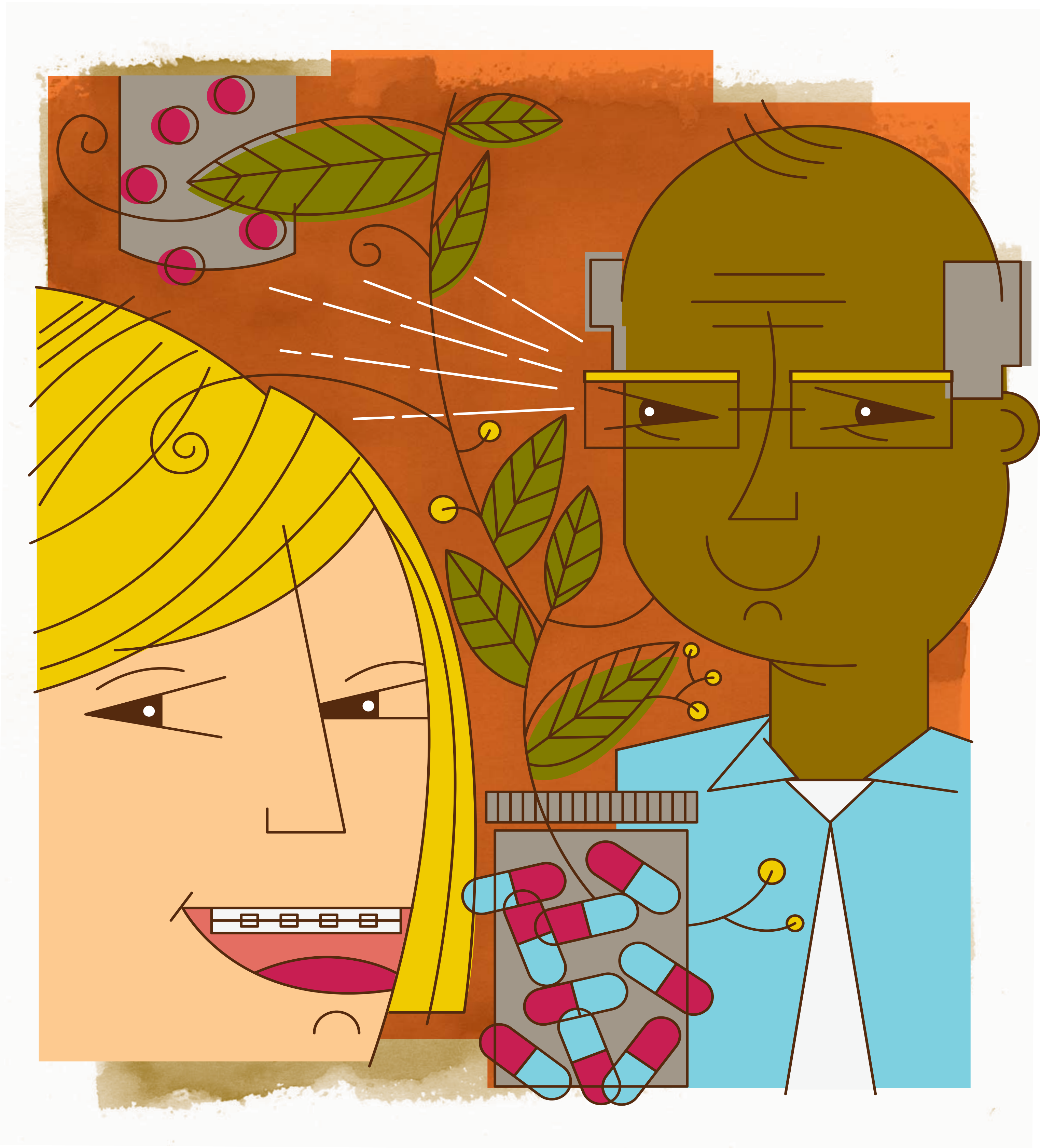

BENEFIT HANDBOOK

asebp
ALBERTA SCHOOL EMPLOYEE BENEFIT PLAN

ASEBP BENEFIT HANDBOOK

This handbook contains an overview of your ASEBP General Plan Provisions, as well as more specific information about each benefit offered through ASEBP. **Benefit coverage varies by school jurisdiction and employee group. As such, you may or may not receive all benefits described in this handbook. Refer to your ASEBP ID card, log in to My ASEBP, or contact an ASEBP Benefit Specialist to confirm your benefit coverage.**

This handbook should only be used as a guide. Specific plan coverage is subject to change from time to time and will be communicated to covered members on the ASEBP website at www.asebp.ab.ca, and through ASEBP's It's for Your Benefit publication.

For full details of any specific benefit plan, refer to the insurance policies and plan documents available from ASEBP.

General Questions Regarding Coverage

For claims inquiries or general questions regarding ASEBP coverage, contact ASEBP:

Allendale Centre East
Suite 301, 6104-104 Street NW
Edmonton, AB T6H 2K7
Phone: 780-431-4786
Toll-free: 1-877-431-4786
Fax: 780-438-5304
Email: benefits@asebp.ca

www.asebp.ca

TABLE OF CONTENTS

Introduction
The Alberta School Employee Benefit Plan 8
Purpose of This Handbook 8
Your Coverage 8
Changes to the Benefit Handbook 8
Life Insurance Underwriter 8
Accidental Death and Dismemberment Underwriter 8
Extended Disability Benefits Underwriter 8
General Health Benefits 8
Actuarial/Employee Benefits Consultants 8
General Questions Regarding Coverage 8

Protecting Your Privacy 9
ASEBP's Privacy Officer 9

General Plan Provisions 10
1. Group Benefit Plans 10
2. Applying for Your Benefits 10
    2.1 Eligibility 10
        Employee Groups 10
        Other Groups 10
        Plan Availability 10
        Participation Requirements 10
        Coverage Conditions 10
        Individual Requirements 11
        Reinstatement Eligibility 11
        Application Requirements 11
    2.2 Late Applicants 12
        Life Insurance, Accidental Death & Dismemberment, Extended Disability Benefits, and Extended Health Care 12
        Dental Care 12
        Vision Care 12
3. ASEBP Identification Card 12
4. Premium Payments 12
5. Definition of Dependants 13
6. Designating a Beneficiary 13
7. Changing Employee Enrolment Information 13
8. Group Enrolment Changes 14
9. Disclosure of Information 14
    9.1 Subrogation 14
10. Working Past Age 65 14
    10.1 Life Insurance and Accidental Death and Dismemberment 14
    10.2 Extended Disability Benefits 14
    10.3 Extended Health Care, Dental Care, and Vision Care 14
    10.4 School Trustees 15
11. Teacher Exchange/Secondment 15
12. Coordination of Benefits 15
    12.1 Which Benefit Carrier is First Payer? 15
    12.2 Coordination of Benefits for Age 65 or Older 16
13. Termination of Coverage 16
    13.1 Conditions of Termination 16
    13.2 Coverage Termination Dates 16
    13.3 Extending Coverage while Receiving Extended Disability Benefits 17

13.4 Coverage during Leave ... 17
13.5 Coverage during Layoff ... 17
13.6 Other Circumstances ... 17
13.7 Spousal and Dependant Coverage ... 17
13.8 Survivor Benefit Coverage ... 17
14.9 Conversion of Group Life Insurance ... 17

Additional Information ... 18
14. Early Retirement Benefits ... 18
14.1 Eligibility ... 18
15. Leave of Absence ... 18
16. Layoff ... 18
17. Other Sources of Benefits ... 18
17.1 In Case of Automobile Accident ... 18
17.2 In Case of Disability ... 19
Statutory Sick Leave Benefits ... 19
Cumulative Sick Leave Benefits ... 19
Short-Term Disability ... 19
Employment Insurance Disability Benefits ... 19
Canada Pension Plan Disability Benefits ... 19
Retirement Pension Disability Benefits ... 19
Workers' Compensation Board (WCB) ... 20
Personal and Voluntary Disability,
Accidental Death and Dismemberment Plans ... 20
17.3 In Case of Death ... 20
Retirement Fund Death Benefits ... 20
Canada Pension Plan Benefits ... 20
Personal and Voluntary Life/Accidental Death and Dismemberment Plans ... 20

Important Numbers ... 21

Life Insurance ... 22
1. Life Insurance ... 22
1.1 Coverage Summary ... 22
1.2 Plan Descriptions ... 22
Plan 2 ... 22
Plan 3 ... 22
Plan 4 ... 22
1.3 Claims ... 22
Active Employees ... 23
Retired Employees ... 23
Death Benefit Payable ... 23
Payment Method ... 23
Claim Follow-Up ... 23
1.4 Taxation of Life Insurance Benefit ... 23
1.5 Advance Payment to the Beneficiary ... 23
1.6 Accelerated Life Insurance Payment ... 23
1.7 Survivor Benefit Coverage ... 23
1.8 Other Sources of Life Insurance Benefits ... 23
1.9 Conversion of Group Life Insurance ... 24
Request for Conversion of Group Life Insurance ... 24
Death during Group Life Insurance Conversion Period ... 24
1.10 Non-Payable Benefits ... 24
1.11 Appeal Process ... 24

Accidental Death and Dismemberment ... 25
1. Accidental Death and Dismemberment ... 25

1.1 Coverage Summary ... 25
1.2 Plan Descriptions ... 25
Plan 2 ... 25
Plan 3 ... 25
1.3 Accidental Death ... 25
Claims ... 25
Death Benefit Payable ... 25
Identification Benefit ... 26
Repatriation Benefit ... 26
Funeral Expenses ... 26
Bereavement Expenses ... 26
Other Benefits ... 26
Survivor Benefit Coverage ... 26
Other Sources of Death Benefits ... 26
1.4 Accidental Loss, Dismemberment, or Permanent Disability ... 26
Loss Defined ... 26
Permanent Total Disability Benefit ... 26
Claims ... 26
Schedule of Benefits ... 27
Family Transportation Benefit ... 27
Home Alteration and Vehicle Modification ... 27
Other Benefits ... 27
1.5 General Accidental Death and Dismemberment Claims Information ... 28
Payment Method ... 28
Taxation of AD&D Benefit ... 28
Claim Follow-up ... 28
1.6 Non-Payable Benefits ... 28
1.7 Maximum Benefit under Multiple Plans ... 28
1.8 Appeal Process ... 28

Extended Disability Benefits ... 29

1. Extended Disability Benefits ... 29
1.1 Coverage Summary ... 29
1.2 Total Disability Defined ... 29
1.3 Plan Descriptions ... 29
Plan D ... 29
Plan E ... 29
1.4 Pre-existing Conditions ... 30
1.5 Elimination Period ... 30
1.6 Claims ... 30
Notice of Claim ... 30
Claim Application Package ... 30
Claim Submission Deadline ... 30
ASEBP Claim Processing ... 30
1.7 If Your EDB Claim Is Approved ... 30
Benefit Payment Determination ... 31
Calculating Your Benefits - Example ... 31
1.8 Other Sources of Benefits and Income ... 31
1.9 Benefit Payment Provisions ... 32
1.10 Retirement/Resignation Incentives ... 32
For Teachers ... 32
For Other Staff Groups ... 32
1.11 Medical Assessments ... 33
Independent Medical Assessments ... 33
1.12 Rehabilitation Employment ... 33

1.13 Accommodation Employment 33
1.14 Early Intervention Program 34
1.15 Re-occurrence of Disability 34
1.16 Termination of Disability Benefits 34
1.17 Waivers of Premiums 34
1.18 Subrogation 34
1.19 Appeal Procedures 34
Extended Disability Benefits Appeal 34
Executive Committee Appeal 35

Extended Health Care 36
1 Extended Health Care 36
1.1 Coverage Summary 36
1.2 Plan Descriptions 36
Plan 1 36
Plan 2 36
Plan 3 37
Plan 5 37
1.3 Terms Defined 38
1.4 General Limitations 39
1.5 Prescription Medicine Benefits 40
Special Authorization for Prescription Medicines 40
Early Refill Limitation 40
Other Prescription Medicine Coverage 40
1.6 Hospital Benefits 41
1.7 Other Health Benefits 41
Accidental Dental 41
Acupuncture 41
Ambulance 42
Chiropractic 42
Endovenous Laser or Radiofrequency Endovenous Ablation Therapy 42
Home Nursing Care 42
Joint Injectable Materials 42
Massage Therapy 42
Medical Appliances, Equipment, and Supplies 42
Naturopathy 44
Physiotherapy 44
Podiatry 44
Psychology 44
1.8 Out-of-Province Coverage 45
1.9 Outside Canada Emergency Travel Benefits 45
Emergency Travel Assistance 46
Medical Evacuation or Transportation 46
Medical Care 46
Family Visitation 47
Return of Dependent Children 47
Return of Personal Items 47
Return of Pet(s) 47
Limitations 48
Submitting an Outside Canada Emergency Travel Claim 48
1.10 How to Submit a Claim 49
Prescription Medicines 49
Semi-Private Hospital Accommodation 49
Out-of-Province Coverage 49

Outside Canada Emergency Travel Benefits ... 49
Other Covered Goods and Services ... 49
Claim Forms ... 49
Assignment of Benefits ... 49
Claim Submission Deadline ... 50
1.11 Coordination of Benefits ... 50
1.12 Waiver of Premium ... 50
1.13 Subrogation ... 50
1.14 Maximum Benefit under Multiple Plans ... 50
1.15 Appeal Process ... 50

Dental Care ... 51
1. Dental Care ... 51
1.1 Coverage Summary ... 51
1.2 Plan Descriptions ... 51
Plan 1 ... 51
Plan 2 ... 51
Plan 3 ... 51
Plan 4 ... 51
1.3 Dental Care Categories ... 51
A. Basic Preventative/Restorative Treatment ... 51
B. Major Restorative Treatment ... 52
C. Orthodontic Treatment ... 52
1.4 Dental Predeterminations ... 53
1.5 General Limitations ... 53
1.6 Outside Alberta Travel Coverage ... 54
1.7 How to Submit a Claim ... 54
Claim Eligibility Guidelines ... 54
Submitting Claims ... 54
Orthodontic Claims Submissions ... 55
Electronic Claims Submissions ... 55
Assignment of Benefits ... 55
Accidental Dental Claims ... 55
1.8 Coordination of Benefits Claims ... 55
1.9 Tax Information ... 55
1.10 Appeal Process ... 55

Vision Care ... 56
1. Vision Care ... 56
1.1 Coverage Summary ... 56
1.2 Plan Descriptions ... 56
Plan 1 ... 56
Plan 2 ... 56
Plan 3 ... 56
1.3 Date of Service ... 56
1.4 General Limitations ... 56
1.5 How to Submit a Claim ... 57
Claim Eligibility Guidelines ... 57
Submitting Claims ... 57
Assignment of Benefits ... 57
1.6 Coordination of Benefits ... 57
1.7 Appeal Process ... 57

INTRODUCTION

The Alberta School Employee Benefit Plan

The Alberta School Employee Benefit Plan (ASEBP) is a health and welfare trust governed by ten Trustees, five of whom are appointed by the Alberta School Boards Association (ASBA) and five of whom are appointed by the Alberta Teachers' Association (ATA). ASEBP administers benefit coverage for school employees in participating school jurisdictions across Alberta.

All important matters involving benefit plans, including premiums, the scope of benefits provided, and the rights to make changes to these as required are the subject of agreements made between ASEBP and participating employers.

Purpose of This Handbook

This handbook contains an overview of your ASEBP General Plan Provisions, as well as more specific information about each benefit offered through ASEBP. It provides a summary of your plan's technical documents and describes the administrative requirements of ASEBP. Please review this information to learn more about your benefit coverage.

In case of a disagreement in interpretation, the language of the insurance policies and plan documents is legally binding. This handbook should not be relied upon in determining your legal rights under any ASEBP plan. If you are concerned about your right to make a claim under any coverage, you should obtain a copy of the applicable policy/plan document for review. Copies are available from ASEBP.

Your Coverage

The specific coverage available to you is determined by your employer and employee group and provides you with a comprehensive benefit package. ASEBP works solely with school jurisdictions across Alberta and as such, is able to offer more competitive premiums and more specialized customer service to each covered member.

Benefit plans vary by school jurisdiction so you may or may not have all the coverage summarized in this handbook. If you are uncertain about the coverage you have, refer to your ASEBP identification card, check with your employer, or contact ASEBP.

If you have any immediate questions about your coverage, please contact your employer or ASEBP.

Changes to the Benefit Handbook

Changes to ASEBP's benefit coverage typically take effect on January 1 of each year. ASEBP is committed to providing advance notice of changes in the design of each benefit plan; however, changes in plan design may occur without prior notice to you. You are advised to regularly refer to the ASEBP website, www.asebp.ab.ca, for news about plan design changes that might affect your specific benefit coverage plan, and to access the most current Benefit Handbook.

Life Insurance Underwriter

The Great-West Life Assurance Company is the underwriter for ASEBP Life Insurance.

Accidental Death and Dismemberment Underwriter

Industrial Alliance Pacific Life Insurance Company is the underwriter for ASEBP Accidental Death and Dismemberment Insurance.

Extended Disability Benefits Underwriter

ASEBP self-funds Extended Disability Benefits.

General Health Benefits

ASEBP self-funds Extended Health Care, Dental Care, and Vision Care.

Actuarial, Investment and Benefits/ Health Consulting

The Plan Advisors are responsible for monitoring insurance/benefits and health care trends and developments, plan design and identifying key strategic benefit issues. The Advisors are also responsible for analyzing claims experience, determining valuation of plan liabilities, monitoring reserves, funding levels (premium rates), costing and investment analysis and advice.

General Questions Regarding Coverage

For general questions regarding ASEBP coverage, please contact ASEBP or visit the ASEBP website.

Alberta School Employee Benefit Plan
Phone: 1-877-431-4786
Email: benefits@asebp.ab.ca
Website: www.asebp.ab.ca

To inquire about Extended Disability Benefits claims, please contact your Claims Facilitator. For general inquiries about Extended Disability Benefits, send an email to benefits@asebp.ab.ca.

PROTECTING YOUR PRIVACY

ASEBP adheres to current privacy standards and related government legislation. ASEBP is committed to maintaining the confidentiality, security, and accuracy of your personal information. Information handling practices are based on Privacy Legislation and the Ten Privacy Principles, which may be viewed on the ASEBP website at www.asebp.ab.ca/privacy.html along with Privacy and Security FAQs.

The ASEBP website contains links to other sites. ASEBP is not responsible for the content and privacy practices of other websites and encourages you to examine each site's privacy policy and disclaimers and make your own decisions regarding the accuracy, reliability, and correctness of material and information found.

