



Supplementary Health Care Plan

Faculty, Administrative/Professional Officer, Faculty Service
Officer, Librarian, Trust/ Research Staff, Contract Academic
Staff: Teaching, Sessional and Other Temporary Staff

**Effective February 2001
Updated October 2023**

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Article I – Definitions

In this document, the following terms shall have the meaning as set forth below, unless otherwise specially provided:

1. **“Academic Benefits Management Committee or (ABMC)”** means the joint University of Alberta and Association of Academic Staff of the University of Alberta management body responsible for oversight of this Supplementary Health Care Plan.
2. **“Accidental Dental Injury”** means an unexpected and unforeseen injury (an event that occurs by chance) to the mouth with results in injury to the dental and related contiguous structures.
3. **“Adjudicator”** means a third party adjudicator independent of the Employer, who shall determine the amount of benefits payable under all claims submitted to them and who provides claims payment and record keeping as arranged between the Employer and the Adjudicator.
4. **“Administrator”** means the person delegated by the University Administration who is responsible for the administration of this plan on behalf of the Employer.
5. **“Bridge Benefit Program”** means the program established by the Employer, where early retirees continue to be covered under this Plan until the Employee would have attained their “normal retirement date” (June 30th following attainment of age 65). The Bridge Benefit Program closed to new entrants July 1, 2004.
6. **“Dependent”** means:
 - 6.1. the Employee’s spouse, who is either:
 - a) the person to whom the Employee is lawfully married as evidenced by a legally certified document of marriage, or
 - b) a person whose relationship to the Employee is common-law spouse. For the purposes of this Plan, common-law spouse shall mean the opposite or same sex partner of an Employee who has continuously resided with the Employee for a period of at least one year.
 - 6.2. any unmarried child of the Employee or the Employee’s spouse, including a step-child, adopted child, or other child (e.g. grandchild, foster child) who is legally dependent upon the Employee for support and maintenance and is:
 - a) under 21 years of age; or
 - b) at least 21 but under 25 years of age and is a registered student in full-time attendance at a university or similar institution of learning; or

- c) 21 years of age or over and is incapable of self-sustaining employment due to mental or physical disability.
7. **“Emergency Medical Treatment”** means Physician and hospital services required because of an acute illness or accidental injury that requires immediate medically necessary treatment prescribed by a doctor.
8. **“Employee”** means a person who:
- 8.1. is employed on the academic staff of the Employer in a benefit eligible appointment under the Faculty, Faculty Services Officer, Administrative and Professional Officer, Librarian, Trust/Research Staff, Contract Academic Staff-Teaching, Sessional and Other Temporary Employment Agreements; or
 - 8.2. a person as described in 8.1 above who as a result of early retirement (prior to his Normal Retirement Date) was eligible to participate in the Bridge Benefit Program; or
 - 8.3. any other person or group of persons who the Employer deems to cover under this Plan.
9. **“Employer”** means the Board of Governors of the University of Alberta.
10. **“Hospital”** means a legally operated institution which:
- 10.1. is primarily engaged in providing medical, diagnostic and surgical facilities for the care and treatment of sick and injured persons on an in-patient basis; and
 - 10.2. provides such facilities under the supervision of a staff of one or more doctors, with a 24-hour a day nursing service by registered nurses; and
 - 10.3. is not operated primarily as a place providing medical services and treatment on a fee-for-service basis, or a place for the aged, a rest home, nursing home or a place for the care and treatment of an addiction.
- The term “Hospital” shall include a mental institution, convalescent hospital.
11. **“Insured”** means an eligible covered Employee or Dependent.
12. **“Medically Necessary”** means that the treatment required is broadly accepted by the Canadian medical profession as required, effective, appropriate and essential in the treatment of a specified medical condition, in accordance with Canadian medical standards and practices.
13. **“Non-emergency Medical Treatment”** means Physician and Hospital services not required for the immediate relief of acute pain and suffering or which medically could be delayed until the insured returns to Canada.
14. **“Plan”** means this Supplementary Health Care plan for designated Employees.
15. **“Physician”** means a person legally licensed and duly qualified to perform or prescribe the service or supply in question, and who is not a member of the Employee’s immediate family.