ASEBP's Privacy Officer

If you have questions or concerns about any collection, use, or disclosure of personal information by ASEBP, or about a request for access to your own personal information, please contact ASEBP's Privacy Officer:

Privacy Officer
Alberta School Employee Benefit Plan
Allendale Centre East
Suite 301, 6104-104 Street NW
Edmonton, AB T6H 2K7
Phone: 780-431-4786
Toll-free: 1-877-431-4786
Fax: 780-438-5304
Email: po@asebp.ca

If you are not satisfied with the response you receive, you should contact the Information and Privacy Commissioner of Alberta:

Office of the Information and Privacy
Commissioner of Alberta
500, 640 - 5 Avenue SW
Calgary, AB T2P 3G4
Phone: 403-297-2728
Toll-free:1-888-878-4044
Email: generalinfo@oipc.ab.ca
Website: www.oipc.ab.ca

GENERAL PLAN PROVISIONS

1. Group Benefit Plans

Your ASEBP benefits are group benefits. In representing the common interests of over 50,000 covered members, as well as their dependants, ASEBP possesses a great deal of purchasing power to negotiate lower premiums and enhanced coverage on your behalf. As such, ASEBP is able to offer you affordable benefits tailored to the needs of Alberta's public education community.

2. Applying for Your Benefits

2.1 Eligibility

Your eligibility to participate in a benefit plan is based on:

1. The classification or employee group to which you belong.
2. The plans available to your employee group.
3. Whether participation in your group's plan is mandatory or optional.
4. The requirements for enrolling in a particular plan.

Employee Groups
An employee can belong to any one of the following groups:

- teachers
- non-teachers
- other related groups whose participation has been approved by the ASEBP Trustees

This handbook contains information for teachers and non-teachers. To find benefit information for other groups, please read the section below.

Other Groups

- early retirees
- school trustees
- substitute teachers and casual staff

If you are an early retiree, please refer to section 14 – "Early Retirement Benefits" on page 18 of this handbook for more information.

If you are a school trustee, substitute teacher, or casual staff, contact ASEBP for further information about the benefits available to you.

Plan Availability
The specific life insurance or benefit plans available to you are determined by negotiations between your employer and the employee group to which you belong. For more information about the plans available to you, contact your employer.

Participation Requirements
The requirement to participate in specific benefit plans is determined by your group's collective agreement and ASEBP policy. In most cases, participation is a condition of employment, meaning you must participate. A new employee can choose whether to participate or not in the following circumstances:

- participation is not a condition of employment
- the employee is permitted to opt out of a plan because coverage is available through a spousal plan

Coverage Conditions
You may be eligible to participate in a plan if:

- you are newly hired and are applying to participate in ASEBP benefits
- you are returning from an authorized leave of absence and you did not continue benefits coverage

Condition of Employment
Where participation in a plan is mandatory because of a condition of employment clause, the effective date of your coverage is determined by your employer.

Not a Condition of Employment
Where participation in a plan is not a condition of employment, your coverage is effective on the later of one of the following dates:

- for teachers and non-teachers, upon completion of one day of service
- the date the *Group Insurance Enrolment Form* is signed, if signed within 31 days of your eligible effective date
- the date evidence of good health is approved, if you apply for enrolment in Life Insurance, Accidental Death and Dismemberment, Extended Disability Benefits, or Extended Health Care after the allowed 31 days
- the date of application, if you apply for enrolment in Dental Care or Vision Care after the allowed 31 days

Note: Refer to section 2.2 – "Late Applicants" on page 12 for a description of late applicant coverage restrictions.

Individual Requirements
To be eligible for enrolment in an ASEBP benefits plan, you must fulfill specific requirements:

- you must be working in the regular and active service of the employer
- you must work the minimum required number of hours

  Note: ASEBP has set .2 FTE as the minimum number of hours required for participation in plans. Your employer may have adopted a higher standard for required work hours in accordance with the collective agreement or management policies.

- you must be covered under a provincial health care insurance plan
- you must be under the age of 65

  Note: If still actively employed past age 65, you may be eligible to participate in ASEBP benefits. Refer to section 10 – "Working Past Age 65" on page 14 for more information.

- you must be a resident of Canada - check the "Extended Health Care" section of this handbook for information about out-of-country absences

  Note: If you will be living outside Canada because of an approved teacher exchange program or secondment, a benefits package is available from ASEBP. Refer to section 11 – "Teacher Exchange/ Secondment" on page 15 for more information.

Reinstatement Eligibility
You may be eligible for benefits reinstatement if your ASEBP benefits coverage ends because of employment termination, including layoff.

If you are participating in Added Choice Options 1 or 2, in the event of employment termination and subsequent rehire, you are eligible to make another benefit selection. In the event you are returning from a layoff, then you must participate in the same ASEBP benefit coverage in which you were enrolled before your layoff, as long as that coverage is still offered by your employer.

If you are participating in Added Choice Option 3, then upon your return to work after employment termination, you are eligible for an individual choice point. Returning to work from a layoff is not an eligible individual choice point, so you must participate in the same ASEBP benefit plans in which you were enrolled before your layoff.

Your reinstatement coverage is effective on the first day you recommence service (i.e., the date you begin to perform the usual and customary duties which are requirements of your position).

Group enrolment changes - Refer to section 8 – "Group Enrolment Changes" on page 13 if your employee group's coverage changed during your absence.

Returning from an indefinite layoff - If you are returning from an indefinite layoff and benefits coverage was not continued, contact ASEBP for more information.

There are other employment situations that influence your coverage effective date. For example, you may be transferring from one ASEBP participating school jurisdiction to another with different eligibility rules. Check with your employer or ASEBP for details.

Application Requirements
Complete a *Group Insurance Enrolment* form (available through your employer) indicating your enrolment in a plan or your decision to waive (decline) any coverage offered by ASEBP. The enrolment form must be received **within 31 days of you becoming eligible** to avoid late applicant provisions, as described in section 2.2 – "Late Applicants" below.

The Group Insurance Enrolment form must be completed regardless of whether or not participation in a plan is a condition of employment.

You can choose not to participate in a plan if:
- there is no condition of employment in effect and you do not want to participate (i.e., you are voluntarily waiving benefits)
- there is no condition of employment in effect and you have coverage through your spouse (i.e., spousal coverage)

- there is a condition of employment in effect and your employer's collective agreement permits you not to participate in ASEBP benefits because you have coverage through your spouse

If you have voluntarily waived a benefit, you will be a late applicant if you decide you want to participate at a later date. If you waive a benefit due to spousal coverage and spousal coverage is involuntarily lost, you have 31 days from the date of loss of spousal coverage to notify your employer. If notification is not made within 31 days, late applicant provisions will apply. If spousal coverage is voluntarily terminated, late applicant provisions will apply.

Examples of circumstances where involuntary termination may occur include if your spouse dies, if your spouse loses his/her job, or if you and your spouse divorce.

Refer to section 2.2 – "Late Applicants" for further information.

2.2 Late Applicants

Life Insurance, Accidental Death and Dismemberment, Extended Disability Benefits, and Extended Health Care
You can apply for Life Insurance, Accidental Death and Dismemberment, Extended Disability Benefits, or Extended Health Care as a late applicant, provided ASEBP is supplied with, and approves, satisfactory medical evidence of good health.

If approved, coverage comes into effect on the first day of the month following the approval date. Please note that Life Insurance, Accidental Death and Dismemberment, and Extended Disability Benefits are available to the employee only. If you apply for family coverage, as is allowed with the Extended Health Care plan, medical evidence of good health is required for both you and your dependants.

You are responsible for any costs associated with producing the appropriate medical evidence.

Dental Care
Dental Care late applicant restrictions are based on deductibles. Claims submitted within 12 months from the time of eligibility will be applied to the deductible. Deductibles vary depending upon your plan:

- Plan 1 - $250 per person for basic services
- Plan 2 - $500 per person for basic and major services combined
- Plan 3 - $500 per person for basic and major services combined; orthodontic services are not covered during the first 12 months

Vision Care
Vision Care late applicant restrictions are based on deductibles. Claims submitted within 12 months from the time of eligibility will be applied to the deductible.

Deductibles vary by plan:
- Plan 1 - $75 per person
- Plan 2 - $125 per person
- Plan 3 - $175 per person

3. ASEBP Identification Card

Once enrolled in a benefit plan with ASEBP, you will receive an identification card which lists important information you and your dependants will require when submitting claims, filling prescriptions, or when admitted to hospital.

The card also contains important emergency access numbers you will need in the event of a medical emergency outside Canada, providing you hold Extended Health Care benefits.

For more information about your ASEBP ID card, please visit the ASEBP website at www.asebp.ab.ca. To request a new ID card, please contact an ASEBP Benefit Specialist.

4. Premium Payments

This section applies only to covered members responsible for paying all or part of their monthly benefit premiums.
Premiums are billed monthly and any changes that occur during the month that could affect your premiums become effective on the first day of the next month. Payment will automatically be withdrawn from your bank account on the 15th day of each month. If the 15th falls on a weekend, the withdrawal will occur on the next business day.

ASEBP requires that benefit premiums be paid monthly by pre-authorized automated withdrawal (direct debit) from your bank account. ASEBP will notify you of the monthly premium payment amount. That amount may be increased or decreased based on premium rate adjustments authorized by the ASEBP Trustees, a change in your benefits coverage, or outstanding payments owed to ASEBP. ASEBP will normally notify you in advance of any changes. The direct debit arrangement stays in effect until there is written notification of termination from you or ASEBP.

You will receive an annual premium notice advising you of your ASEBP premium payments. It is important for you to know that failure to pay premiums will result in termination of your benefits.

There are no refunds on premium amounts that have been charged.

5. Definition of Dependants

The definition of a dependant is as follows:

Spouse – legally married to the covered member or in an adult interdependent relationship. For a definition of an adult interdependent relationship, visit the Alberta Health Care Insurance Plan website at http://www.health.alberta.ca/AHCIP/.

Child – ASEBP requires that children be registered on a parent's provincial health care plan. Child dependant provisions in Alberta are as follows:

- single children under 21 who are wholly dependent on a parent, including adopted children, foster children (if an income tax deduction was claimed), and wards of the court
- single children under 25 years of age who are enrolled in three or more courses at an accredited educational institute
- single and unemployed dependant over the age of 21, dependent on the covered member by reason of mental or physical disability. Please contact a Benefit Specialist for more information on eligibility and how to apply

If you require further clarification regarding the definition of dependants, please contact a Benefit Specialist.

In the case where your child has not reached the age of 21 but has coverage through his/her employer, ASEBP will become second payer.

Excluded as a dependant is a dependant who is not a resident in Canada or who is on active duty in any military, naval, or air force of any country, or peace-keeping force.

All dependants need to be registered with ASEBP within 31 days of you becoming eligible for benefits, or within the 31-day period after the individual becomes your dependant (for example, through marriage or birth of a child), otherwise late applicant provisions will apply.

If you already hold single coverage, only your dependant(s) would be considered late applicants. Refer to section 2.2 – "Late Applicants" on page 12 for further information.

6. Designating a Beneficiary

Your designated beneficiary is the only individual eligible to receive the proceeds payable under any Life Insurance and Accidental Death and Dismemberment plans you are enrolled in. Beneficiary information is requested on the Group Insurance Enrolment form that you completed in order to participate in the Life Insurance, Accidental Death and Dismemberment, and Extended Disability Benefits plans as a package.

You can name more than one beneficiary. Unless you have named an irrevocable beneficiary, you can change your beneficiary without the consent of the previously named beneficiary. **A trustee must be appointed if a minor (under 18 years of age) is named as beneficiary.**

Consult your lawyer about the legal issues surrounding beneficiary designation.

7. Changing Employee Enrolment Information

Changes to your enrolment information, such as:

- an address change,
- marital/dependant status,
- benefit plan enrolment status (single or family),

must be submitted to your employer using the *Change Application* form available on the ASEBP website at www.asebp.ab.ca.

8. Group Enrolment Changes

Group plan changes will apply to any ASEBP covered member, even if that member is continuing his or her benefits during a leave of absence.

> For example, a covered member goes on a leave of absence and continues all benefits. During the leave, the covered member's Extended Health Care coverage change from Plan 2 to Plan 1 due to a group plan change. The covered member's enrolment is changed to Plan 1 and the coverage changes accordingly (as do premiums) regardless of when his/her leave ends.

In the case of covered members who are receiving Extended Disability Benefits (EDB), any Extended Health Care, Dental Care, or Vision Care plan changes will apply to these individuals along with their employee group.

Coverage for Life Insurance, Accidental Death and Dismemberment, and EDB is determined when an EDB claim is approved, and will remain in effect until the covered member returns to work. Once the covered member has returned to work, group changes will apply.

In the case of early retirees who choose to continue the same benefits in which they were enrolled immediately prior to retirement, excluding Extended Disability Benefits (Early Retiree Package 1), any group plan changes made to those benefits will also apply to them.

9. Disclosure of Information

You must notify ASEBP if:

- you receive duplicate or inaccurate Extended Health Care, Dental Care, or Vision Care claim payments
- your ASEBP identification card contains information errors (e.g., incorrect dependants listed)
- you are awarded an injury settlement by the court and ASEBP has paid or will be paying claims as the result of that injury (subrogation claim)
- you are on Extended Disability Benefits and receiving, or may become entitled to receive, Canada Pension Plan (CPP) disability benefits, contract work, or self-employment earnings

9.1 Subrogation

If you receive ASEBP benefits because you have been injured through the fault of another party, ASEBP has subrogation rights. You may be required to make a claim to recover the amount of these benefits from the other party. Depending on the outcome of your claim, you may be obliged to reimburse ASEBP for any benefits that have been paid or will be paid to you. ASEBP will pay a reasonable portion of your legal expense in such circumstances. If you have any further questions about subrogation, please contact an ASEBP Benefit Specialist.

10. Working Past Age 65

Some employees are eligible to have ASEBP Life Insurance, Accidental Death and Dismemberment, Extended Health Care, Dental Care, and Vision Care coverage past age 65. To qualify for coverage, you must be actively working at age 65. If you begin service after reaching age 65, you are not eligible to enrol in ASEBP benefits. Extended Disability Benefits are not available after age 65 even if you are still actively working.

10.1 Life Insurance and Accidental Death and Dismemberment

Benefits are extended for active employees up to age 70. If you remain in active service following age 65, the amount of your Group Life Insurance is reduced by 50% on your 65th birthday. At this time, you can convert the value of the 50% reduction to an individual life policy. Then, upon retirement, or upon termination of your benefits, you can convert the remaining portion of your Group Life Insurance coverage to an individual policy. Refer to *Life Insurance* section 1.9 – Conversion of Group Life Insurance" on page 24.

10.2 Extended Disability Benefits

Employees are not eligible for disability coverage past age 65. If you are currently in receipt of Extended Disability Benefits (EDB) payments, coverage terminates on the last day of the month following the month in which you reach age 65. For example, if you turn 65 on December 1, 2015, your disability coverage would terminate on January 31, 2016. If you are actively at work and not in receipt of EDB payments, your EDB coverage will terminate three months prior to attaining the age of 65, due to the 90-day EDB elimination period. For example, if you turn 65 on December 1, 2015 your EDB coverage would terminate on September 1, 2015.

10.3 Extended Health Care, Dental Care, and Vision Care

Benefits are extended for active employees up to age 70 at the same levels in effect prior to age 65, but on a second payer basis when there is coverage available through government sponsored seniors' health programs. Refer to section 12.2 – "Coordination of Benefits for Age 65 or Older" on page 16.

10.4 School Trustees

School trustees who reach age 65 during their term of office are covered for the duration of that term. If the trustee is serving consecutive terms in office and there has been no break in coverage, then the trustee can extend coverage to age 70.

School trustees who are elected at age 65 or older are not eligible to enrol in ASEBP benefits.

11. Teacher Exchange/Secondment

Employees who will be living outside Canada because of an approved teacher exchange program or secondment position are eligible for ASEBP coverage subject to the following conditions:

- the teacher exchange has been approved by the Department of Education (National and International Education)
- a contract outlining the coverage provided and the special coverage conditions must be signed by you, your school jurisdiction, and ASEBP before you start your placement (the coverage effective date)

You will be covered for the same ASEBP benefits you were eligible for in your regular position, with some restrictions; you may or may not have all the coverage described below:

- you will be covered for regular Life Insurance and Accidental Death and Dismemberment while outside Canada
- if you qualify for Extended Disability Benefits and decide to remain outside Canada, the maximum period over which you can receive benefits is 24 months. If you choose to return home within the 90-day elimination period, the regular provisions of the Extended Disability Benefits plan will apply
- ASEBP Extended Health Care, Dental Care, and Vision Care benefits are second payer to any other health care coverage the sponsoring agency or government involved requires you to have (i.e., submit any general health claims to your other carrier first if you have one)
- the ASEBP Extended Health Care emergency travel benefit will use your current place of residence for emergency medical evacuations (i.e., you will not be returned to Canada unless you ask to be)
- you and your dependants will be covered for regular and emergency Dental Care while outside Canada
- you and your dependants will be covered for regular and emergency Vision Care while outside Canada

If you **do not** sign a contract to extend your ASEBP benefits while you are outside Canada, your coverage will be limited to the following:

- you will be covered for regular Life Insurance and Accidental Death and Dismemberment while outside Canada
- emergency services only for whatever general health benefits (Extended Health Care, Dental Care, Vision Care) you are enrolled in; if medical evacuation is necessary, the ASEBP Extended Health Care emergency travel benefit will return you to Canada
- the ASEBP Extended Health Care benefit will not cover any non-emergency surgical, medical, or physician charges while you and your dependants are outside Canada
- if you require Extended Disability Benefits and refuse to return home, your eligibility to make an Extended Disability Benefits claim may be impacted

12. Coordination of Benefits

Coordination of Benefits (COB) is possible when you or your eligible dependants are covered by multiple benefit plans. For example, in addition to your ASEBP coverage, you might be covered as a dependant under another benefit plan, meaning you can submit expenses to two different plans for reimbursement. For more information on COB, contact an ASEBP Benefit Specialist.

Note: When a covered member purchases extra coverage from a benefit provider other than ASEBP (e.g., Blue Cross or Quikcard), the coordination of benefits will be divided 50/50 between them.

12.1 Which Benefit Carrier is First Payer?

How to determine which benefits carrier is first payer:

- if the claim is for you (ASEBP covered member), ASEBP is first payer and your spouse's plan is second payer
- if the claim is for your spouse, your spouse's plan is first payer and ASEBP is second payer
- if the claim is for your dependent children, you must first determine which parent's birthday occurs earliest in a calendar year (age is **not** a factor). For example, if the father's birth date is October 19, and the mother's is October 8, claims for dependent children would go to the mother's plan first and the father's plan second.

If you are separated or divorced, claims for dependent children are first submitted to the plan of the parent with custody. Contact an ASEBP Benefit Specialist for information about which plan to forward unpaid balances to.

If you are over 65 years old and still actively employed, or if your spouse is age 65 or older, please see section 12.2 below.

Total payment on any claim cannot exceed the actual cost of the service or supply. It is your responsibility to provide ASEBP or your other insurance company with a statement of benefits paid or declined so the coordination of benefits provision can be applied.

To ensure ASEBP has accurate COB information, contact a Benefit Specialist when changes occur (e.g., termination of coverage or newly acquired coverage) or complete and submit to ASEBP the *Additional Health Benefit Information* form, available from the ASEBP website at www.asebp.ab.ca.

12.2 COB for Age 65 or Older

For further information on government sponsored health benefits for seniors, please contact the Alberta Health Care Insurance Plan (AHCIP) customer services at:

Alberta Health Care Insurance Plan
10025 Jasper Avenue
Edmonton AB T5J 2N3
780-427-1432 in Edmonton
Outside Edmonton call toll-free 310-0000 then dial 780-427-1432
Website: www.health.gov.ab.ca

Claims for eligible expenses should first be submitted to AHCIP or Alberta Blue Cross for consideration. Claims for any eligible balance should then be submitted to ASEBP, along with a copy of the benefit statement from the first payer.

13. Termination of Coverage

13.1 Conditions of Termination

ASEBP benefits coverage will terminate in any of the following circumstances:

- your employee group chooses to withdraw its participation in ASEBP benefit plans
- your employer cancels participation in ASEBP benefit plans for your employee group
- coverage for your employee group is terminated because participation rates fall below the required level
- you are no longer employed with the participating employer or you transfer to a group for which there is no ASEBP coverage
- you are no longer eligible for coverage according to the terms and conditions of ASEBP benefit plans

13.2 Coverage Termination Dates

Your coverage will terminate on the earliest of the following dates:

- the date the policy or plan terminates
- the first premium due date for which payment is not made
- the date you cease to work for the participating employer (official termination/ resignation date)
- the date you are no longer eligible, including the date of your death, the date you cease to be a resident of Canada, or the date you enter the armed forces of any country on a full-time basis

If you remain in active service after you reach age 65, you can extend coverage up to age 70 (with some restrictions). Refer to section 10 – "Working Past Age 65" on page 14 for more information.

13.3 Extending Coverage while Receiving Extended Disability Benefits

If your group's Extended Disability Benefits (EDB) coverage terminates while you are receiving EDB, your Extended Disability Benefits will continue subject to plan limitations. Please note that the waiver of premium for Extended Health Care (EHC) will terminate if your employee group withdraws participation or when other circumstances would normally cause EHC coverage to terminate (e.g., resignation).

13.4 Coverage during Leave

If your group's benefit coverage terminates while you are on a leave of absence and you chose to continue your coverage during the leave, your ASEBP benefit coverage will cease upon termination of the group coverage.

13.5 Coverage during Layoff

If your group's benefit coverage terminates while you are not actively at work due to temporary layoff and you chose to continue your coverage during the layoff, your ASEBP benefit coverage will cease upon termination of the group coverage.

13.6 Other Circumstances

Other coverage termination circumstances include:

- for school trustees who are eligible for ASEBP benefits over age 65, benefits terminate at age 70
- for early retirees who have continued coverage under either Package 1 or Package 2, the coverage end date is the end of the month in which you turn age 65

13.7 Spousal and Dependant Coverage

There are specific circumstances under which your spouse's and dependent child's coverage will terminate. Your spouse's and dependent child's coverage under any of ASEBP's benefit plans terminates on the earliest of the following:

- the date your coverage terminates
- the date your spouse ceases to be eligible under the definition of dependant (e.g., date of divorce)
- the date your dependent child ceases to be eligible under the definition of dependant

13.8 Survivor Benefit Coverage

If termination of coverage is due to your death, dependant benefits under the general health plans (Extended Health Care, Dental Care, and Vision Care) may continue, on a premium-free basis, until the earliest of the following:

- one year following your death
- the date on which your spouse remarries
- for spousal benefits only, the date your spouse dies
- for dependent child benefits only, the date your dependent child dies or ceases to be eligible under the definition of dependant

Your spouse and dependent children are only eligible for the general health benefits (Extended Health Care, Dental Care, Vision Care) you were enrolled in at the time of your death. Application must be made within 31 days of your death for survivor benefits. The surviving members of your family should contact your employer for details.

Refer to section 5 – "Definition of Dependants" on page 13 for more information about dependants.

13.9 Conversion of Group Life Insurance

If your Group Life Insurance terminates, you may convert the full value of your Group Life Insurance to an individual policy. For more information, refer to *Life Insurance* section 1.9 – "Conversion of Group Life Insurance" on page 24.

ADDITIONAL INFORMATION

14. Early Retirement Benefits

ASEBP provides benefit coverage alternatives, excluding Extended Disability Benefits, to individuals who wish to retire before reaching the age of 65. This coverage can be extended up to the end of the month in which the individual reaches age 65.

14.1 Eligibility

If you choose to retire before reaching the age of 65 and wish to continue group coverage, with the exception of Extended Disability Benefits, you must meet the following eligibility criteria:

1. You must attain age 50 before the date of retirement.
2. You must have a minimum of five years consecutive service with employers participating in ASEBP benefits.
3. You must remain a resident of Canada and qualify for enrolment in a provincial health care program.
4. You must submit an *Early Retiree Benefits Application* form to your employer with your portions completed prior to your ASEBP benefit coverage termination date (resignation date). Your employer will submit your completed application to ASEBP on your behalf.

Benefits for the early retiree group are administered directly by ASEBP. As such, all records containing specific coverage information are kept by ASEBP. After early retirement, questions concerning eligibility and enrolment are handled by ASEBP.

Early Retiree Benefits are provided as an extension of the group plan provided by your employer. As such, you will still be tied to the group benefits your employee group is enrolled in. Changes to those benefits will affect you. Changes may include, but are not limited to, adding or removing benefits, changes to maximums, moving between plan options (e.g. EHC plan 2 to plan 1).

Be advised that ASEBP also reserves the right to make changes to its Early Retiree Benefit Plan at any time, including after the retirement of early retirees. Any changes made (e.g. adding or removing any benefits, reducing or increasing benefits, etc.) may affect the benefits you have enrolled in as a retiree, even if you enrolled in the benefit plan prior to the changes being implemented.

If you are considering early retirement, contact your school jurisdiction for the *Early Retiree Benefits Application Package*.

15. Leave of Absence

ASEBP provides benefits coverage alternatives to people taking a leave of absence provided they meet certain criteria. If you are considering going on a leave of absence or have questions about benefits coverage during a leave of absence, please contact ASEBP for more information, or visit the ASEBP website at www.asebp.ab.ca.

Note: Terminations of any sort (e.g., permanent or temporary layoffs, bridging between positions, etc.) are not considered leaves of absence under the provisions of any ASEBP benefit plan.

16. Layoff

ASEBP provides benefits coverage alternatives to people on a layoff provided they meet certain criteria. Because providing benefits in these situations is an extension of workplace coverage, ASEBP approves, denies, or attaches conditions to benefits coverage separately from the role played by your employer (i.e., your employer makes a decision regarding your work status but only ASEBP determines your eligibility for benefits coverage). **During a layoff, all premiums for benefit coverage are collected by the employer, not ASEBP.**

Not all employers offer benefits during a layoff. Contact an ASEBP Benefit Specialist if you have any questions.

17. Other Sources of Benefits

In case of accidents, disability, or death, other benefits and sources of compensation may be available to you or your spouse and dependants.

17.1 In Case of Automobile Accident

You, your spouse, and/or dependants may be entitled to additional benefits through your standard owner's automobile insurance policy (Section B No Fault Benefits) as follows:

- medical benefits
- disability benefits
- funeral benefits
- death benefits

These benefits are payable to insured persons without regard to fault. In the event of an accident, you must contact your automobile insurer for additional information regarding Section B Benefits. You must also notify ASEBP should you become eligible for any Section B Benefits, which may then be subject to offset or integration under the applicable ASEBP benefit plan.

Also see section 17.2 - "In Case of Disability" on page 19 and section 17.3 - "In Case of Death" on page 20 for other potential sources of benefits or compensation.

17.2 In Case of Disability

If you have an accident which results in dismemberment or loss of use, you may be entitled to compensation from sources separate from the Accidental Death and Dismemberment and Extended Disability Benefits plans offered through ASEBP.

You must notify ASEBP if you become eligible for any other benefits. These benefits may be subject to offset or integration under the applicable ASEBP plan. See Extended Disability Benefits section 1.8 - "Other Sources of Benefits and Income" on page 31, or contact ASEBP for specific information on how your Extended Disability Benefits payments will be affected.

Your ASEBP Accidental Death and Dismemberment benefits are not usually affected by other sources of compensation. To find out how your ASEBP benefits may affect any other benefits you are entitled to, contact the other benefit sources directly.

Other benefit sources include:

Statutory Sick Leave Benefits
The School Act provides that a teacher may be absent from school for dental treatment, sickness, or disability without loss of pay for two days for each month of service. Similar benefits may be available to non-teachers.

Cumulative Sick Leave Benefits
The collective agreement between the school jurisdiction and the Alberta Teachers' Association normally provides for a total or partial accumulation of the unused portion of statutory sick leave. Similar benefits may be available for non-teachers.

Short-Term Disability
Employers may offer short-term disability income protection during the Extended Disability Benefits elimination period through sick leave credits, a short-term disability plan, or some combination of these two arrangements.

Employment Insurance Disability Benefits
If your entire elimination period is not covered by some short-term disability arrangement, you may be entitled to collect disability benefits from the Employment Insurance (EI) program. EI regards an employer's sick leave or short-term disability plan as first payer and will not pay a disability benefit until the disability benefit entitlement under the employer's program is exhausted.

Canada Pension Plan Disability Benefits
If you are totally and permanently disabled, you may be entitled to disability benefits from the Canada Pension Plan (CPP). Due to the lengthy processing period, employees are encouraged to apply as soon as possible, preferably at the same time as the Extended Disability Benefits claim.

ASEBP may anticipate a CPP disability benefit and deduct the amount from your Extended Disability Benefits payment. CPP deductions may, however, be waived upon completion of a reimbursement agreement. Contact ASEBP for details. Should the CPP claim be denied, any amounts withheld will be refunded.

If you are requested to pursue CPP and you choose not to, an estimated amount of CPP earnings will still be deducted.

CPP Disability Benefits Claim forms and related procedures can be found online at Service Canada at www.servicecanada.gc.ca, or by calling 1-800-277-9914.

Retirement Pension Disability Benefits
The Local Authorities Pension Plan provides a disability pension for non-teachers who qualify. The amount and duration of the disability pension is decided by the Board of Administrators and varies with your years of service and age. Ask your employer or the Local Authorities Pension Plan for more information.

Workers' Compensation Board (WCB)

For non-teachers, the WCB is regarded as the first payer in respect to all work-related injuries and accidents. This also applies to any teachers covered by WCB (most are not). Consult your employer or employee representative for more information.

The WCB definition of disability is different than that of ASEBP's Extended Disability Benefits plan. Regardless of whether or not you are approved for WCB benefit payments, you can initiate a claim for disability benefits under ASEBP's Extended Disability Benefits plan.

You must make your ASEBP claim within 12 months from the end of the 90-day elimination period. If the information is not submitted within this time frame, you will forfeit the right to apply for an Extended Disability Benefits claim.

Personal and Voluntary Disability/Accidental Death and Dismemberment Plans

You may purchase a variety of individual disability or accidental death and dismemberment plans from other insurance carriers. Also, many credit card and other consumer card companies provide accidental death and dismemberment insurance coverage as part of their membership privileges.

Benefits payable by a privately purchased plan do not affect benefits that may be payable by ASEBP's Accidental Death and Dismemberment or Extended Disability Benefits plans. Similarly, benefits payable by ASEBP do not usually affect privately purchased individual benefits. Because the terms and conditions of a private plan may be significantly different from those of ASEBP's program, you are encouraged to read your private plan with care.

17.3 In Case of Death

In addition to the life benefits payable under ASEBP's Life Insurance and Accidental Death and Dismemberment policies, your surviving spouse and dependants may be entitled to the following:

Retirement Fund Death Benefits

Both the Alberta Teachers' Retirement Fund Board and the Local Authorities Pension Plan (applicable to non-teachers employed by a school jurisdiction) provide limited death benefits. Such benefits vary with your years of contributory service, age, martial status, and age of surviving spouse.

Canada Pension Plan Benefits

The Canada Pension Plan may provide death and survivor income benefits to your surviving spouse and children. These benefits vary with your length of participation and the age of survivors.

Personal and Voluntary Life/Accidental Death and Dismemberment Plans

You may privately purchase a variety of life or accidental death and dismemberment policies. Because the terms and conditions of a private policy may be significantly different from those of ASEBP's plans, you are encouraged to read your private policy with care.

Survivor benefit coverage is also available through ASEBP. Refer to section 13.8 – "Survivor Benefit Coverage" on page 17 for more information.

IMPORTANT NUMBERS

Alberta School Employee Benefit Plan
Phone: 1-877-431-4786
Email: benefits@asebp.ab.ca
Website: www.asebp.ab.ca

Alberta Health Care Insurance Plan
Phone: 780-427-1432 in Edmonton
Outside Edmonton call toll-free 310-0000 then dial 780-427-1432
Website: www.health.alberta.ca

Alberta Aids to Daily Living
Phone: 780-427-0731 in Edmonton
Outside Edmonton call toll-free 310-0000 then dial 780-427-0731
Website: www.health.alberta.ca/services/aids-to-daily-living.html

Assured Income for the Severely Handicapped (AISH)
Phone: 780-644-9992 in Edmonton
Outside Edmonton call toll-free 1-877-644-9992
Website: www.humanservices.alberta.ca/disability-services/aish.html

Alberta Seniors Benefit
Phone: 780-644-9992 in Edmonton
Outside Edmonton, call toll-free 1-877-644-9992
Website: www.seniors.gov.ab.ca/seniors/seniors-benefit-program.html

Alberta Teachers' Association
Phone: 780-447-9400 in Edmonton
Outside Edmonton call toll-free 1-800-232-7208
Website: www.teachers.ab.ca

Alberta Retired Teachers' Association
Phone: 780-822-2400 in Edmonton
Outside Edmonton call toll-free 1-855-212-2400
Website: www.arta.net

Alberta Teachers' Retirement Fund Board
Phone: 780-451-4166 in Edmonton
Outside Edmonton call toll-free 1-800-661-9582
Website: www.atrf.com

Canadian Union of Public Employees - Alberta Regional Office
Phone: 780-484-7644 in Edmonton
Website: www.cupe.ca

Local Authorities Pension Plan
Phone: 780-427-5101 in Edmonton
Outside Edmonton call toll-free 310-0000 then dial 780-427-5101
Website: www.lapp.ab.ca

LIFE INSURANCE

The following general information concerning Life Insurance benefits offered by ASEBP should only be used as a guide. Contact your employer or an ASEBP Benefit Specialist for more information.

1. Life Insurance

1.1 Coverage Summary

Your group Life Insurance is **term insurance** and is only in force while you are an employee of a participating employer. Term insurance has no cash value. It cannot be used as security for a loan, and there is no option to receive monies after termination of coverage.

Your Life Insurance is in force 24 hours per day, 365 days per year, and covers you anywhere in the world.

This benefit is only available for the covered member. It is not available to, nor does it cover, spouse or dependants.

Life Insurance benefits are payable only to a designated beneficiary upon your death. Proof of death is required before any benefit amount is paid to your designated beneficiary. If no beneficiary is designated, or if the beneficiary dies before you do, the benefit will be paid to your estate.

1.2 Plan Descriptions

Different plans are available to different employee groups. If you are uncertain about the Life Insurance plan you have, refer to your ASEBP identification card, check with your employer, or contact ASEBP.

School trustees are required to enrol in the same plan as the jurisdiction's non-teachers.

Refer to *General Plan Provisions* section 2.2 – "Late Applicants: Life Insurance, Accidental Death & Dismemberment, Extended Disability Benefits, and Extended Health Care" on page 12 for late applicant coverage limitations. Check with your employer, your employee representative, or ASEBP for details.

Note: Principal sum is the benefit amount payable.

Plan 2

- Principal sum is two times annual earnings* to a maximum benefit of $600,000 for non-retired employees; at age 65, the amount of coverage for employees who remain in active service (up to age 70) reduces by 50%
- a choice of $25,000 or $50,000 Principal sum for school trustees, substitute teachers, casual staff and part-time employees
- two times annual earnings to a maximum benefit of $600,000 for early retirees who select Early Retiree Package 1

Plan 3

- $25,000 Principal sum for early retirees who retired prior to September 1, 2011, and were enrolled in Early Retiree Package 2.

Plan 4 (also called Blanket Life Insurance)

- $25,000 Principal sum for school trustees
- available to school trustees in addition to Plan 2 coverage if all trustees of the school jurisdiction participate. Ask your employer for details.

* Annual earnings include salary, administrative allowances, isolation pay, pay while on vacation, retroactive salary, and compensation for an acting assignment greater than three months. Annual earnings exclude signing bonuses, overtime, car allowances, expense allowances or reimbursements, salary earned teaching night or summer school classes, early retirement incentives, and pay in lieu of vacation.

1.3 Claims

To make a Life Insurance claim, the following documentation must be submitted to ASEBP:

- Group Life Claim Report, which includes the employer's statement and the claimant's statement
- original or notarized copy of the death certificate or funeral director's statement of death
- current enrolment information including:
  (1) original Group Insurance Enrolment form
  (2) any supporting documentation reflecting changes to beneficiary information

Active Employees

In the case of your death, the named beneficiary or beneficiary's representative must contact your school jurisdiction to be guided through the Life Insurance claim process.

Retired Employees

If you have retired, your beneficiary or beneficiary's representative must contact ASEBP to be guided through the claim process.

ASEBP can only provide information to a named beneficiary.

Death Benefit Payable

The amount payable is the Principal Sum as identified by your plan.

Payment Method

Once the claim is processed and approved, payment is issued by the insurance company and forwarded by ASEBP to the designated beneficiary.

Claim Follow-up

Any questions regarding the status of the claim should be directed to ASEBP.

1.4 Taxation of Life Insurance Benefit

Death benefits paid to beneficiaries under the Group Life Insurance policy are tax-free; however, any interest earned on the Principal Sum may be subject to income tax.

1.5 Advance Payment to the Beneficiary

If your family or your beneficiary faces financial hardship, they may be eligible immediately after your death for advance payment of a portion of the Life Insurance proceeds. Requests for immediate partial payment must be directed to ASEBP by the employer. The maximum advance payment will be the lesser of either 15% of the Life Insurance proceeds or $10,000.

1.6 Accelerated Life Insurance Advancement

If you are terminally ill and not expected to live for more than 12 months, you can request an advance payment of your Life Insurance benefit. This partial payment is made to you (not your beneficiary). Accelerated life insurance advancements can be up to 50% of the Life Insurance benefit to a maximum payment of $50,000.

Requests must be directed to ASEBP by your employer. An *Accelerated Life Insurance Advancement Request* form, an *Attending Physician Statement – Accelerated Life Insurance Advancement Request* form, and a copy of the *Group Insurance Enrolment* form must accompany such requests.

ASEBP considers each application for accelerated life insurance advancement on its individual merits. Upon receiving these forms, ASEBP will either accept or decline your request. Consent or denial will be confirmed in writing.

1.7 Survivor Benefit Coverage

There are provisions for continuing general health care coverage for your surviving spouse or dependent children. Refer to *General Plan Provisions* section 13.8 – "Survivor Benefit Coverage" on page 17 for more information, or contact an ASEBP Benefit Specialist.

1.8 Other Sources of Life Insurance Benefits

There may be other life insurance benefits and sources of compensation available to your spouse and dependants in the case of your death. Refer to *General Plan Provisions* section 17.3 – "In Case of Death" on page 20 for more information, or contact an ASEBP Benefit Specialist.

1.9 Conversion of Group Life Insurance

If your Group Life Insurance terminates, you may convert the full value of your Group Life Insurance to an individual policy.