16. “**Practitioner**” means an individual who is legally licensed and regulated by provincial legislation and respective Provincial Associations in the jurisdiction in which the service is provided. Services eligible under this Plan shall not include those of any person who is a member of the Employee’s immediate family. Only services specifically referenced in this plan are covered.
17. “**Provincial Health Insurance Program**” means the Alberta Health Care Insurance Plan, or an equivalent provincial plan where the Employee is a resident of another province.
18. “**Reasonable and Customary Charges**” means fees within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.
19. “**UAHIP**” means University of Alberta Health Insurance Program (UAHIP) which is an employer sponsored program to ensure staff who do not qualify for the Alberta Health Care Insurance (short term residents) have similar health coverage while at the University.
20. “**Year**” means calendar year.

Article II – Eligibility

1. An Employee is eligible for benefits under the Plan commencing on the date on which his/her benefit eligible appointment commences, subject to participation in a Provincial Health Insurance Program in their province of residence or participation in the University of Alberta sponsored UAHIP if not eligible for participation in the Provincial Health Insurance Program (short term residents).
2. If an Employee has Dependents on the date he/she becomes eligible for benefits, then such Dependents will also be eligible on such date. If an Employee acquires his/her first Dependent after he becomes eligible for benefits, then such Dependent(s) shall be eligible on the date the Employee advises the Administrator, in writing, that he/she is eligible for Dependent coverage. Dependent eligibility is subject to the Dependent participating in a Provincial Health Insurance Program in their province of residence or as an eligible dependent under the University of Alberta sponsored UAHIP for employees not eligible for participation in the Provincial Health Insurance Program (short term residents).
3. The eligibility of an Employee and his Dependents to participate in this Plan ceases when he/she ceases to be an Employee, or ceases to be a Canadian resident and no longer entitled to benefits under a Provincial Health Insurance Program or UAHIP.
4. An Employee participating in the Bridge Benefit Program provided by the Employer continues to be eligible in accordance with the provisions of the Bridge Benefits Program.

Article III – Description of Benefits

Subject to the limitations detailed in Article IV, Insured members (Employees and Dependents) are eligible for the benefits detailed in this Article. Benefits are covered to the extent that; only Medically Necessary services and supplies are eligible, associated charges for services provided are Reasonable and Customary, and the Provincial Health Insurance Program or equivalent UAHIP will be first payer in all circumstances.

Hospital Benefits

1. Services Provided within Canada

Hospital expenses for upgraded ward accommodations (e.g. up to private accommodations) resulting from confinement as an inpatient in a Hospital provided that the confinement begins while the Insured is eligible for coverage under the Plan. Payment shall be limited to the actual charges incurred, less any amount paid by a Provincial Health Insurance Program.

2. Services Provided Outside Canada

Coverage Limitations

Coverage limitations on all hospital benefits provided outside Canada are as follows;

- a) The Insured must not be out of country for the purpose of seeking medical treatment. No coverage is provided in this Plan for any costs related to travel out of country for the purpose of medical treatment.
- b) Coverage is restricted to medical services insured by the Provincial Health Insurance Program and this Plan as applied to services in the province of Alberta.
- c) Extended absence from Canada beyond 180 consecutive days requires advance notification to both the Administrator and Adjudicator to ensure continuation of coverage during full duration of absence from Canada.
- d) Reimbursement will be limited to the difference between the actual charges and the amount paid by the Provincial Health Insurance Program (subject to annual maximum reimbursement for non emergency services).

In Hospital Emergency Treatment

Hospital expenses resulting from confinement as an in-patient for Emergency Medical Treatment provided that; confinement begins while the Insured is eligible for coverage under the Plan, and that authorization of all invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan, etc.) is obtained from the Adjudicator prior to being performed or as soon as possible afterwards. Payment shall be limited to the actual charges incurred, less any amount paid by a Provincial Health Insurance Program.

An emergency is deemed to have ended when the Insured is medically stable enough to return to the province in which he/she lives.

In Hospital Non-Emergency Treatment

Non-emergency in-patient or out-patient hospital expenses incurred outside Canada provided the treatment/confinement begins while the Insured is eligible for coverage under the Plan. Reimbursement is limited to a maximum of \$5,000 per Insured per Year.