If you remain in active service following age 65, the amount of your Group Life Insurance is reduced by 50% on your 65th birthday. At this time, you can convert the value of the 50% reduction to an individual life policy. Then, upon retirement, you can convert the remaining portion of your Group Life Insurance coverage to an individual policy.

Individual life insurance is issued without requiring medical evidence of good health and is subject to the following conditions:

- you must apply for individual life coverage in writing and pay the first premium within 31 days of your Group Life Insurance terminating
- the individual life policy is issued as replacement of the terminated Group Life Insurance
- the amount of individual life insurance is equal to or greater than the minimum amount for which the insurance company issues individual policies

Premiums are based upon the insurance company's individual life policy rates in effect at the time you apply. The individual life policy takes effect at the end of the 31 days allowed for conversion. If you die within the 31 days allowed for conversion, the total amount of terminated Group Life Insurance is payable. Refer to the "Death During Group Life Insurance Conversion Period" section on this page for more information.

There are other circumstances of termination which must apply as well as conditions limiting the amount of individual life insurance coverage. Your employer or ASEBP can provide details.

Request for Conversion of Group Life Insurance

There are several different types of individual life insurance policies available through the underwriting insurance company.

A *Group Life Insurance Conversion Notice* form is available from your employer and can be used to obtain further details on the conversion privilege.

Once completed, this form should be forwarded directly to the insurance carrier. Once the individual life policy is issued by the insurance company, any questions regarding premiums and claims processing can be directed to:

The Great-West Life Assurance Company
Regional Group Office
#201, 10110 – 104 Street
Edmonton AB T5J 4R5
Phone: 780-917-7800
Fax: 780-429-5088

Death during Group Life Insurance Conversion Period

If you die within the 31-day period during which the conversion option is available, the insurance company will pay the beneficiary the amount of your terminated Group Life Insurance. The life benefit will be paid regardless of whether or not application for conversion has been made. Beneficiaries should contact ASEBP as soon as possible.

1.10 Non-Payable Benefits

Benefits are not payable when death results from:

- active participation in a war or act of war (declared or not)
- active duty in any military or peacekeeping force
- participation in any conduct which would constitute an offence which may be prosecuted by indictment had the offence been prosecuted in Canada

1.11 Appeal Process

ASEBP's appeal process is designed to ensure that:

- no one entitled to Life Insurance benefits is denied them because procedure was not followed correctly
- your beneficiary has an opportunity to appeal if unsatisfied with the claim decision because of ASEBP policy

For more information about the appeal process, contact an ASEBP Benefit Specialist.

ACCIDENTAL DEATH & DISMEMBERMENT

The following general information concerning Accidental Death and Dismemberment (AD&D) benefits offered by ASEBP should only be used as a guide. Contact your employer, your employee representative, or ASEBP for more information.

1. Accidental Death and Dismemberment

1.1 Coverage Summary

Benefits under the AD&D policy are payable when death or specified injuries occur as the result of an accident. The accident must be the sole cause of death or specified injury for the benefit to be paid.

In the case of your accidental death, the benefit amount is payable to your designated beneficiary or your estate. In the event of accidental injury, the benefit amount is payable to you.

AD&D insurance provides you with 24-hour protection, 365 days a year, anywhere in the world. This benefit is only available for the covered member. It is not available to, nor does it cover, spouse or dependants.

The death benefit payable under AD&D is in addition to the life benefit paid under the Life Insurance policy.

1.2 Plan Descriptions

Different plans are available to different employee groups. If you are uncertain about the AD&D plan you have, refer to your ASEBP identification card, check with your employer or contact ASEBP.

School trustees are required to enrol in the same plan as the jurisdiction's non-teachers.

Note: Principal sum is the benefit amount payable.

Plan 2

- Principal sum is two times annual earnings* to a maximum benefit of $600,000 for all eligible employees; at age 65, the amount of coverage for employees who remain in active service (up to age 70) reduces by 50%
- a choice of $25,000 or $50,000 Principal Sum for school trustees, substitute teachers, casual staff and part-time employees
- two times annual earnings to a maximum benefit of $600,000 for early retirees who select Early Retiree Package 1

Plan 3

- $25,000 Principal sum for early retirees who retired prior to September 1, 2011, and were enrolled in Early Retiree Package 2

* Annual earnings include salary, administrative allowances, isolation pay, pay while on vacation, retroactive salary, and compensation for an acting assignment greater than three months. Annual earnings exclude signing bonuses, overtime, car allowances, expense allowances or reimbursements, salary earned teaching night or summer school classes, early retirement incentives, and pay in lieu of vacation.

1.3 Accidental Death

Claims

In the case of your accidental death, the named beneficiary should contact your employer. An original or notarized copy of the official death certificate or funeral director's statement of death is required.

Depending on the circumstances of the accident, the insurance company may require additional information before a claim can be settled. Therefore, it is in the best interest of the named beneficiary to provide as much information as possible about the accident at the time of the notice of claim.

Accidental death documentation must be submitted within one year of the date of the accident causing your death; however, written or verbal notice of the claim must be provided to ASEBP within 30 days. Where it is reasonable to do so, provide the completed claim forms within 90 days of the accident. ASEBP will, in turn, forward all information to the insurance company.

Death Benefit Payable

The amount payable is the Principal Sum as identified by your plan.

Identification Benefit

If a member of your family must travel 150 kilometres or more from your regular place of residence for the purpose of identifying your body, the reasonable cost of transportation and accommodation will be reimbursed to a maximum of $5,000.

Repatriation Benefit

If accidental death occurs while you are travelling, the AD&D insurance policy covers the actual cost of preparing your body for burial or cremation and shipping your body to the city of residence. The total benefit payable for repatriation cannot exceed $15,000.

Funeral Expenses

For accidental deaths, the cost of funeral expenses is covered to a maximum of $7,500.

Bereavement Expenses

For accidental deaths, the cost of up to six sessions of grief counselling for your spouse or dependent children will be covered to a maximum of $2,000.

Other Benefits

Other benefits that may be payable in the case of your accidental death include:

- special education for dependent children
- occupational training for spouse
- day care

Survivor Benefit Coverage

There are provisions for continuing general health care coverage for your surviving spouse or dependent children. Refer to General Plan Provisions section 13.8 – "Survivor Benefit Coverage" on page 17 for more information, or contact an ASEBP Benefit Specialist.

Other Sources of Death Benefits

There may be other benefits and sources of compensation available to your spouse or dependent children in case of your death. Refer to General Plan Provisions section 17 – "Other Sources of Benefits" on page 18 for more information, or contact an ASEBP Benefit Specialist.

1.4 Accidental Loss, Dismemberment, or Permanent Disability

Loss Defined

As used in the schedule of benefits, loss means:

- with reference to hands or feet, complete severance at or above the wrist or ankle joint, but below the elbow or knee joint
- with reference to arms or legs, complete severance at or above the elbow or knee joint
- with reference to thumbs and fingers, complete severance at or above the first bone of the digit metacarpophalangeal joint)
- with reference to toes, complete severance at or above the metatarsophalangeal joint
- with reference to eyes, irrecoverable loss of the entire sight of the eye
- with reference to speech, total and irrecoverable loss of speech
- with reference to hearing, total and irrecoverable loss of hearing

Permanent Total Disability Benefit

If you become totally disabled within one year of an accident, and if total disability continues for one year, you are entitled to a benefit for permanent total disability. The permanent total disability benefit amount is equivalent to the Principal Sum less any payments made according to the schedule of benefits for losses suffered as a result of the same accident. The permanent total disability amount will be paid 365 days after the date of the accident.

Claims

Accidental dismemberment or loss of use claim documentation must be submitted within one year of the date of the accident causing your injury or loss of use. Written or verbal notice of claim must be provided to ASEBP within 30 days. Where it is reasonable to do so, provide the completed claim forms within 90 days of the accident. ASEBP will, in turn, forward all information to the insurance company.

Schedule of Benefits

This schedule lists benefits payable for any loss, or the total and permanent loss of use. Refer to the "Loss Defined" section below for further details. Benefits are:

LOSS, OR TOTAL AND PERMANENT LOSS, OF USE	PAYABLE
Quadriplegia (complete paralysis of both upper and lower limbs)	2 times Principal Sum
Paraplegia (complete paralysis of both lower limbs)	2 times Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	2 times Principal Sum
Total Disability	Principal Sum
Both Hands	Principal Sum
Both Feet	Principal Sum
Entire Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
One Hand and Entire Sight of One Eye	Principal Sum
One Foot and Entire Sight of One Eye	Principal Sum
Speech and Hearing	Principal Sum
One Arm	3/4 of Principal Sum
One Leg	3/4 of Principal Sum
One Hand	2/3 of Principal Sum
One Foot	2/3 of Principal Sum
Entire Sight of One Eye	2/3 of Principal Sum
Speech or Hearing	2/3 of Principal Sum
All Toes of One Foot	1/4 of Principal Sum
All Four Fingers of One Hand	1/3 of Principal Sum
Thumb and Index Finger of One Hand	1/3 of Principal Sum
Hearing in One Ear	1/3 of Principal Sum

Refer to section 1.2 – "Plan Descriptions" on page 25 to determine the Principal Sum applicable to you.

Only the largest applicable amount is paid for injuries to the same limb resulting from any one accident. If you sustain more than one loss as the result of any one accident, you will only be paid for the greatest of these losses.

Family Transportation Benefit

If you are hospitalized at a location more than 150 kilometres from your regular place of residence, members of your immediate family will be reimbursed for the reasonable cost of transportation and accommodation to a maximum of $15,000. The intent of this benefit is to cover one trip to the hospital, not repeated visits. Travel by private motor vehicle will be reimbursed to a maximum of $.35 per kilometre.

Immediate family means a person at least eighteen years of age and includes your spouse, dependants, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

Home Alteration and Vehicle Modification

The cost of alterations to your principle residence and modifications to one motor vehicle for the purpose of making them wheelchair accessible is covered to a maximum of $20,000.

The vehicle modifications will only be covered in the event that you suffer a loss of use of both feet or both legs, or become a quadriplegic, paraplegic, or hemiplegic.

Other Benefits

Other benefits that may be payable in the case of your accidental injury include:

- rehabilitation
- eyeglasses, contact lenses, and hearing aids (if not previously required)

Contact an ASEBP Benefit Specialist for more information.

1.5 General Accidental Death and Dismemberment Claims Information

Payment Method
Once an Accidental Death and Dismemberment (AD&D) claim is processed and approved, payment is issued by the insurance company and forwarded by ASEBP to the appropriate parties.

Taxation of AD&D Benefit
Benefits paid under the AD&D policy are tax-free; however, any interest earned may be subject to income tax.

Claim Follow-up
Any questions regarding the status of the claim should be directed to ASEBP.

1.6 Non-payable Benefits

Benefits under the AD&D policy are not payable if the loss is either a direct or indirect result of:

- suicide or any attempt of suicide while sane or insane
- intentional self-inflicted injuries
- any act of war, whether declared or undeclared
- full-time active service in the armed forces of any country
- an injury while riding in an aircraft operated by someone who does not hold a current and valid pilot's license

1.7 Maximum Benefit under Multiple Plans

For benefits contained in both the AD&D policy and the Extended Health Care Outside Canada Emergency Travel Benefit, ASEBP will coordinate payment of benefits between the two plans. You can claim under either plan. The maximum benefit paid is based on the highest maximum for the particular expense.

If you have coverage under the basic AD&D policy available through ASEBP you may also have opted to purchase an additional voluntary AD&D policy available through your school jurisdiction. This is a separate policy and is administered by Industrial Alliance Pacific. If you have questions regarding your voluntary AD&D policy, please call your school jurisdiction or Industrial Alliance Pacific directly.

1.8 Appeal Process

ASEBP's appeal process is designed to ensure that:

- no one entitled to AD&D benefits is denied them because procedure was not followed correctly
- you or your beneficiary has an opportunity to appeal if unsatisfied with the claim decision because of ASEBP policy

For more information about the appeal process, contact an ASEBP Benefit Specialist.

EXTENDED DISABILITY BENEFITS

The following general information concerning the Extended Disability Benefits (EDB) offered by ASEBP should only be used as a guide. Contact your employer or an ASEBP Benefit Specialist for more information.

1. Extended Disability Benefits

1.1 Coverage Summary

ASEBP's EDB plan is a **total disability plan**. If you are unable to perform your normal duties due to illness or injury, ASEBP's EDB plan provides income replacement and ensures you receive appropriate treatment during the recovery process if your claim is approved. ASEBP works with you and the appropriate health care providers to design individualized plans to assist you through your treatment, your recovery, and your return to work. If your disability precludes a return to work, ASEBP will assist you in managing quality of life issues.

ASEBP's Health and Disability Management Services (HDMS) division is made up of service teams responsible for a specific group of school jurisdictions participating in EDB. If you become disabled, the team will provide you with coordinated service. Your Claims Facilitator, your employer (school jurisdiction), your employee representative (union or association), and your health care professionals will work together to support and assist you (where possible) with your recovery, rehabilitation, and return to work process.

1.2 Total Disability Defined

For the purpose of determining whether or not you qualify for EDB, total disability means that:

- during the 90-day elimination period, you are totally and continuously unable to perform the duties of your normal occupation
- until the earlier of August 31 or January 31, during the 24 months following the 90-day elimination period, you continue to be totally and continuously unable to perform the duties of your normal occupation resulting in a loss of 30% or more in pre-disability earnings
- after 24 months of disability, you are unable to perform the duties of any occupation for which you are or may become suited through education, training, or experience which provides you with an income of at least 60% of pre-disability earnings

1.3 Plan Descriptions

The specific benefit plans available to each covered member are determined by negotiations between the employer and their respective employee groups as part of their total compensation package.

If you are unsure about which plan you are enrolled in, log in to My ASEBP or refer to your ASEBP identification card.

Rehabilitation employment, accommodation employment, and re-occurrence of disability are elements of both plans. Refer to section 1.12 – "Rehabilitation Employment" and section 1.13 – "Accommodation Employment," on page 33 and section 1.14 – "Re-occurrence of Disability" on page 34 for more information.

Plan D

- if eligible, coverage is 70% of your basic monthly earnings, to a maximum benefit of $17,500 per month
- all other sources of income must be reported and may be deducted from your EDB payment
- your employer must pay all or part of the premiums, meaning that benefits payable under this plan are subject to income tax
- See section 1.16 - "Waivers of Premiums" on page 34 for premium waivers

Note: Due to changes to the EDB program over the course of its offering, the rules that apply to your disability claim may differ from those mentioned above. If you have any questions, please contact your Claims Facilitator.

Plan E

- if eligible, coverage is 66 2/3% of the first $2,500 of your basic monthly earnings plus 45% of any additional basic monthly earnings, to a maximum benefit of $11,792 per month.
- all other sources of income must be reported and may be deducted from your EDB payment
- you must pay 100% of the premiums, meaning that benefits payable under this plan are not subject to income tax
- See section 1.16 - "Waivers of Premiums" on page 34 for premium waivers

Note: Due to changes to the EDB program over the course of its offering, the rules that apply to your disability claim may differ from those mentioned above. If you have any questions, please contact your Claims Facilitator.

Refer to section 1.8 – "Other Sources of Benefits and Income" on page 31 for information about deductions that may affect your disability benefit.

1.4 Pre-existing Conditions

A pre-existing condition is an accidental injury or illness for which an employee received medical attention, consultation, diagnosis, or treatment during the 12 months before the employee became covered, either through initial enrolment or any subsequent re-enrolment, under Extended Disability Benefits.

If a covered member suffers from a pre-existing condition and becomes totally disabled (related to that condition) within 26 weeks of the date of enrolment or re-enrolment in EDB, that member may not qualify to receive EDB benefits. This rule is referred to as the pre-existing condition clause and it applies whenever there is a break in EDB coverage.

Example:

A covered member takes a leave of absence in January and chooses to discontinue EDB benefits. In February, the covered member suffers a leg injury, but recovers and returns to work in September, at which time ASEBP EDB benefits are reinstated. In December, 16 weeks after the return-to-work date, the covered member develops an infection related to the leg injury and becomes totally disabled. Because the infection is related to the injury that occurred when the covered member had no coverage and the member did not work a full 26 weeks after EDB was reinstated, the pre-existing condition clause applies; that individual is not eligible to make a disability claim. However, if the member chooses to continue his/her EDB disability benefits during a leave of absence, the preexisting condition clause would not apply as there would have been no break in coverage.

1.5 Elimination Period

Disability benefits become payable only after a 90-day elimination period. The date the disability started (usually the day after your last day worked) to the 90th consecutive calendar day of total and continuous disability is referred to as the elimination period.

Example:

If you became totally and continuously disabled October 15th, your elimination period would start October 15th and end January 13th. Providing you meet the ASEBP criteria for being deemed totally and continuously disabled, your disability benefits would be approved starting January 14th.

1.6 Claims

Notice of Claim

If you believe that you may be away from work due to an injury or an illness for more than 90 days, inform your employer as soon as possible. Your employer initiates a claim for EDB with ASEBP on your behalf. As soon as ASEBP is advised of your pending claim, you will be contacted by an EDB Intake Facilitator.

Starting the application process early will help ensure a smooth transition from sick leave to EDB. If you return to work before the 90-day elimination period is satisfied, your EDB claim will be closed.

Claim Application Package

After the EDB Intake Facilitator contacts you, he/she will forward an application package to you if you qualify. If you have any further questions about the application process, the package will contain important contact information. Please be aware that you will be responsible for all costs incurred during the application process.

Claim Submission Deadline

Claim information, along with all documentation supporting disability, must be submitted within 12 months from the end of the 90-day elimination period. If the information is not submitted within this time frame, you will forfeit the right to apply for an Extended Disability Benefits claim.

It is in your best interest to submit your claim and required information as soon as possible so a decision can be made promptly.

ASEBP Claim Processing

Your application and the required documentation will be reviewed when received. The decision about your EDB claim is based on:

- all completed application forms
- the medical information provided
- the coverage provisions of the EDB Plan Document

1.7 If Your EDB Claim Is Approved

You will be assigned a Claims Facilitator (CF) who will be your main ASEBP contact. You will work with your CF, employer, and health care providers to establish and develop your support, recovery, and return-to-work goals.

Benefit Payment Determination
The disability benefit amount is based on your monthly earnings in effect on the last day of the 90-day elimination period. Any retroactive salary changes that become effective prior to the 90th day will also be included in the benefit calculation (e.g., collective bargaining resulted in all teachers receiving an increase).

Benefit payments are issued on approval of a claim These payments will be electronically deposited into your bank account on the last business day of each month.

Any new banking information must be submitted to ASEBP in writing as soon as possible or submitted via My ASEBP by visiting the Manage Banking Details page in the Profile section once you've logged into your account.

Any address change information must be submitted to your employer. ASEBP cannot accept address change information directly from covered members.

If you participate in plan D, you will be paid 70% of your basic monthly earnings to a maximum benefit of $17,500/month.

If you participate in plan E, you will be paid 66 2/3% of the first $2,500 of your basic monthly earnings, plus 45% of any basic monthly earnings in excess of $2,500, to a maximum benefit of $11,792/month.

For each day of a period of total disability which is less than a full month, a daily rate will be calculated in the following way:

$$\text{Daily rate} = \frac{\text{gross monthly benefit}}{\text{\# of calendar days in the month}}$$

Your basic monthly earnings are your annual remuneration from your employer divided by 12. This includes salary, administrative allowances, isolation pay, pay while on vacation, retroactive salary, and compensation for an acting assignment greater than three months. Remuneration does **not** include signing bonuses, overtime, car allowances, expense allowances or reimbursements, salary earned teaching night or summer school classes, early retirement incentives, and pay in lieu of vacation.

1.8 Other Sources of Benefits and Income

You must notify ASEBP of all other benefits or income you:

- are receiving
- are eligible to receive
- may become entitled to receive (even if the source is not listed below)

It is recommended that you notify all affected parties of your various sources of income to avoid overpayment situations with one or more of them. Your ASEBP disability benefit may be reduced by the amount received from other sources. These include, but are not limited to:

- disability benefits from Canada Pension Plan, Workers' Compensation or other disability plan
- automobile or general liability benefits
- employer sick leave benefits
- severance, termination pay or other remuneration received from any employer other than as part of a rehabilitation or accommodation employment program
- self-employment income
- pension income, such as Canada Pension Plan, Alberta Teachers' Retirement fund, Local Authorities Pension plan or other pension plans, will be deducted if it exceeds 85% of the combination of pre-disability salary and income from the pension plan

If you are eligible to apply for any of the above benefits you will be asked to do so.

Please contact your Claims Facilitator for more information.

1.9 Benefit Payment Provisions

In order to continue to receive disability benefits, you must:

- be under the regular care of a licensed physician or a specialist registered with the Alberta College of Physicians and Surgeons
- follow the course of treatment recommended by your doctor or an independent doctor
- provide ongoing medical evidence to support total disability

While totally disabled, you may be required to:

- participate in a medical assessment
- enter into a rehabilitation employment program when recommended by your doctor or an independent doctor and approved by ASEBP
- enter into a training or career transition program in conjunction with a recognized career assessment facility when recommended by your doctor or an independent doctor and approved by ASEBP
- follow an agreed upon support and recovery and/or return-to-work plan (involving you, your doctor, your employer, and ASEBP)

Payment will not be made for any period of total disability during which you:

- leave the province or country without ASEBP's consent
- without ASEBP's consent, temporarily or permanently move to or live in a location where medical treatment or rehabilitation employment opportunities are not equivalent to the medical treatment or rehabilitation employment opportunities available to you prior to the move
- engage in any occupation or employment (including self-employment) for wage or profit, other than as part of a rehabilitation or accommodation employment program

Payment will not be made under this plan where the disability is due to, or results from:

- active participation in a war or act of war (declared or not)
- active duty in any military or peacekeeping force
- participation in any conduct which would constitute an offence which may be prosecuted by indictment had the offence been prosecuted in Canada
- the abuse of drugs or alcohol, unless there is evidence of organic disease, or you are confined to a hospital for treatment, or you are participating in an approved rehabilitation (treatment) program

1.10 Retirement/Resignation Incentives

For Teachers

If you are a teacher, you can apply to continue accruing pensionable service with the Alberta Teachers' Retirement Fund Board (without having to make contributions) while you are receiving disability benefits. If you:

- are eligible to go on pension and choose to accept an early retirement/resignation incentive, you must apply to commence your pension. Your disability benefits cease effective the date you become eligible for pension. In this case, your disability benefit will not be reduced by the amount of the early retirement/resignation incentive.
- are not eligible to go on pension and choose to accept an early retirement/resignation incentive, your disability benefits continue. In this case, your disability benefit will be reduced by the amount of the early retirement/resignation incentive. Contact ASEBP for more information.

You can contact the Alberta Teachers' Retirement Fund Board for more information concerning your pension at:

Alberta Teachers' Retirement Fund Board
Phone: 780-451-4166 in Edmonton
Toll-free: 1-800-661-9582 from anywhere else in Alberta
Fax: 780-452-3547

For Other Staff Groups

If you belong to a non-teacher staff group and receive a lump sum retirement/resignation incentive payment, your disability benefit will be reduced by the amount of the lump sum payment. If you receive a lump sum retirement/resignation incentive payment and start to collect a pension from the Local Authorities Pension Plan at the same time, your disability benefit will not be reduced by the amount of your lump sum payment, but will be reduced by the amount of pension you receive.

You can contact the Local Authorities Pension Plan at:

Local Authorities Pension Plan
Phone: 780-427-5101 in Edmonton
From outside Edmonton call toll-free 310-0000 then dial 780-427-5101

1.11 Medical Assessments

ASEBP has the authority to arrange for you to see a health care provider (not employed by ASEBP) for an assessment and/or treatment. A medical assessment is a neutral, objective, professional opinion that may be used:

- if you are not under the regular care of a specialist
- if there has been no progress or improvement in your condition(s)
- if inconsistent medical information is on your file
- to provide additional medical information for treatment recommendations, etc.
- to expedite an appointment with a specialist due to long waiting lists

Participation is mandatory to receive ongoing disability benefits. The results will provide input into your support and recovery and/or return-to-work plan and will be shared with your doctor(s).

Independent Medical Assessments
If your doctor disagrees with the conclusions (or recommended course of treatment) of the assessment arranged by ASEBP, a dispute resolution mechanism is in place. An independent physician, jointly chosen by your doctor and ASEBP, will examine and consult with you.

ASEBP will cover the costs of the evaluation. This physician's recommendations will be binding for you and ASEBP.

1.12 Rehabilitation Employment

Rehabilitation employment is a temporary program to assist a disabled employee's progression to pre-disability employment. The program allows for light, modified, or alternative work or training during the period of your rehabilitation and progressive return to pre-disability level of employment.

Rehabilitation employment must be pre-approved by ASEBP to ensure the proposed employment or training meets program objectives. Your progress will be reviewed on an ongoing basis.

Your monthly disability benefit payment is reduced by 50% of any earnings received from rehabilitation work or training. If the sum of employment earnings and disability benefits exceeds 100% of what your earnings would be if you were working full-time, disability benefits will be reduced by the excess amount.

You are responsible for providing accurate information regarding all sources of income earnings to ASEBP within 30 days. You must also notify your Claims Facilitator of any changes to salary, status or hours worked (FTE).

Rehabilitation employment continues until the earliest of:

- termination of the rehabilitative employment plan or training program
- the date ASEBP approval is withdrawn
- the last day of the month following the month in which you reach age 65
- the end of the sixth consecutive month when the total of your rehabilitation employment earnings are equal to or greater than your pre-disability earnings

The rehabilitation employment program must not be used to extend benefits beyond the period for which benefits would normally be payable based on the definition of disability.

Contact your Claims Facilitator for more information about rehabilitation employment.

1.13 Accommodation Employment

Accommodation employment is designed for employees who currently are not totally disabled but who have a medical diagnosis that will lead to permanent total disability from their own or all occupations. Their medical condition must be a progressively deteriorating one resulting in a continual modification in work duties and/or hours. Accommodation employment must be made within 30 days from the reduction of your normal FTE.

Should ASEBP approve your reduction in hours, ASEBP will determine your pro-rated elimination period based on your reduced hours.

Accommodation employment must be supported by medical documentation indicating your condition is progressively deteriorating.

While on an accommodation employment program, your monthly EDB payment is reduced by 50% of the earnings received from your school jurisdiction.

If the sum of employment earnings and disability benefits exceeds 100% of what your earnings would be if you were working full time, disability benefits will be reduced by the excess amount.

Contact your Claims Facilitator for more information about accommodation employment.

1.14 Early Intervention Program

The Early Intervention Program (EIP) is a voluntary program offered to employees who are not totally disabled and still able to work modified hours. The program is designed as a pro-active way to help injured or ill employees stay at work or return to productive and safe employment as soon as possible without risking their ability to access EDB. During the EIP, the elimination period is prorated or extended based on the time you are at work, to a maximum of 153 days.

The EIP is designed for employees who have EDB coverage and need to reduce their hours of work by 30% or more due to injury or illness. In order to qualify for the program, your condition must be temporary with a high likelihood that you will be capable of performing your regular job at your normal FTE in a few month. The EIP is not intended to be a permanent, partial-disability program.

For more information about the EIP, please contact ASEBP's Early Intervention Facilitator.

1.15 Re-occurrence of Disability

If, after a period of disability, you return to work resulting in your claim being closed and

(1) within six months must cease working because of the same disabling condition, or
(2) within one month must cease working because of a different disabling condition,

any successive periods of disability will be considered a re-occurrence of the previous disability provided all the following conditions are met:

1. you must have received benefits for the first period of disability
2. you continued to be covered under ASEBP's Extended Disability Benefits plan after the first period of disability
3. the successive period of disability began after you returned to active employment

When one period of disability is considered to be a continuation of a previous period of disability, the elimination period is disregarded and disability benefits resume at the same level as the last claim for disability. Medical evidence must be submitted supporting the re-occurrence of disability.

1.16 Termination of Disability Benefits

Benefits continue to be paid for as long as you are disabled as defined by ASEBP or until the end of the month following the month in which you reach age 65.

If you became disabled prior to January 1, 1992, different termination provisions apply to you. Contact your ASEBP EDB Intake Facilitator/Claims Facilitator for more information.

In the event that your employee group chooses to withdraw from the ASEBP Extended Disability Benefits Plan, your Extended Disability Benefits will not be terminated if you are deemed totally disabled on the date of their withdrawal.

Refer to General Plan Provisions section 13 – "Termination of Coverage" on page 16 for more information.

1.17 Waivers of Premiums

When you are approved on EDB, you have the option to continue all benefits that are in place prior to your disability. ASEBP waives premiums for Life Insurance, Accidental Death & Dismemberment, Extended Disability Benefits, and Extended Health Care.

Please note that the waiver of premium for Extended Health Care will terminate if your employee group withdraws participation or when your employment terminates including if you resign. For individuals on approved disability prior to September 1, 2003, your existing waiver of premium for Extended Health Care coverage will continue for the duration of your disability.

If you are carrying Dental Care or Vision Care coverage, you may continue these benefits; however, there will be a premium charge. Check with your employer about who is responsible for premium payment. The decision to continue or discontinue these benefits must be made at the time your claim is approved. If you choose not to continue these benefits, on resumption of active service you may then re-enrol in Dental Care and/or Vision Care without being subject to the late applicant limitations.

If you are actively working as part of the accommodation employment program, as discussed in section 1.13 on page 33, benefits you had prior to your disability will remain in place.

1.18 Subrogation

If you receive ASEBP benefits because you have been injured through the fault of another party, ASEBP has subrogation rights. Refer to General Plan Provisions section 9.1 – "Subrogation" on page 14 for more information about subrogation.

1.19 Appeal Procedures

Extended Disability Benefits Appeal

You can appeal a claim decision in either of the following two cases:

- at submission, if the EDB claim is declined
- after a period of disability in which benefit payments were received, if Extended Disability Benefits are terminated

The Extended Disability Benefits appeal process is designed to ensure that no one with an entitlement to EDB is denied them because:

- procedure was not followed correctly
- medical information on file was misinterpreted

If you are unsatisfied with the decision regarding your claim, you can appeal to the Extended Disability Benefits Appeal Committee of the ASEBP Trustees.

The Committee is limited to reviewing and determining the merits of a claim based solely on the information previously submitted to ASEBP. The Committee cannot examine any new medical evidence. Once your appeal has been heard and a decision has been made, this decision is the final position of ASEBP.

Executive Committee Appeal

This process provides an opportunity for EDB clients to appeal a policy decision. The Executive Appeal Committee reviews the decision made on the basis of ASEBP policy contained in the EDB Plan Document.

While an appeal is in progress, your ASEBP benefit coverage may be continued, as long as you are considered to be an employee. You should consult with your employer regarding any special processing requirements needed to maintain benefit coverage. EDB payments will not continue during the appeal process.

For more information, contact your Claims Facilitator.

EXTENDED HEALTH CARE

The following general information concerning Extended Health Care benefits offered by ASEBP should only be used as a guide. Contact your employer or an ASEBP Benefit Specialist for more information.

1. Extended Health Care

1.1 Coverage Summary

ASEBP's Extended Health Care (EHC) plan provides coverage for a variety of health care services and supplies. EHC coverage is designed to complement the Alberta Health Care Insurance Plan (AHCIP), covering a number of treatment and supply expenses that are not covered, or covered to a limited extent, by the provincial plan, making ASEBP's EHC plan a vital component of your comprehensive benefits coverage. Benefits excluded from the AHCIP are not automatically covered by ASEBP's Extended Health Care plan.

EHC coverage includes:

- prescription medication (including specific over-the-counter drug products)
- a range of medical supplies and equipment
- ambulance services
- accidental dental
- emergency expenses incurred while travelling outside Alberta, but inside Canada
- emergency expenses incurred while travelling outside Canada
- professional medical services, including:
    - Acupuncture
    - Chiropractic
    - Massage Therapy
    - Naturopathy
    - Physiotherapy
    - Psychology

1.2 Plan Descriptions

Different plans are available to different employee groups. If you are uncertain about the Extended Health Care plan you have, or whether you have coverage, refer to your ASEBP identification card, check with your employer or contact ASEBP.

Plan 1

- 100% direct bill coverage of the preferred price for the therapeutic alternative reference pricing (TARP) and least-cost alternative (LCA) pricing
    - includes legal and conventional prescription and specific over-the-counter drug products
    - prescription drug dispensing fee maximums are based on the cost of the dispensing fee maximum per prescription applies:
        - $9.00 for drugs (including purchased compounds and excluding compounds
        - $13.50 for compounds

A maximum of five dispensing fees per Maintenance Medication per person per calendar year are covered. If individuals choose to have their maintenance medication prescriptions filled more than five times per calendar year, any dispensing fees after the fifth prescription fill, will become an out-of-pocket expense and will not be covered by ASEBP. In Alberta, dispensing fees (per prescription fill) can be up to $12.30. Visit the RxBenefits tab on the ASEBP website for more information, www.asebp.ab.ca/prescription_benefits.html.

- 100% direct bill coverage for diabetic supplies to $4,000 per person per calendar year (insulin pumps covered separately – see section 1.7 – "Other Health Benefits: Medical Appliances, Equipment, and Supplies")
- semi-private hospital accommodation (to a maximum of $144 per day within Canada)
- 100% reimbursement to specified maximums for other eligible health-related expenses

Plan 2

- 80% direct bill coverage of the preferred price for the therapeutic alternative reference pricing (TARP) and least-cost alternative (LCA) pricing
    - includes legal and conventional prescription and specific over-thecounter drug products
    - prescription drug dispensing fee maximums are based on the cost of the drug (dispensing fees are included in the price of the prescription):
        - $9.00 for drugs (including purchased compounds and excluding compounds
        - $13.50 for compounds

A maximum of five dispensing fees per Maintenance Medication per person per calendar year are covered. If individuals choose to have their maintenance medication prescriptions filled more than five times per calendar year, any dispensing

fees after the fifth prescription fill, will become an out-of-pocket expense and will not be covered by ASEBP. In Alberta, dispensing fees (per prescription fill) can be up to $12.30. Visit the RxBenefits tab on the ASEBP website for more information, www.asebp.ab.ca/prescription_benefits.html.

- 100% direct bill coverage for diabetic supplies to $4,000 per person per calendar year (insulin pumps covered separately – see section 1.7 – "Other Health Benefits: Medical Appliances, Equipment, and Supplies")
- semi-private hospital accommodation (to a maximum of $144 per day within Canada)
- 100% reimbursement to specified maximums for other eligible health-related expenses

Plan 3 – Only available to early retirees who retired prior to September 1, 2011 and chose Package 2

- 80% direct bill coverage of the preferred price for the therapeutic alternative reference pricing (TARP) and least-cost alternative (LCA) pricing
  - o includes legal and conventional prescription and specific over-the-counter drug products
  - o prescription drug dispensing fee maximums are based on the cost of the drug (dispensing fees are included in the price of the prescription):
    - $9.00 for drugs (including purchased compounds and excluding compounds
    - $13.50 for compounds

A maximum of five dispensing fees per Maintenance Medication per person per calendar year are covered. If individuals choose to have their maintenance medication prescriptions filled more than five times per calendar year, any dispensing fees after the fifth prescription fill, will become an out-of-pocket expense and will not be covered by ASEBP. In Alberta, dispensing fees (per prescription fill) can be up to $12.30. Visit the RxBenefits tab on the ASEBP website for more information, www.asebp.ab.ca/prescription_benefits.html.

- 100% direct bill coverage for diabetic supplies to $4,000 per person per calendar year (insulin pumps covered separately – see section 1.7 – "Other Health Benefits: Medical Appliances, Equipment, and Supplies")
- semi-private hospital accommodation (to a maximum of $144 per day within Canada)
- 100% reimbursement to specified maximums for other eligible health-related expenses

Plan 5

- 90% direct bill coverage of the preferred price for the therapeutic alternative reference pricing (TARP) and least-cost alternative (LCA) pricing
  - o includes legal and conventional prescription and specific over-the-counter drug products
  - o prescription drug dispensing fee maximums are based on the cost of the drug (dispensing fees are included in the price of the prescription):
    - $9.00 for drugs (including purchased compounds and excluding compounds
    - $13.50 for compounds

A maximum of five dispensing fees per Maintenance Medication per person per calendar year are covered. If individuals choose to have their maintenance medication prescriptions filled more than five times per calendar year, any dispensing fees after the fifth prescription fill, will become an out-of-pocket expense and will not be covered by ASEBP. In Alberta, dispensing fees (per prescription fill) can be up to $12.30. Visit the RxBenefits tab on the ASEBP website for more information, www.asebp.ab.ca/prescription_benefits.html.

- 100% direct bill coverage for diabetic supplies to $4,000 per person per calendar year (insulin pumps covered separately – see section 1.7 – "Other Health Benefits: Medical Appliances, Equipment, and Supplies")
- semi-private hospital accommodation (to a maximum of $144 per day within Canada)
- 100% reimbursement to specified maximums for other eligible health-related expenses

1.3 Terms Defined

You will see the following terms used throughout the Extended Health Care section of the handbook. Please take a moment to familiarize yourself with their definitions to assist your understanding of your Extended Health Care benefit.

Direct billing: The direct payment to the health service provider (in this case, the pharmacist) of the portion of the cost your plan pays. At the time of service, you pay only the amount you are responsible for – simply show your ASEBP identification card.

Reimbursement means you pay up front for the service or product and then submit a paper claim. Refer to section 1.10 – "How to Submit a Claim" on page 48 for more information about reimbursement.

You are responsible for your own co-payments (if enrolled in a plan not offering 100% coverage or if selecting a higher-cost product) and are responsible for any differences in cost between the dispensing fees charged by the pharmacy and what ASEBP will pay.

Purchased compounds: A therapeutic mixture containing one or more drug benefits which is prepared by a compounding and repackaging pharmacy. This compound is then purchased by another pharmacy for the purpose of dispensing to their customers.

Compounds: A therapeutic mixture containing one or more drug benefits which is prepared directly by the pharmacy that is dispensing the prescription medication to their customers.