Out Of Province Emergency Travel Assistance Benefit.

Benefits provided and reimbursement is subject to the terms, conditions and limitations of coverage negotiated from time to time with the Adjudicator at the time that the expense is incurred. Refer to HR website Academic Health Benefits for most recent terms and conditions of coverage.

Medical Benefits

Reasonable and Customary charges for Medically Necessary services and supplies are covered under this Plan if performed or prescribed by a Practitioner. Reasonable and Customary Charges are 100% reimbursed unless otherwise noted.

1. General Coverage Limitations

Coverage does not extend to medical supplies or services which;

- a) are not generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards; or
- b) not approved by Health Canada or other government regulatory body for the general public; or
- c) not eligible medical expenses under the Income Tax Act (Canada); or are
- d) primarily required for recreation or sports rather than regular activities of daily living.

2. Prescription Drugs

Coverage is limited to drugs which are available by law only on the written order (prescription) of a Physician or Practitioner, and dispensed by a licensed pharmacist. Coverage is 100% of eligible expenses on a Least Cost Alternative (LCA) price basis unless the Physician or Eligible Practitioner has noted “no substitution” on the prescription. In provinces where a portion of these expenses are covered under a provincial drug plan (or equivalent plan) that portion is not covered under this Plan.

Special Provisions

- a) Drugs for the treatment of Erectile Dysfunction will be limited a maximum of \$1,200 per Insured per Year.
- b) Prescribed contraceptive devices such as an IUD or patch, including cost of administration of device.
- c) Medical marijuana purchased from either Health Canada or a designated producer subject to the Marihuana Medical Access regulations and section 56 of the Controlled Drug and Substances Act.
- d) Over the counter medications which are prescribed by a Physician and approved by the Adjudicator as an accepted treatment for a chronic life threatening disease.
- e) Vaccines and influenza shots, including the cost of administration of the injection.
- f) Varicose vein injections where Medically Necessary, including the cost of administration of the injection

3. Out of Hospital Private Duty Nursing

Out of hospital private duty nursing services in a home or alternative facility designed to provide end of life care (e.g. hospice) will be reimbursed at 100% up to a maximum of \$25,000 per Insured during any three consecutive Years. Services must require the specific skills of and be provided by a registered nurse, licensed practical nurse, or a registered nursing assistant. Services shall not include those of a custodial nature and pre-approval from the Adjudicator is required.

4. Ambulance Services

Professional ambulance services including air ambulance or other emergency service for transportation to the nearest Hospital qualified to provide necessary medical services.

5. Medical Supplies and Services

Coverage for the following is 100% of the Reasonable and Customary cost;

- a) Diabetic supplies including glucose monitors, charges for insulin, syringes, test strips at 100% of cost. Insulin pumps covered at 50% of cost with a life time maximum of \$1000 per Insured. Continuous Glucose Monitoring receivers, sensors and transmitters that are required to operate the Continuous Glucose Monitor receiver, covered at 90% of the eligible cost with a maximum of \$4,000 per Insured per Year for an Insured who has been diagnosed by a Physician as having Type 1 diabetes.
- b) Splints, trusses, braces, crutches or casts;
- c) Ileostomy, colostomy and ostomy supplies;

- d) Stump socks at five pairs per Insured per Year, and elastic or surgical stockings including pressure gradient hose at three pairs per Insured per Year;
- e) Oxygen and oxygen administration equipment;
- f) Radiotherapy or coagulotherapy;
- g) Laboratory tests and X-rays.