Date of service: An expense is considered to be incurred on the date the service or supply was provided. If claiming for a service (e.g., physiotherapy), the date of service refers to the date the service was planned and the receipt shoud reflect this date.

If claiming for an item (e.g., foot orthotics), the date of service refers to the date the member is first in possession of the item and the receipt should reflect this date.

Therapeutic Alternative Reference Pricing (TARP):
On September 1, 2016, ASEBP introduced therapeutic alternative reference pricing (TARP) for four therapeutic classes: inflammation/pain management, high blood pressure, stomach hyperacidity and migraines.

TARP allows benefit plans to offer equally safe and effective alternatives for medications treating specific health conditions while managing pharmaceutical costs.

If you and/or your dependant(s) are interested to know if TARP impacts you specifically, visit the RxBenefits tab on the ASEBP website. For more information around coverage for specific prescription medications, use the Drug Inquiry Tool on My ASEBP under the "Coverage" tab.

Least-Cost Alternatives
Coverage for prescription medicine in each plan listed below is based on the price of the least-cost alternative to the medication prescribed by your health care provider. The least-cost alternative can be either a brand name medication or a generic medication which contains the same active ingredients in the same dosage and form as the prescription written by your health care provider.

Maintenance Medications: Maintenance medications are often prescribed to patients with chronic health conditions or as an ongoing prescription that can be managed on a long term basis. In these cases, there is a low likelihood your dosage will change, and the medication is usually taken continuously over a long period of time.

Medications that fall within the following nine drug classes are considered maintenance medications by ASEBP and constitute the maintenance medication list.

1. Anti-hypertensive agents
2. Anti-diabetic agents
3. Anti-asthmatics/COPD
4. Anti-depressants
5. Contraceptives
6. Hormone replacement therapy
7. Anti-hyperlipidemic agents
8. Thyroid agents
9. Medications for overactive bladder

1.4 General Limitations

Expenses for medical services and supplies are reimbursed according to the provisions of the benefit plans, including any deductibles, limitations, maximums, or exclusions. The reimbursement is based on the reasonable and customary charge for the service or supply. For an expense to be covered under ASEBP's Extended Health Care plan, the medical service or supply must be:

- provided while you or your eligible dependants are covered under an ASEBP Extended Health Care plan
- medically necessary for the treatment of an illness or accidental injury
- for treatment as ordered by a medical doctor or an appropriate health care provider as determined by ASEBP
- for treatment commonly and customarily recognized as appropriate for the medical condition
- eligible for coverage under the plan you are enrolled in

Only costs for medical services and supplies specifically listed as a covered expense under the Extended Health Care plan will be reimbursed.

Items not covered include:

- experimental drugs
- drugs not approved by Health Canada
- vitamins, minerals or herbal drugs
- medical appliance upgrade charges
- non-life-sustaining over-the-counter medications e.g. low-dose aspirin
- Magnetic Resonance Imaging (MRI)
- X-rays
- speech therapy
- eyeglasses, the measurement of eye refraction, the fitting of eyeglasses and tests
- hearing tests
- batteries for hearing aids
- splints
- surgical implants (cochlear implants)
- services and supplies, including hospital confinement, provided in association with cosmetic surgery or procedures
- where expenses are not considered necessary for the medical care of the patient's injury or illness
- third party medicals
- where treatment is experimental, educational in nature, or for the purpose of medical or other research
- travelling expenses, living and accommodation expenses, parking, etc., except for items defined in section 1.9 – "Outside Canada Emergency Travel Benefits" on page 45
- telephone consultations even if made by a doctor
- extra billing charges
- treatment provided free of charge
- medical appliances, equipment and supplies may be purchased from providers outside Canada, but additional charges resulting from purchasing the item outside Canada are ineligible expenses (e.g., shipping charges, duty)
- services provided by a family member if the family member has been given a discount. If a covered member is required to pay a portion of the cost of the services, the covered member must pay for that portion or have their entire claim deemed ineligible (e.g., if a chiropractor bills $90, ASEBP pays $50 and the covered member pays $40. If the chiropractor does not require the member to pay his/her portion, ASEBP will not pay either)
- expenses which are covered through a mandatory or voluntary government program, whether or not the covered member and/or dependants have applied for or participate in such programs
- where charging for services or supplies is prohibited under legislation, such as charges made by doctors which are in excess of fees allowed by Health Canada
- where services and supplies are provided on behalf of a government
- services and supplies provided by a dental or medical department maintained by the employer, a mutual benefit association, labour union, trustee, or similar type of group
- expenses incurred because of active participation in a war or act of war (declared or not)
- expenses incurred when on active duty in any military or peacekeeping force
- participation in any conduct which would constitute an offence which may be prosecuted by indictment had the offence been prosecuted in Canada

Dependants attending school outside of Canada are only eligible for the Outside Canada Emergency Travel Benefits. Refer to section 1.9 – "Outside Canada Emergency Travel Benefits" on page 45 for more information.

If you are on an exchange or secondment, please refer to General Plan Provisions section 11 – "Teacher Exchange/Secondment" on page 15.

1.5 Prescription Medicine Benefits

Extended Health Care covers the reasonable cost of prescription medicines and over-the-counter products included in the ASEBP Drug Benefit List. This document is provided to all pharmacies in Alberta. Most drugs on the ASEBP Drug Benefit List are covered automatically. Some drugs will be covered only if special authorization is provided based on an in-depth clinical review. Refer to the "Special Authorization for Prescription Medicines" section below for more information.

Note: To be eligible for coverage, medications must be prescribed by a physician, dentist, or other appropriate health care provider for an illness or accidental injury, must be dispensed by a licensed pharmacist, and must have Health Canada approval for the specific purpose for which the drug is being used.

Special Authorization for Prescription Medicines

Some drugs will be covered only if special authorization is provided based on an in-depth clinical review. The need for special authorization is not common, and the drugs to which it applies are indicated in the ASEBP Drug Benefit List, accessible by your pharmacist. The medication must have Health Canada approval for the specific purpose for which the drug is being used. Requests for over-the-counter products and specific brands of interchangeable drugs are not eligible for special authorization.

The **enhanced special authorization** process covers the following health conditions:

- Rheumatoid arthritis
- Multiple sclerosis
- Psoriasis
- Crohn's disease/colitis
- Chronic hepatitis C

If you are diagnosed with one of the above health conditions or are being treated for one of the above health conditions and your special authorization is due to renew, your physician must submit a request for special authorization (with your consent indicated on the form) following the process described in the ASEBP Drug Benefit List. The special authorization process considers information provided on your behalf by your physician. Approval for coverage is provided if your medical condition meets the clinical criteria defined for the drug involved. You and your physician will be advised in writing of the decision following a request for special authorization.

Early Refill Limitation

ASEBP will not process early refills. "Early" is defined as any time prior to 70% of an existing prescription being used (for example, for a 90-day prescription, early would be within the first 63 days). Reasonable allowances will be made for extenuating circumstances (for example, when medication is lost or stolen).

Other Prescription Medicine Coverage

To determine which products in the following categories are eligible for coverage under your ASEBP benefits, use our Drug Inquiry tool, available on My ASEBP under the Coverage tab.

Smoking Cessation Products

Smoking cessation products are covered to a combined lifetime maximum of $500. You must have a prescription for any eligible smoking cessation product purchased.

Infertility Drugs

Coverage for drugs that treat infertility varies by EHC plan:

Plan 1 - $800 per person per calendar year

Plans 2 and 3 - $600 per person per calendar year

Plan 5 - $720 per person per calendar year

Erectile Dysfunction Drugs

Coverage for drugs that treat erectile dysfunction varies by EHC plan:

Plan 1 - $100 per person per month to a yearly maximum of $800

Plans 2 and 3 - $100 per person per month to a yearly maximum of $800

Plan 5 - $100 per person per month to a yearly maximum of $800

1.6 Hospital Benefits

ASEBP Extended Health Care covers semi-private room accommodation in properly accredited hospitals to a maximum of $144 per day within Canada. Hospital, as used to determine benefits payable, means:

- an institution accredited as a hospital by the Canadian Council on Hospital Accreditation or approved for resident in-patient care under a provincial hospital services program
- an institution which primarily is engaged in the in-patient medical care and treatment of sick and injured persons
- an institution which provides medical, diagnostic, and major surgical facilities
- an institution which provides 24-hour-a-day nursing service

The following types of institutions are not regarded as an accredited hospital:

- an institution which is primarily a home for the aged, a rest home, or a nursing home
- an institution operating primarily as a school or furnishing custodial care (e.g., auxiliary hospital, palliative care, or respite room)
- a facility for the care of drug addicts or alcoholics
- a facility that operates under the Mental Health Act

1.7 Other Health Benefits

Extended Health Care covers the cost of supplementary health services and supplies listed in alphabetical order on the following pages. These services must be provided by a professional other than the employee or one of the employee's family members. Contact ASEBP for specific claiming requirements.

Accidental Dental
Accidental dental claims are processed under your Extended Health Care coverage. If you receive dental treatment due to accidental injury, please have your dentist complete the "Dental Accident Section" of the *Dental Care Claim* form.

If the dental claim form does not have a specific section for accidental dental information, please mark the claim "Dental Accident" to prevent expenses from being applied to the dental annual maximum. ASEBP will also require a letter or report from your dentist that describes the accident and the type of injury you sustained.

Accidental dental services are only allowable for the treatment of:

- accidental dental injury due to an external blow to the mouth
- damage caused from biting on a foreign object inserted in the mouth

Accidental Dental Inside Canada
The accidental dental coverage maximum is $1,000 per tooth and the accident must occur in Canada to be eligible for this specific level of coverage. If the total cost of treatment for a tooth exceeds $1,000, the balance remaining after using your accidental dental coverage can be claimed under your Dental Care Plan. Treatment must be completed within two years of the date of the accident/injury. Submit your completed Dental Care Claim form clearly identifying all injured teeth along with the date and details of the accident. This coverage may only pertain to damage that did not previously exist and each claim will be reviewed on an individual basis.

Accidental Dental Outside Canada
Reasonable and customary charges for the repair, extraction and/or replacement of natural teeth or permanently attached artificial teeth damaged by a direct accidental blow to the mouth are covered to a maximum of $2,000 for services rendered within 182 days of the date of the accident.

Expenses for the relief of dental pain (excluding root canals) are also covered to a maximum of $300 per trip and must be rendered in a dental office at least 200 kilometres outside the Canadian border from the covered member's or dependant's province of residence.

If you are on an approved teacher exchange or secondment, please contact an ASEBP Benefit Specialist regarding coverage.

Acupuncture
Acupuncture services must be provided by a health care provider registered with the applicable college in the province of practice. No referral is required for reimbursement.

ASEBP will pay up to $50 per treatment to a maximum of $700 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person.

Note: There is a combined calendar year maximum of $1,600 per person for acupuncture, chiropractic, massage and physiotherapy

services. No one service can exceed $700 per person per calendar year.

Ambulance

Professional ambulance services, including air ambulance services, are covered only for emergency transport of a patient from point of origin to the nearest hospital which can provide adequate medical treatment and when no other means of transportation is appropriate.

The following ambulance services are not covered:

- trips not medically required
- trips to a non-active treatment facility
- trips between active treatment facilities (sending hospital is responsible)
- trips to or from a nursing home
- pre-arranged or pre-booked trips
- additional fees such as non-resident fees, late payment charges, surcharges, escort charges, medications, or other charges such as the Jaws of Life

If you or your dependants require ambulance services, please provide Alberta Health Services (AHS) with the ASEBP ID number of the person receiving the services during pick-up and transport and AHS will bill ASEBP directly.

If the ASEBP ID number is not provided at the time of service, ASEBP members will be billed directly. If you receive an invoice, please contact AHS and provide the ASEBP ID number so the claim can be billed directly to ASEBP.

Chiropractic

No referral is required for reimbursement.

ASEBP will pay up to $50 per treatment to a maximum of $700 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person. X-rays related to chiropractic treatment **are** included in the per treatment maximum.

Note: There is a combined calendar year maximum of $1,600 per person for acupuncture, chiropractic, massage and physiotherapy services. No one service can exceed $700 per person per calendar year.

Endovenous Laser or Radiofrequency Endovenous Ablation Therapy

For treatment of varicose veins only, to a combined lifetime maximum of $4,000. Ultrasound-guided therapy is not covered. No doctor's referral is required.

Home Nursing Care

Private duty professional nursing services provided in the home by a registered nurse, graduate nurse, or registered licensed practical nurse are covered to a lifetime maximum of 4,000 hours per person. Approved charges will be paid at $42 per hour for registered nurses and graduate nurses, and $27 per hour for registered licensed practical nurses. **Home nursing care must be pre-approved by ASEBP**.

ASEBP requires the following:

- a letter from a medical doctor or home care agency indicating diagnosis, which medical services are required (in detail and itemizing frequency required), and how long they are required for
- a letter from the Alberta Health Services Board indicating that you (1) are not eligible for coverage under the government program, or (2) have reached your maximum coverage

Homemaker services and custodial care are not covered expenses.

Joint Injectable Materials

Joint injectable materials are covered only if necessary for the treatment of osteoarthritis. Pre-approval from ASEBP is required; please contact an ASEBP Benefit Specialist for more information.

ASEBP will pay up to $1,000 per calendar year.

Massage Therapy

Massage therapy services must be provided by a massage therapist registered with the applicable college or professional association in the province of practice. In order for your massage therapy claim to be eligible in Alberta, your massage therapist must be registered and have a minimum of 2,200 hours of training or equivalent competency. No referral is required for reimbursement.

Services provided by students of massage therapy, even if registered with any professional college or association, are **not** covered under ASEBP plans.

ASEBP will pay up to $50 per treatment to a maximum of $700 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person.

Note: There is a combined calendar year maximum of $1,600 per person for acupuncture, chiropractic, massage and physiotherapy services. No one service can exceed $700 per person per calendar year.

Medical Appliances, Equipment, and Supplies

The following are covered:

- **aerochambers** - to a maximum of $40 per aerochamber. Repairs are excluded.

- **allergy testing materials** - to a maximum of $40 per calendar year.
- **brace** - purchase or rental of a support device or appliance for limbs or other body parts (e.g., ankle, knee, wrist, elbow, back, etc.) to a maximum of $500 per brace and a maximum of one replacement every two years. Receipts must state the body side the brace is for (left or right), if applicable.
- **blood pressure monitors** - digital type to a maximum of $150 every three years based on date of purchase, not calendar year. Repairs are excluded. A receipt marked "paid," indicating the service provider's name, address, and speciality, is required for these claims.
- **canes, crutches, casts, cervical collars and walkers** - purchase or rental to a combined maximum of $100 per calendar year (maximum of $40 for each component). Repairs are excluded.
- **diabetic supplies** - to a maximum of $4,000 per person per calendar year. Includes glucose monitors, lancets, penlets, syringes, and alcohol swabs (no prescription required). Excludes insulin, batteries, and glucose control solution. Insulin pumps covered separately.
- **dressings, bandages, and related supplies** - necessary for the treatment of a chronic medical condition, to a combined maximum of $600 per calendar year. Pre-approval from ASEBP is required; please contact an ASEBP Benefit Specialist for more information.
- **eye prostheses** - purchase and repair to a maximum of $500 every three years based on date of purchase, not calendar year.
- **foot orthotics, including arch supports** - to a maximum of $200 per calendar year. Repairs and heel lifts are excluded. No doctor's referral is required.
- **hairpieces/wigs** – coverage for hair loss due to medical conditions is subject to a pre-approval process. In these cases, your claim submission must include a physician's letter stating a diagnosis for your condition and the need for a wig. Contact an ASEBP Benefit Specialist for details. Maximum of $600 every three years based on date of purchase, not calendar year.
- **hearing aids and related supplies, maintenance, repairs, and replacement** - for adult or child - $3,000 every three years based on date of purchase or service, not calendar year, and a one-time lifetime maximum of $3,000 for expenses related to damage caused by an accident. Excludes hearing tests and batteries for hearing aids.
- **hospital beds** - purchase or rental, necessary because of a chronic medical condition, to a lifetime maximum of $3,000. Pre-approval from ASEBP is required; please contact an ASEBP Benefit Specialist for details.
- **ileostomy, colostomy, and urinary incontinence supplies** - to a combined maximum of $1,000 per calendar year only when the expenses are eligible for Alberta Aids to Daily Living (AADL) coverage. Confirmation of AADL coverage is required with claim. Tubing and skin care products are excluded.
- **insulin pumps** - to a maximum of $5,000 every four years based on date of purchase, not calendar year.
- **intravenous supplies** - to a maximum of $150 per calendar year.
- **larynx prostheses** - purchase and repair to a maximum of $2,000 every three years based on date of purchase, not calendar year.
- **mastectomy prostheses** - to a maximum of $400 per prosthesis per calendar year. Excludes repairs and bras.
- **orthopedic shoes** - necessary because of an anatomical deformity and must be custom made and fitted. Maximum of $1,500 every two years based on date of purchase. If a brace is attached to the shoe, the brace must extend part way up the leg. Claim must include a physician's letter/prescription stating the anatomical deformity. Excludes repairs.
- **oxygen and supplies required for its use** - to a maximum of $1,000 per person per calendar year. Includes purchase or rental of equipment, shipping, and repair charges.
- **phototherapy lights** - one-time purchase to a maximum of $300, only when required to treat Seasonal Affective Disorder. Excludes repairs and replacement bulbs. Claims must include a physician's letter/prescription stating a diagnosis for your condition.
- **physical rehabilitation equipment** - purchase or rental to a lifetime maximum of $300. Excludes repairs.
- **prosthetic limbs** – including stockings, purchase, and repair to a combined maximum of $15,000 per limb and a maximum of one replacement every three years elapsed since last purchase. Myoelectric limbs and stockings are included.
- **respiratory equipment** - purchase or rental to a combined maximum of $2,500 every five years based on date of purchase, not calendar year. Includes nebulizers, sleep apnea dental

appliances (purchase only), peak flow meters, and continuous positive airway pressure (CPAP) machines. Nebulizer and CPAP machine repairs also included. Excludes cost of sleep studies, testing and dental examinations.

- **compression garments and support/surgical stockings** – purchase of a maximum of two pairs to a combined maximum of $250 per calendar year. Includes compression sleeves. Receipt must include pressure gradient.
- **ultra violet lights** - one-time purchase to a maximum of $300, only when required to treat psoriasis. Claim must include a physician's letter/ prescription stating a diagnosis for your condition. Excludes repairs and replacement bulbs.
- **wheelchairs or scooters** - purchase or rental to a combined maximum of $4,000 every four years based on date of purchase or rental. Includes maintenance, repair and replacement. Pre-approval from ASEBP required; please contact an ASEBP Benefit Specialist for details.

Naturopathy

Naturopathic services (excluding naturopathic medicines) are covered and must be provided by a person who is:

- licensed as a naturopathic practitioner in province of residence
- for those provinces where there is no licensing body, the naturopathic practitioner must be a registered member of the Canadian Naturopathic Association

No referral is required for reimbursement.

ASEBP will pay up to $20 per treatment to a maximum of $200 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person.

Physiotherapy

ASEBP will pay up to $50 per treatment to a maximum of $700 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person.

Note: There is a combined calendar year maximum of $1,600 per person for acupuncture, chiropractic, massage and physiotherapy services. No one service can exceed $700 per person per calendar year.

Podiatry

ASEBP will pay up to $50 per treatment to a maximum of $700 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person. X-rays related to podiatric treatment are included in the per treatment maximum.

Excludes facility fees.

No referral is required for reimbursement.

For foot orthotics, see page 43.

Psychology

Covers services provided by a chartered psychologist, a provisional psychologist who is under the supervision of a chartered psychologist, or a person holding a Master of Social Work degree for the treatment of mental, nervous, or emotional disorders.

Excludes assessment and testing.

ASEBP will pay up to $100 for the first hour of each visit and $50 for each additional half hour, to a maximum of $1,200 per person per calendar year. ASEBP will cover a maximum of one treatment per day per person. When submitting a claim for psychology services, please ensure your receipt includes:

1. the length of each session
2. the amount being charged for each session
3. if more than one person is attending a session, each patient's name
4. provider's name, address and credentials

Any sessions less than one hour will be prorated based on the length of the session (i.e. half hour session will be paid at $50 and 45 minute session will be paid at $75).

Group/family counselling is allowed; however, you will be reimbursed per visit, not per patient. For example, if you have a one-hour group session, ASEBP will only cover $100 for that session, regardless of how many eligible family members attended.

1.8 Out-of-Province Coverage

Expenses for both emergency and non-emergency treatment incurred outside your province of residence but within Canada are covered under ASEBP's Extended Health Care plans.

Expenses for out-of-province specialized treatment will only be covered if:

1. Alberta Health Care Insurance Plan acknowledges the treatment and accepts the expenses as qualifying for reimbursement under the Alberta government health plan; and
2. ASEBP pre-approves the expenses - ASEBP requires a copy of the referral letter from the Alberta specialist to the out-of-province doctor.

Note: Please allow one month for pre-approval processing. Failure to obtain written pre-approval from ASEBP will result in payment being denied.

You are still covered under your provincial health plan even when travelling elsewhere in Canada. Expenses incurred while travelling outside your province of residence are covered under ASEBP's Extended Health Care plans only after coverage limits under the provincial health plan have been reached.

Claims for prescription drugs can be forwarded directly to ASEBP. The original prescription receipt must be attached to your completed *Extended Health Care and Vision Care Claim* form with an explanation of the emergency.

Claims for other expenses must first be submitted to your provincial health care plan for payment before you submit a claim to ASEBP. Attach the following to your *Extended Health Care* and *Vision Care Claim* form:

- statement from your provincial health care plan detailing amount paid
- receipt for service

Out-of-province expenses covered under ASEBP Extended Health Care plans include:

- services and supplies as listed in section 1.7 - "Other Health Benefits" on page 41
- medical care and lodging in a hospital, but only to the extent that charges would normally have been covered within your province of residence under a government plan or program
- surgical procedures, but only to the extent that charges would normally have been covered within your province of residence under a government plan or program

Some hospitals or institutions outside your province of residence may not be recognized as accredited hospitals; therefore, expenses incurred in them will not qualify as a covered expense. Confirm coverage with ASEBP before making any arrangements for treatment.

If you are an early retiree living outside Alberta, refer to your Early Retiree Handbook or contact ASEBP for more information about making out-of-province Extended Health Care claims.

1.9 Outside Canada Emergency Travel Benefits

The Outside Canada Emergency Travel Benefit provides additional coverage for specific emergency medical expenses incurred while you are travelling outside Canada. This coverage is automatically effective while you are out of the country. In the event of a medical emergency, contact the travel assistance service medical advisor within 24 hours. The inside of your ASEBP identification card lists the phone numbers for the travel assistance service medical advisor. You can access it 24 hours a day, 365 days a year, anywhere in the world.

If you or your dependants are planning to travel outside the country, contact an ASEBP Benefit Specialist for more information.

Dependants attending school outside of Canada are eligible for the Outside Canada Emergency Travel Benefit. No coverage for non-emergency primary care (primary care includes services that would be covered in Alberta by the provincial government, such as physician visits, surgery, etc.). Please refer to the Non-Emergency Goods and Services Outside Canada content on the Additional Benefits page of the Extended Health Care - Outside Canada Emergency Travel Benefits online guide for more details.

ASEBP will pay the reasonable and customary charges, for emergency services only, in excess of the amount paid by your provincial government health care coverage for:

- emergency travel assistance
- medical evacuation for the person travelling outside of Canada will be covered if medically necessary or where the cost of treating the person is expected to be higher than the cost of transporting the patient back to Alberta
- medical care, including surgery and semi-private hospital accommodation (the hospital must be a public general active treatment hospital)
- other expenses (please see online benefit guide for more plan details)

Expenses will only be covered if certified by the attending recognized health care professional that services were required for emergency treatment.

Note: Prescription drugs purchased out of country

must be submitted to ASEBP with a medical doctor's prescription and an explanation of the emergency. The drug must have a Canadian equivalent.

Emergency Travel Assistance

If you need any of the following services, contact the travel assistance service medical advisor immediately.

Medical assistance includes:

- assisting in locating an appropriate recognized health care provider, clinic, or hospital
- confirming coverage and, if necessary, coordinating payment to the hospital and/or recognized health care provider
- monitoring the medical treatment and keeping family members informed
- arranging the transportation of a family member to the patient's bedside, or to identify the deceased
- arranging for transportation home of the patient, if medically permissible

General assistance includes:

- providing emergency response in most major languages
- contacting the covered member's or dependant's family, business partner, or family heath care provider
- coordinating the safe return home of dependent children and pets, if the covered member, or covered member's spouse, is hospitalized
- arranging the transmission of urgent messages to family members or business partners
- assisting in locating legal counsel in the event of a serious accident
- coordinating claims processing and negotiating health care provider discounts

Refer to the inside of your ASEBP identification card for the travel assistance phone numbers.

Medical Evacuation or Transportation

Various transportation expenses are covered for the covered member or dependant as follows:

- eligible expenses for air transportation to or from the nearest qualified medical facility able to provide medical care, only in the event that normal ground transport is not available or when air transport is in the best medical interest of the patient as determined by a medical professional
- the cost of air evacuation between hospitals or for hospital admission in the covered member's or dependant's province of residence, at the discretion of ASEBP, or when ordered by the attending physician or the travel assistance service medical advisor and approved by ASEBP
- eligible expenses for services of a professional ambulance required to transport a patient who is ill or has an injury, to or from the nearest qualified medical facility able to provide medical care
    - o the ambulance must be licensed to operate in the jurisdiction where the service was rendered
- the cost of one-way economy airfare to the covered member's or dependant's province of residence, when advised in writing by the attending physician or the travel assistance service medical advisor so that the covered member or dependant can receive immediate medical attention
    - o this benefit assumes that the covered member or dependant is not holding a valid open-return air ticket
    - o this benefit also applies to one family member who is travelling with the patient at the time of illness or accidental injury
- the cost of round trip economy airfare, overnight hotel, and meal expenses for a medical attendant or non-medical escort if required to travel with the covered member or dependant as indicated in writing by the attending physician, travel assistance service medical advisor, or commercial airline

Medical Care

Medical care expenses, including surgery and semi-private hospital accommodation, are covered for the covered member or dependant as follows:

- the cost of eligible diagnostic services provided to the covered member or dependant required to identify the nature and extent of illness or injury and administered by a recognized health care professional
- eligible expenses for accommodation in a general active treatment hospital, less the amount allowed under the provincial government plan
- miscellaneous expenses incurred by the covered member or dependant who has been hospitalized will be covered to a maximum of $50 per day to a maximum of $500 per hospital stay. Receipts marked "paid" must be included in the expense submission
- eligible expenses on written order of a recognized health care professional for canes,

casts, crutches, slings, splints, trusses, walkers, and/or temporary rental of a wheelchair
- eligible expenses on written order of a recognized health care professional for nursing services provided by a registered nurse during and immediately following hospitalization
- eligible expenses for outpatient services in a general active treatment hospital, less the amount allowed under the provincial government health program
- eligible expenses for services, including X-rays, made by:
  - chiropractors: up to $300 per covered member or dependant per trip
  - podiatrist/chiropodist: up to $300 per covered member or dependant per trip
  - physiotherapist: up to $300 per covered member or dependant per trip
- eligible expenses for physician and surgeon charges for services rendered

Family Visitation

One round trip economy airfare, by the most direct route from Canada, will be reimbursed for a family member or friend to:

- visit the covered member or dependant if the patient has been an in-patient for at least three days outside Canada, and the attending doctor provides written verification that the situation is serious enough to require a visit and pre-approval by the travel assistance medical advisor has been given
- identify the deceased covered member or dependant, where necessary, prior to release of the body

The extra costs of meals and accommodation for this family member or friend will be reimbursed up to $250 per day to a maximum of $2,500, provided that medical verification, receipts, and written proof from the attending physician that the situation is serious enough to have required a visit, are provided.

The cost of preparing and transporting a deceased covered member or dependant to the province of residence is covered to a maximum of $7,000. The cost of cremation or burial at the place of death is covered to a maximum of $2,500. The cost of the coffin is not covered.

The cost of returning the covered member's or dependant's vehicle (either private or rental) to the place of residence or to the nearest appropriate rental agency is covered to a maximum of $1,000. This is only when the covered member or dependant is unable to operate the vehicle due to unexpected illness or injury and when the travelling companion is also unable to do so, and when pre-approval by the travel assistance service medical advisor has been given. Medical certification and receipts are required (i.e. fuel, accommodation, meals, airfare, etc.). If the vehicle is inoperable due to an accident, the cost of one-way economy airfares will be provided. An official police report of the accident is required.

The extra costs of meals and accommodation will be reimbursed up to $250 per day to a maximum of $2,500 per incident for the covered member or dependant who is either:

- remaining with a travelling companion when return home is delayed due to illness or injury
- visiting a covered member who has been hospitalized

Medical verification and receipts are required.

Return of Dependent Children

The cost of one-way economy airfare for the return of dependent children, provided the covered member or covered member's spouse has been admitted to hospital for more than 48 hours or has been medically repatriated. Pre-approval by the travel assistance service medical advisor is required. This includes eligible expenses for an escort at the discretion of ASEBP.

Return of Personal Items

The cost of the return of luggage or personal items to a maximum of $500, if the covered member or dependant has been returned to their province of residence by air ambulance. Pre-approval by the travel assistance service medical advisor is required. This benefit also applies to the return of a deceased covered member's or dependant's personal items to their province of residence.

Return of Pet(s)

The cost of one-way transportation to a maximum of $500 to return a pet(s) travelling with the injured covered member or dependant to the covered member or dependant's province of residence, if the covered member or dependant has been returned to their province of residence by air ambulance. Pre-approval by the travel assistance service medical advisor is required.

Non-Emergency Goods and Services Outside Canada

Extended Health Care (EHC), Dental Care and Vision Care supplies and services are covered if obtained outside Canada

Service providers must have proper qualifications

for services rendered to be eligible for payment. Covered members are encouraged to ensure providers are licensed, etc.

Payments are made in accordance to plan maximums/limitations in place at the time services were rendered/supplies purchased. See EHC, Dental and Vision guides for more information.

Note: non-emergency prescriptions and hospital accommodations are not eligible.

Limitations

Your Outside Canada Emergency Travel Benefits become effective at the time of crossing the Canadian border, or if travelling by airplane, when the airplane takes off. Benefits cease on the return home at the Canadian border or when the airplane lands.

Expenses are not covered when incurred in a country, region, or city for which a formal travel advisory was issued. This rule applies only to expenses directly related to the reason the advisory was issued. For example, if the advisory is related to a pandemic and the reason emergency treatment is required is due to the pandemic, then expenses will not be covered; if, however, the advisory is related to a pandemic and emergency treatment is required due to a broken leg, expenses will be covered.

Expenses are not covered if a covered member or dependant travels to another country primarily for hospitalization or services rendered in connection with seeking medical advice, surgery, a second opinion or treatment intentionally or incidentally, even if the trip is on the medical recommendation of a recognized health care professional, unless the claim arises from causes unrelated to the primary purpose of travel to that country for such medical advice, surgery, opinion, hospitalization, treatment or services. For example, if a covered member travels to a medical clinic in another country to get a medical opinion about a heart condition and is involved in a motor vehicle accident (MVA), eligible emergency expenses related to the MVA will be covered as long as the expenses are not directly or indirectly related to the heart condition and are otherwise eligible under the plan.

If you or one of your dependants are admitted to a hospital, the travel assistance service medical advisor must be contacted within 24 hours. Failure to contact the travel assistance service medical advisor may result in the payment of medical expenses being denied or delayed.

ASEBP, in consultation with the attending recognized health care professional, reserves the right to transfer the patient to another hospital or return the patient to the province of residence. If a covered member or dependant is medically able to return to their province and refuses to comply with the transfer request, ASEBP will be absolved of any further liability, whether related to the initial incident or not.

Neither ASEBP nor the travel assistance service medical advisor will be responsible for the availability, quality, or results of any medical treatment or transportation, or the failure of the applicant to obtain medical treatment. Expenses are not covered if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period. For women in their third trimester of pregnancy, it is advisable to consult with a doctor before travelling. As well, if you become ill or are accidentally injured while travelling in countries experiencing political unrest or where there is a potential for terrorism, coverage cannot be guaranteed.

Cancellation and baggage insurance are not covered expenses.

For a complete list of limitations, please refer to the online Extended Health Care Benefit Guide.

Submitting an Outside Canada Emergency Travel Claim

1. Contact the travel assistance service medical advisor (number listed on the inside of your ASEBP ID card) if you have an emergency.
2. The travel assistance service medical advisor will verify eligibility of claim and inform appropriate health service providers that health coverage is in place and, where necessary, guarantee payment.
3. You (the covered member) will receive an invoice/receipt in the mail from the service providers.
4. Forward the original invoice/receipt to ASEBP along with the following:
    - patient's provincial health care number
    - diagnosis and details of services rendered. If in a foreign language, please provide a copy in English.
    - the patient's ASEBP ID number (on your card)

- details of other health or travel coverage you may have
- completed Emergency *Out-of-country Claim* and *Alberta Health Services Insurance Claim Consent and Authorization* forms available on the ASEBP website

1.10 How to Submit a Claim

Prescription Medicines

Show your ASEBP ID card to your pharmacist each time you get a prescription filled. Claims for drugs will be processed electronically, in a matter of seconds.

Your pharmacist may request additional payment from you for expenses not covered by the plan.

If a drug is purchased which is not direct billed (either in Alberta or outside the province), please submit the original receipt with a completed *Extended Health Care and Vision Care Claim* form.

If you are making a paper claim, the original pharmacy receipt must be attached to your *Extended Health Care and Vision Care Claim* form. The receipt must include the following:

- date of service/purchase
- patient's name
- drug identification number (DIN) and/or product name and strength
- amount charged

Credit card receipts, debit card receipts, and cash register receipts alone are not acceptable.

Semi-Private Hospital Accommodation

Show your ASEBP ID card when you are admitted to a hospital. The hospital can direct bill for semi-private accommodation. In this case, you won't have to fill out a paper claim form.

Paramedical Services

Show your ASEBP ID card to your chiropractor, physiotherapist, accupuncturist, massage therapist, etc. as there are electronic direct billing agreements in place for those service providers willing to participate.

If these charges are not direct-billed, please submit the original receipt with a completed *Extended Health Care and Vision Care Claim* form.

Out-of-Province Coverage

Refer to section 1.8 – "Out-of-Province Coverage" on page 45 for information.

Outside Canada Emergency Travel Benefits

Refer to section 1.9 – "Outside Canada Emergency Travel Benefits: Submitting an Outside Canada Emergency Travel Claim" on page 48 for information.

Other Covered Goods and Services

Other claims may be reimbursed using an *Extended Health Care and Vision Care Claim* form.

Claim Forms

The *Extended Health Care and Vision Care Claim* form is available from the ASEBP website, www.asebp.ab.ca.

Claim forms must be fully completed to be processed. If any required information is missing, we will return the claim form to you for completion. This will delay processing and payment. All receipts and claim forms must be submitted in English.

Completed claim forms must have original receipts/invoices (marked "paid in full") firmly attached. Credit card, debit card, and cash register receipts are not acceptable. Original receipts/invoices must include the following:

- patient's name
- provider's name, address, and credentials
- date of service
- detailed description with cost breakdown

There may be additional claims processing requirements for specific medical services or supplies. These requirements are explained under the applicable section in this portion of the *Benefit Handbook*.

If you choose to have reimbursement issued directly to the service provider, attach an original invoice and sign the Assignment of Benefits section of the *Extended Health Care and Vision Care Claim* form.

Note: only certain products and services are eligible for assignment of benefits. A complete list of eligible items can be found on the *Extended Health Care and Vision Care Claim* form.

Completed claim forms should be mailed to:

Alberta School Employee Benefit Plan
Suite 700, Weber Centre
5555 Calgary Trail
Edmonton AB T6H 5P9

Assignment of Benefits

If you would like payment to go directly to your service provider, complete the Assignment of Benefits portion of the *Extended Health Care and Vision Care Claim* form.

Check with your provider regarding their Assignment of Benefit policy first.

Note: only certain products and services are eligible for assignment of benefits. A complete list of eligible items can be found on the *Extended Health Care and Vision Care Claim* form.

ASEBP has the right to choose which practitioners we will accept assignment of benefits arrangements from and the benefit categories for which arrangements can be made.

Claim Submission Deadline

Claims must be received by ASEBP within 18 months of the date the expense is incurred. Claims for expenses that are more than 18 months old will not be paid.

1.11 Coordination of Benefits

Refer to General Plan Provisions section 12 – "Coordination of Benefits" on page 15 for more information, or contact an ASEBP Benefit Specialist.

1.12 Waiver of Premium

If on approved disability, refer to the Extended Disability Benefits section 1.16 - "Waivers of Premiums" on page 34 for more information.

1.13 Subrogation

If you receive ASEBP benefits because you have been injured through the fault of another party, ASEBP has subrogation rights. Refer to General Plan Provisions section 9.1 – "Subrogation" on page 14 for more information.

1.14 Maximum Benefit under Multiple Plans

For benefits contained in both the Extended Health Care Outside Canada Emergency Travel Benefit and the Accidental Death and Dismemberment policy (e.g., transportation costs in case of death), ASEBP will coordinate payment of benefits between the plans. You can claim under either plan. The maximum benefit paid is based on the highest maximum for the eligible expense. In the case of emergency, call the travel assistance number listed on the inside of your ASEBP identification card.

1.15 Appeal Process

ASEBP's appeal process is designed to ensure that:

- no one entitled to Extended Health Care benefits is denied them because procedure was not followed correctly
- you have an opportunity to appeal if you are unsatisfied with the decision regarding your claim because of ASEBP policy

For more information, contact an ASEBP Benefit Specialist.

DENTAL CARE

The following general information concerning Dental Care benefits offered by ASEBP should only be used as a guide. Contact an ASEBP Benefit Specialist for more information.

Reimbursement amounts are based on the ASEBP Dental Benefit List. The provisions of the benefit plan, including any deductibles, limitations, maximums, or exclusions are set out in the Dental Care Plan Document.