6. **Durable and Medical Equipment**

The following Durable and Medical Equipment will be reimbursed upon pre-authorization of the Adjudicator:

- a) Wheelchair, scooter, walker or other mobility aids reimbursed at 100% of cost for purchase, rental or repair (as determined by Adjudicator).
 - b) Hospital bed (manual) reimbursed at 100% of cost for purchase, rental or repair (as determined by Adjudicator).
 - c) Constant Positive Airway Pressure (CPAP) Monitor for obstructive sleep apnea reimbursed at 100% to a maximum of \$2000 per Insured every five (5) Years. CPAP replacement supplies are covered once every 12 months (tubing, mask).
 - d) Inhalers, inhalators, respirators and Peak Flow Meters (for treatment of severe asthma) reimbursed at 100% of cost.
 - e) TENS units reimbursed at 50% of cost for purchase, rental or repair with a lifetime maximum of \$1000 per Insured.
 - f) Infusion pump reimbursed at 100% to a lifetime maximum of \$2000 per Insured.
 - g) Other durable equipment upon written prescription of a Physician reimbursed at 50% to a maximum of \$1000 per item.
7. **Prosthetic devices** used to replace natural limbs or eyes lost or removed are covered at 100% of Reasonable & Customary cost.
8. **Mammary prosthesis** and required surgical support garment(s) following Medically Necessary surgery will be reimbursed up to a maximum of \$500 per Insured per Year.
9. **Orthotics and orthopedic shoes** obtained on the written order of a Practitioner will be reimbursed as follows:
- a) Two pairs of custom made orthotic inserts per Insured per Year reimbursed at a maximum of \$500 per pair; or
 - b) One pair of custom made orthopedic shoes per Insured per Year.

10. Wigs and Hairpieces following cancer treatment or other medical conditions resulting in total baldness (e.g. alopecia) up to a maximum of \$600 per Insured per Year.

11. Hearing Related Services and Equipment

- a) Hearing aids and repairs to hearing aids, up to \$2000 per ear per Insured every three Years,
- b) Hearing exams and services provided by an audiologist once per Insured per Year.

12. Accidental Dental Treatment

Dental services provided out of hospital for Accidental Dental Injury to natural teeth within six months after the accident to a lifetime maximum of \$1,000 per tooth.

13. Paramedical Services

For purposes of this section of the Plan, only out of hospital services provided by one of the specified Eligible Practitioners listed below are eligible. Reimbursement is as per the limitations noted.

- a) Acupuncturist, Athletic Therapist, Chiropractor, Massage Therapist, Osteopath, Physiotherapist, Psychologist, and Social Worker services of \$75 per visit with a combined practitioner annual maximum of \$1800 per Insured per Year. Within the combined practitioner annual maximum, Massage Therapist services are limited to \$600 per Insured per Year.
- b) Naturopath services of \$75 per visit with an annual maximum of \$600 per Insured per Year.
- c) Registered Midwife services including prenatal, labor and delivery, and postpartum care of \$2500 per Insured per pregnancy, in excess of Alberta Health Care coverage.
- d) Occupational Therapist services of \$1,000 per Insured per Year.
- e) Podiatrist/Chiropodist services including office visits and surgery to an annual maximum of \$600 per Insured per Year. Office visits reimbursed to a maximum of \$75 per visit per Insured.
- f) Respiratory Therapist services of \$1,000 per Insured per Year.
- g) Speech Therapist services of \$1,000 per Insured per Year.

14. Vision Care Expense Benefits

- a) Reasonable and customary charges for spectacle lenses (including tinting, photograying and hardening of such lenses), frames, contact lenses or laser eye surgery are covered under this Plan if prescribed by a Physician or Eligible Practitioner, up to a maximum of \$350 per Insured in each consecutive period of:
 - i. 12 months, in respect of a Dependent child under 18 years of age,
 - ii. 24 months, in respect of an Employee, Spouse or Dependent child 18 years or older; and
- b) In addition, reasonable and customary charges for lenses and frames (including contact lenses) following eye surgery where a change in prescription is required will be covered at 50% co-insurance up to a maximum benefit payable of \$150 per Insured. The \$150 limit shall apply to each prescription change. However, should there be medical evidence to support the need to change contact lenses following eye surgery without a prescription change, the adjudication decision will be based on the medical evidence provided. No payment is made for safety glasses or sunglasses, whether prescribed or not, or for any option added to basic lenses and frames for cosmetic purposes.
- c) Optometrist or Ophthalmologist services covered at 100% once every 12 months per Insured.

- 15. Residential Treatment Programs** for drug, alcohol, gambling and other recognized addictions are reimbursed at 50% of cost, with a lifetime maximum of \$5,000 per Insured.

Health Spending Account (HSA)

Effective January 1, 2013 an HSA with an annual credit amount of \$750 will form part of the Academic Staff Supplementary Health Care Plan/Dental Care Plan for specified benefit eligible appointments. Each subsequent January 1st Employees (excludes bridge benefit participants) will receive an annual credit allocation of \$750 for their discretionary use within the following guidelines.

1. Eligible Expenses

Eligible benefits are those recognized by the Canada Revenue Agency under the Income Tax Act (ITA Section 118(2)). Receipts must be dated after the date of account commencement and claimed for reimbursement no later than 90 days following the end of the calendar year in which they were incurred.

2. Credit Carry Forward

Unused credits may be carried forward for one year after the year in which the credits are allocated. At the end of the second year (December 31), unused credits are subject to forfeiture. For example, credits deposited on January 1 and not used by December 31 of the following year would be forfeit.

Survivor Benefits

In the event of the Employee's death, eligible Dependents shall continue to be covered under the Plan for Hospital and Medical Expense Benefits for up to six (6) months following the date of the Employee's death.

Article IV – Benefit Limitations

Benefit payments are subject to the following limitations (some limitations may not apply to the Health Care Spending Account benefit):

1. No payment is made for the portion of services and supplies which are covered under a Provincial Health Insurance Plan (or equivalent UAHIP) or any other government plan.
2. No payment will be made for services provided in-province by a Physician which are not covered by the Provincial Health Insurance Plan, except where specifically stipulated in this Plan.
3. No payment is made for services and supplies for which a government or government agency prohibits the payment of benefits or which are furnished by any government or government agency.
4. No payment is made for services and supplies required as a result of war, riot or insurrection.
5. No payment is made for cosmetic surgery, hospital confinement or other services associated with cosmetic surgery, except when the operation is performed
 - a) to correct deformities resulting from sickness or injury, or
 - b) to correct congenital defects that significantly interfere with function.
6. No payment is made for services and supplies required by an Employer as a condition of employment.
7. No payment is made for a claim received by the Adjudicator more than 90 days following the end of the calendar year in which the expense was incurred.
8. No payment is made for expenses incurred after the date on which the Employee ceases to be eligible for coverage except for the provision of survivor benefits as noted in Article V.
9. No payment is made for services provided or expenses incurred before the effective date of coverage.
10. No payment is made for extra billing by Physicians.
11. No payment is made for medication and dietary supplements which are prescribed but are available on an over-the-counter basis without a prescription unless otherwise specified in the Plan.
12. No payment is made for expenses which are not Medically Necessary or which are considered experimental or trials.

Article V – General Provisions

1. The Plan does not give an Employee any right to be retained in the services of the Employer.
2. In a case where a claim payment has been disputed, it may be appealed to the Administrator. The ABMC shall have the final authority regarding such payment and shall use such authority in keeping with the general intent of the Plan.
3. If the Employee or Dependent incurs expenses which are also covered under any other plan or policy, payment of benefits shall be coordinated to the extent that benefits from all such plans will not exceed the actual costs incurred.
4. All claims for benefits under this Plan shall be authorized by the Employee (except pay-direct drug claims).
5. The Employer, upon making any payment or assuming liability under this Plan, shall be subrogated to all rights of recovery of the Employee or any of his/her Dependents against any person, and may bring action in the name of the Employee to enforce such rights. If at the time of a loss or the incurring of an expense covered by this plan, there is any other coverage which would be provided if this Plan had not been in effect, the Employer shall be liable only for the excess, if any, of the expenses over the applicable coverage of the other plan covering the loss.
6. All payments under the Plan shall be payable in the lawful currency of Canada.
7. No person, Employee or former Employee, shall have any recourse under any provisions of this Plan against any past, present or future governor, officer, or employee of the Employer who shall be free from all liability, except in the case of willful misconduct.
8. The Employer expects and intends to maintain the Plan indefinitely, but reserves the right to amend, modify or discontinue the Plan either in whole or in part, subject to the requirement of any applicable legislation, collective agreement, or policy. Where the amendment directly or indirectly affects the benefits due to the Employee, notice shall be given to Employees.