1. Dental Care

1.1 Coverage Summary

The Dental Care plan provides both single and family dental coverage. ASEBP coverage encourages members to access basic preventative treatment to maintain healthy teeth and provides allowance for both major restorative and orthodontic treatment.

1.2 Plan Descriptions

Different plans are available to different employee groups. If you are uncertain about the Dental Care plan you have, or whether you have coverage, refer to your ASEBP identification card, check with your employer, or contact ASEBP.

Refer to *General Plan Provisions* section 2.2 – "Late Applicants: Dental Care" on page 12 for late applicant coverage limitations. Check with your employer, your employee representative, or ASEBP for details.

Plan 1

- 100% coverage for basic preventative/ restorative treatments
- $1,500 maximum per covered person per calendar year

Plan 2

- 100% coverage for basic preventative/ restorative treatments
- 50% coverage for major restorative treatments
- $2,500 combined maximum for basic and major treatments per covered person per calendar year

Plan 3

- 100% coverage for basic preventative/ restorative treatments
- 60% coverage for major restorative treatments
- 60% coverage for orthodontic treatments
- $2,500 maximum for major treatments per covered person per calendar year
- $3,000 lifetime maximum for orthodontic treatments per covered person

Plan 4 - Only available to early retirees who retired prior to September 1, 2011 and chose Package 2

- 50% coverage for basic preventative/ restorative treatments
- 50% coverage for major restorative treatments
- $1,000 combined maximum for basic and major treatments per covered person per calendar year
- $50 deductible per family per calendar year

It is important to understand that 100% coverage does not necessarily equate to 100% of the dentist's bill. The percentage coverage listed above refers to the amount ASEBP will cover based on the procedure's average cost as outlined in the ASEBP Dental Benefit List. Covered members are encouraged to contact an ASEBP Benefit Specialist should they be planning on using Coordination of Benefits for any Dental Care claim.

1.3 Dental Care Categories

Dental procedures are divided into three general categories:

A. basic preventative/restorative treatment
B. major restorative treatment
C. orthodontic treatment

A. Basic Preventative/Restorative Treatment

The majority of the dental plans cover 100% of ASEBP Dental Benefit List fees for preventative and restorative treatment. Common procedures payable under basic treatment, including any applicable limitations, are as follows:

- administration of general anaesthetic when used in conjunction with eligible surgical procedures
- bitewing X-rays - once every nine months from date of previous service
- polishing - once every nine months from date of previous service
- complete examinations - limited to once every 30 months from date of previous service
- endodontics (root canals)
- examinations (either recall or specific) - once every nine months from date of previous exam, regardless of dentist

- fluoride applications (only for children up to and including age 15) – once every nine months from date of previous service
- one specialist oral exam per specialty (credentials required), excluding orthodontist - once every 12 months from date of previous service
- oral surgery (extractions)
- panoramic and full mouth series X-rays - once every 30 months from date of previous service
- periodontic treatments including soft-tissue treatments, surgery, and root planing and scaling. Root planing and scaling combined are limited to 12 units of time per person every 12 months from date of previous service. One unit of time is equal to 15 minutes.
- restorations (fillings) - white/composite fillings are covered for the front 10 adult (anterior) teeth on top and bottom and the front six primary (baby) teeth on top and bottom. Molar (back) teeth are limited to amalgam (silver) fillings. Limit to five surfaces per tooth every 24 months from date of previous service. If white fillings are chosen for molar teeth, ASEBP will reimburse those fillings up to the amalgam cost.
- space maintainers - replacements allowed once every two years from date of previous service
- relines and rebases

B. Major Restorative Treatment

Not all dental plans cover major restorative treatment. Refer to section 1.2 – "Plan Descriptions" on page 50 for your plan specifics.

Dental plans with major restorative coverage reimburse eligible treatments at 60% of ASEBP Dental Benefit List fees. As major restorative treatments are only partially covered by ASEBP, dental predeterminations are recommended for services over $500 to determine eligible procedures and percentage of payment. Common procedures and limitations include:

- bridges - must be seven years old before replacement
- crowns - must be five years old before replacement
- dentures (both full and partial) - must be five years old before replacement
- implants - must be twelve years old before replacement; surgical procedures are limited to $1,650 per tooth (ASEBP would cover up to $990, which is 60% of this limit)
- inlays and onlays - must be five years old before replacement
- veneers - must be five years old before replacement

C. Orthodontic Treatment

ASEBP requires the submission of an orthodontic treatment plan (an orthodontic predetermination) for orthodontic treatments prior to reimbursing any orthodontic services.

Payment Provisions

Expenses for orthodontic treatments are covered to a maximum of $3,000 per person per lifetime. Orthodontic examinations and diagnostics are covered at 100% of the ASEBP Dental Benefit List. All other treatment is covered at 60%. Common covered procedures are:

- examinations
- diagnostic procedures
- appliances – fixed and removable
- banding – full and partial, including monthly or quarterly adjustments

Payment of orthodontic benefits will be made in accordance to what is outlined in the orthodontic treatment plan submitted by you or your dentist. Orthodontic Treatment Plan

ASEBP requires a treatment plan (predetermination) in place prior to reimbursement for orthodontic services, with the exception of diagnostic tests. Your proposed treatment plan must include:

- a description of the condition requiring treatment, including the classification and malloclusion
- the proposed payment plan, including:
  - length of time per course of treatment
  - total cost of treatment
  - amount of down payment, if applicable
  - type of instalment for payment (monthly or quarterly, etc.)
  - number of instalments
  - amount payable for each instalment

It is important that you understand that receiving a predetermination is NOT a pre-approval for the reimbursement of your expenses. It is a confirmation that the prescribed treatment you are considering will be covered by your ASEBP coverage. To be reimbursed for the amounts confirmed after you submit the treatment plan to ASEBP, you must have the treatment within 90 days.

If your treatment commenced prior to you receiving ASEBP coverage, please submit a predetermination with the start date of your current treatment plan.

To submit your orthodontic predetermination, complete a *Certified Specialist in Orthodontics Standard Information* form, available from your orthodontist, and mail to ASEBP with your diagnostic records. **Note: ASEBP does not accept faxed or electronically submitted orthodontic predeterminations.**

1.4 Dental Predeterminations

For information regarding orthodontic predeterminations, refer to section 1.3 C – "Dental Care Categories: Orthodontic Treatment" above.

A predetermination is a proposed course of treatment submitted to ASEBP by the dental provider to determine allowable procedures under your coverage, the percentage of amount payable, and the maximum allowance for the calendar year.

It is important that you understand that receiving a predetermination is NOT a pre-approval for the reimbursement of your expenses. It is a confirmation that the prescribed treatment you are considering will be covered by your ASEBP coverage. To be reimbursed for the amounts confirmed after you submit the treatment plan to ASEBP, you must have the treatment within 90 days.

It is equally important to understand that predeterminations only take into account the accumulated maximum at the time of authorization. It does not consider claims you have already made towards your coverage, coordination of benefits rules, etc.

On occasion, ASEBP may request pre-treatment X-rays or other information to support a treatment plan. Where two or more courses of treatment are submitted, reimbursement will be based on the least expensive of the proposed treatments. ASEBP recommends that you submit a dental predetermination well in advance of any proposed treatment if the estimated cost is $1,000 or more.

Predeterminations can be submitted on ASEBP's *Dental Care Claim* form or the Alberta Dental Association's standard claim form or by electronic submission by your dental office. Mailed submissions should be clearly marked "Predetermination".

1.5 General Limitations

Items not covered by ASEBP Dental Care plans include:

- anaesthetic facility, equipment, and supply fees
- appliances which have been lost, mislaid, stolen, or broken because of an incident that did not involve accidental bodily injury
- cosmetic treatment (including diastema closure) unless necessitated by an accidental injury
- treatment provided for full mouth reconstructions, for vertical dimension correction, or for the correction of temporomandibular joint dysfunction (TMJ)
- dietary planning, instruction in plaque control, oral hygiene
- mouth guards
- treatment which is experimental, educational in nature, or for the purpose of medical or other research
- a service not provided by a dentist or other dental professional
- treatment provided by a dentist or medical department maintained by the employer, a mutual benefit association, a labour union, a trustee, or a similar group
- charges for services prohibited under legislation or billing exceeding the fees set out in the ASEBP Dental Benefit List
- treatment provided free of charge
- services provided by a family member if the family member has been given a discount. If a covered member is required to pay a portion of the cost of the services, the covered member must pay for that portion or have their entire claim deemed ineligible (e.g., if a dentist bills $300, ASEBP pays $180 (60%) and the covered member pays the remaining $120. If the dentist does not require the member to pay his/her half, ASEBP will not pay either)
- expenses which are covered through a mandatory or voluntary government program, whether or not the covered member and/or dependants have applied for or participate in such programs
- broken appointments, completion of claim forms or, duplicate X-rays
- claims submitted for amounts under $1.00
- expenses incurred when on active duty in any military or peacekeeping force
- expenses incurred through participation in any conduct which would constitute an offence which may be prosecuted by indictment had the offence been prosecuted in Canada

1.6 Outside Alberta Travel Coverage

If you are travelling outside Alberta, but still inside Canada, you can submit routine and emergency dental expenses to ASEBP. Expenses will be paid according to plan provisions up to the maximums defined by the ASEBP Dental Benefit List.

If you are travelling outside Canada, coverage is for accidental dental and dental pain relief as listed below:

- reasonable and customary charges for repair, extraction and/or replacement of natural teeth damaged by a direct accidental blow to the mouth to a maximum of $2,000 for services rendered within 182 days of the date of the accident
- expenses for relief of dental pain (excluding root canals) to a maximum of $300 per trip and must be rendered in a dental office at least 200 km outside the Canadian border from the covered member's or dependant's province of residence

All claims must be in English and must include dental procedure codes with a brief description in writing.

1.7 How to Submit a Claim

Claim Eligibility Guidelines

To receive dental benefit reimbursement, your ASEBP coverage must be in effect on the date of your dental treatment. In the case of multi-session procedures, this is the last date of service (e.g., the insertion date).

Claims must be received by ASEBP within 18 months of the date the expense was incurred. Claims for expenses that are more than 18 months old will not be paid.

Submitting Claims

You can download the *Dental Care Claim* form from ASEBP's website at www.asebp.ab.ca. ASEBP also accepts claims submitted on standard dental claim forms.

Claim forms must be fully completed to be processed. If any required information is missing, ASEBP will return the claim form to you for completion. This will delay processing and payment. All receipts (if applicable) and claim forms must be submitted in English.

Please ensure that your dentist completes the sections of the form that he or she is responsible for completing.

If you choose to have reimbursement issued directly to the service provider, attach an original invoice and sign the "Assignment of Benefits" section of *the Dental Care Claim* form.

Completed claim forms should be mailed to:

Alberta School Employee Benefit Plan
Suite 700, Weber Centre
5555 Calgary Trail,
Edmonton AB T6H 5P9

Orthodontic Claims Submissions

Both you and your dentist/orthodontist are responsible for completing sections of the claim form. Ensure that all sections are properly completed. You will not be required to submit receipts with your claim if your form is completed and signed by your dentist/orthodontist. Orthodontic services are not reimbursed unless ASEBP has a complete orthodontic treatment plan on file. Refer to section 1.3 C – "Dental Care Categories: Orthodontic Treatment" on page 52 for more information.

Electronic Claims Submissions

ASEBP encourages dental offices to submit claims using the Electronic Data Information (EDI) system. The EDI system automatically verifies eligibility, coverage amounts, and expedites reimbursement to the covered member or dentist.

Assignment of Benefits

If you would like payment to go directly to your service provider, complete the "Assignment of Benefits" portion of the *Dental Care Claim* form. Check with your provider regarding his/her assignment of benefit policy first.

Accidental Dental Claims

Accidental dental claims are processed under your Extended Health Care coverage if the accident occurs in Canada. If you receive dental treatment due to accidental injury, please have your dentist complete the "Dental Accident" section of the *Dental Care Claim* form. If the dental claim form does not have a specific section for accidental dental information, please mark the claim "Dental Accident" to prevent expenses from being applied to the dental annual maximum.

Accidental dental services are only allowable for the treatment of:

- accidental dental injury due to an external blow to the mouth
- damage caused from biting on a foreign object inserted in the mouth

The accidental dental coverage maximum is $1,000 per tooth under the Extended Health Care plan, and the accident must occur in Canada to be eligible.

Treatment must be completed within two years of the date of accident/injury.

Services over the $1,000 limit will be considered under the Dental Care plan.

Submit your completed *Dental Care Claim* form clearly identifying all injured teeth along with the date and details of the accident. This coverage may only pertain to damage that did not previously exist, and each claim will be reviewed on an individual basis.

Emergency dental services and supplies are processed under your Dental Care coverage if the accident occurs while travelling outside of Canada.

1.8 Coordination of Benefits Claims

Refer to *General Plan Provisions* section 13 – "Coordination of Benefits" on page 15 for more information, or contact an ASEBP Benefit Specialist.

1.9 Tax Information

Keep all statements of dental expenses reimbursed to you because you may be able to claim portions not covered under your Dental Care plan as an expense on your income tax.

1.10 Appeal Process

ASEBP's appeal process is designed to ensure that:

- no one entitled to Dental Care benefits is denied them because procedure was not followed correctly
- you have an opportunity to appeal if you are unsatisfied with the decision regarding your claim because of ASEBP policy

For more information, contact an ASEBP Benefit Specialist.

VISION CARE

The following general information concerning Vision Care benefits offered by ASEBP should only be used as a guide. Contact your employer or an ASEBP Benefit Specialist for more information.

1. Vision Care

1.1 Coverage Summary

Vision Care is designed to provide coverage of expenses incurred for vision care only. Depending on which plan you are enrolled in, persons covered under Vision Care can include:

- yourself
- your spouse and other dependants - for the purposes of this plan your spouse is considered a dependant

1.2 Plan Descriptions

Different plans are available to different employee groups. If you are uncertain about the Vision Care plan you have, or whether you have coverage, refer to your ASEBP identification card, check with your employer, or contact ASEBP.

Refer to *General Plan Provisions* section 2.2 – "Late Applicants: Vision Care" on page 12 for late applicant coverage limitations. Check with your employer, your employee representative, or ASEBP for details.

Plan 1

- $150 every two years

Plan 2

- $250 every two years

Plan 3

- $350 every two years

Note: Your plan maximum is available to you on a rolling two-year period from date of service and includes eye examinations, eyeglass frames, lenses, contact lenses, prescription sunglasses, repairs and maintenance, contact lens fitting fees, corrective eye surgery and lens implants. Eye examinations are limited to $50 per person per calendar year (these claims are paid out of the maximums stated above).

1.3 Date of Service

An expense is considered to be incurred on the date the service or supply was provided. If claiming for a service (e.g., eye exam), the date of service refers to the date the service was performed, and the receipt should reflect this date. If claiming for an item (e.g., eyeglasses), the date of service refers to the date you are first in possession of the item, and the receipt should reflect this date.

Note: Annual eye examinations for children up to the age of 19 and seniors over the age of 65 are covered through provincial health care.

ASEBP does not cover extra billing charges.

1.4 General Limitations

Expenses are reimbursed according to the provisions of the Vision Care plans, including any limitations, maximums, or exclusions. Reimbursement amounts are based upon the reasonable and customary charge for the particular service or supply.

In order for an expense to be covered, it must be:

- for treatment as prescribed by a registered ophthalmologist or a registered optometrist
- provided while you or your eligible dependants are covered under an ASEBP Vision Care plan
- eligible for coverage under the plan you are enrolled in

Expenses for the following supplies and services are not covered:

- artificial eyes, non-prescription sunglasses, non-prescription glasses, treatment of eyeglasses for light sensitive darkening features, safety glasses, Hardex® or similar treatments, contact lens training
- services and products provided principally for cosmetic purposes
- broken appointments
- vision supplies (e.g., eyeglasses, contact lenses) may be purchased from providers outside Canada, but additional charges resulting from purchasing the item outside Canada are ineligible expenses (e.g., shipping charges, duty)
- services provided by a family member if the family member has been given a discount. If a covered member is required to pay a portion of the cost of the services, the covered member must pay for that portion or have their entire claim deemed ineligible (e.g., if an optometrist bills $100 for an eye exam, ASEBP pays $50 and the covered member pays the $50 balance. If the optometrist does not require the member to pay his/her portion, ASEBP will not pay either)

- expenses which are covered through a mandatory or voluntary government program, whether or not the covered member and/or dependants have applied for or participate in such programs
- charges for services or supplies that are prohibited under legislation
- services provided by the medical department of the employer, a mutual benefit association, a labour union, a trustee, or a similar group
- expenses incurred when on active duty in any military or peacekeeping force
- participation in any conduct which would constitute an offence which may be prosecuted by indictment had the offence been prosecuted in Canada

1.5 How to Submit a Claim

Claim Eligibility Guidelines

All Vision Care plans have maximums which provide a designated amount of money every two years per covered person from date of service (not calendar year). Consider the following example:

> You are on Vision Care Plan 3, meaning you receive $350 on a rolling two-year period from date of service. In April 2008, you claim $100 to your Vision Care plan. In January 2009, you claim an additional $250 to your Vision Care plan. In this scenario, you would have $100 available in your Vision Care plan in April 2010 (two years after date of service), and you would have the remaining $250 available in January 2011 (two years after date of service).

Claims must be received by ASEBP within 18 months of the date the expense is incurred. Claims for expenses that are more than 18 months old will not be paid.

Submitting Claims

Reimbursement of expenses under the Vision Care plans can be requested using the *Extended Health Care and Vision Care Claim* form. You can download the form from ASEBP's website at www.asebp.ab.ca.

Completed claim forms must have original receipts/invoices (marked "paid in full") firmly attached. Credit card, debit card, and cash register receipts alone are not acceptable.

Original receipts/invoices must include the following:

- patient's name
- provider's name and address
- date of service
- detailed description with cost breakdown

Completed claim forms should be mailed to:

Alberta School Employee Benefit Plan
Suite 700, Weber Centre
5555 Calgary Trail
Edmonton AB T6H 5P9

Assignment of Benefits

If you would like payment to go directly to your service provider, complete the "Assignment of Benefits" portion of the *Extended Health Care and Vision Care Claim* form.

Check with your provider regarding his/her assignment of benefits policy first.

1.6 Coordination of Benefits

Refer to General Plan Provisions section 12 – "Coordination of Benefits" on page 15 for more information, or contact an ASEBP Benefit Specialist.

1.7 Appeal Process

ASEBP's appeal process is designed to ensure that:

- no one entitled to Vision Care benefits is denied them because procedure was not followed correctly
- you have an opportunity to appeal if you are unsatisfied with the decision regarding your claim because of ASEBP policy

For more information, contact an ASEBP Benefit Specialist.

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

Contact ASEBP

If you have questions, please contact an ASEBP Benefit Specialist:

Phone: 780-431-4786 Toll-free: 1-877-431-4786 Email: benefits@asebp.ca

Visit us: Allendale Centre East | Suite 301, 6104-104 Street NW | Edmonton, AB T6H 2K7

Office hours: Monday to Friday, 8 a.m. to 4:30 p.m.

November 2016

asebp
ALBERTA SCHOOL EMPLOYEE BENEFIT PLAN