

Health Coverage Outside Alberta

Under the Alberta Health Care Insurance Plan (AHCIP) and the *Hospitals Act*, eligible Alberta residents are provided coverage for insured physician and hospital services in Alberta and elsewhere in Canada. The AHCIP also provides two sources of funding for Albertans who wish to receive medical treatment outside Canada.

Knowing what programs and services are available and what is covered can help Albertans make the best possible use of the health care system and make informed decisions about the purchase of supplementary health insurance.

Alberta Health and Wellness limits some coverage outside the province and covers only limited physician and hospital expenses outside Canada, and these costs can be significant. Albertans are strongly encouraged to obtain supplementary health insurance to cover unforeseen costs when travelling outside the province or Canada.

Contact Information

Mailing Address

Alberta Health and Wellness
PO Box 1360, Station Main
Edmonton, Alberta
T5J 2N3

Telephone Number

780-427-1432 in Edmonton
Toll-free in Alberta 310-0000,
then dial 780-427-1432

Fax Number

780-422-0102 in Edmonton

Website

www.health.alberta.ca

Email

health.ahcipmail@gov.ab.ca

Out-of-Province/Out-of-Country Claims

Direct Telephone Number

780-422-1954 in Edmonton
Toll-free in Alberta 310-0000,
then dial 780-422-1954

Out-of-Province/Out-of-Country Claims Fax Number

780-422-1958 in Edmonton

Out-of-Country Health Services Committee

Telephone Number
780-415-8744 in Edmonton
Toll-free in Alberta 310-0000,
then dial 780-415-8744

Out-of-Country Health Services Appeal Panel

Telephone Number
780-638-3899 in Edmonton
Toll-free in Alberta 310-0000,
then dial 780-638-3899

Checklist

Before leaving

- Pack your Alberta Personal Health Card.
- Become familiar with what health services the AHCIP covers outside Alberta and what is not covered.
- Notify Alberta Health and Wellness if you are leaving Alberta for more than six months.
- Contact Alberta Health and Wellness for prior approval if seeking health care services that are not available in Alberta and/or Canada.
- Purchase supplementary health care insurance.

While away

- Carry your Alberta Personal Health Card and, if applicable, supplementary health care insurance documents.
- Be prepared to present your Alberta Personal Health Card and other applicable insurance documentation when accessing health care services.
- Keep all receipts and documents to submit with your claim if you received health care services while outside of Alberta and were required to pay for the services. Ensure physician service charges and hospital service charges are itemized and listed on separate bills.

When returning

- Notify Alberta Health and Wellness of your return if you have been away from Alberta for more than six months.
- Submit a claim if you incurred out-of-pocket medical expenses for health services received while outside Alberta. The claim form is available on our website.
- Claims for health costs incurred outside Alberta must be submitted within 365 days from the date of service. If the invoices are not in English, they must be translated before submission. Please submit the original and the translated copies of invoices along with your claim for reimbursement.

B. Out-of-Country Health Services Committee

- The Out-of-Country Health Services Committee considers applications for funding of insured physician, oral surgical and/or hospital services that are not available in Canada. Applications can only be made by Alberta physicians or dentists on behalf of eligible Alberta residents.

A number of requirements must be met in order for applications to be considered, including:

- o the services must be deemed to be medically necessary by an Alberta physician or dentist,
- o the services cannot be experimental or applied research, and
- o the resident must have endeavored to receive the services in Canada, and the services are not available in Canada.
- Applications for funding of elective services (non-emergency or non-urgent) must be made in advance. Applications for funding of non-elective services may be made prior to receiving the services or not later than 365 days after the services were received.
- Further information about the Out-of-Country Health Services Committee, including an application form, is available on the Alberta Health and Wellness website.

C. Out-of-Country Health Services Appeal Panel

- If the OCHSC denies an application, an appeal can be submitted to the Appeal Panel within 60 days of receiving the OCHSC decision.
- Appeals can be submitted to the Appeal Panel by an Alberta physician or dentist (on an Alberta resident's behalf), or an Alberta resident.
- Further information about the Appeal Panel is available on the Alberta Health and Wellness website.

Out-of-Province Coverage

Reciprocal agreements

- physician services

- All provinces and territories, except Quebec, participate in reciprocal medical agreements.
- In most cases, if an Albertan presents a valid provincial health card to an out-of-province physician and receives insured services, there is no cost to the patient.
- There may be cases where an Albertan is billed, for example, in Quebec. If this happens, an eligible Alberta resident may submit a claim for reimbursement to the AHCIP.
- The amounts reimbursed for physician services are paid according to rates set by the province where the services were provided.

Reciprocal agreements

- hospital services

- All provinces and territories participate in reciprocal hospital agreements.
- Albertans are covered for out-of-province hospital services that would be insured if they were provided in Alberta. These services must be provided in a publicly-funded hospital and not a private facility. Private facility fees, goods and services, such as MRIs provided in a private facility are not payable. In addition, the AHCIP does not cover food, lodging, transportation or other costs related to obtaining health services outside of Alberta.

Oral surgical services

- Albertans may have to pay in advance for insured oral surgical services and can apply to the AHCIP for reimbursement of these costs.
- See the Schedule of Oral and Maxillofacial Surgery Benefits on the Alberta Health and Wellness website for more information on services that are insured.

Carry Your Card

- Albertans should always carry their Alberta Personal Health Card. When accessing health care services outside Alberta in another province or territory within Canada Albertans may be asked to present their card.
- If Albertans cannot present a valid Alberta Personal Health Card, they may be billed directly. If this happens, they may submit a claim for reimbursement to the AHCIP. The Alberta Health and Wellness website provides instructions on how to submit a claim.

Changes to Insured Services

Changes in services covered under the AHCIP can occur. Albertans are advised to ask their physician or health care provider, or contact the AHCIP, about coverage before proceeding with treatment. The Alberta Health and Wellness website lists health services the AHCIP covers.

Excluded Services

The Alberta Health Care Insurance Plan does not cover all health services. Uninsured health services include, but are not limited to:

- cosmetic surgery;
- prescription drugs;
- ground ambulance costs;
- routine eye exams;
- eyeglasses and contact lenses;
- routine dental care and dentures;
- immunizations;
- services provided by a chiropractor, acupuncturist, licensed massage therapist, homeopath, social worker, nutritionist, nurse practitioner or physician's assistant;
- clinical psychologist services;
- hospital charges not covered by the Alberta Health Care Insurance Plan, e.g. private rooms;
- anesthetic charges for services not covered by the Alberta Health Care Insurance Plan;
- third-party medical services, such as medicals for employment, insurance or sports;
- hearing aids, medical and surgical appliances, prosthetics, supplies, mobility devices;
- private clinic facility fees;
- medical advice to a patient by telephone;
- experimental or research program procedures;
- medical-legal services;
- podiatry and optometry services obtained outside Alberta;
- dentistry services obtained outside Alberta (except for medically required surgery).

It is important for Albertans who travel outside Alberta to be aware of these exclusions. Albertans may purchase private supplementary insurance to cover the cost of some of these excluded health services.

Coverage Outside Canada

Alberta Health and Wellness covers only limited physician and hospital costs outside of Canada. For this reason, it is strongly recommended that Albertans obtain supplementary health care insurance when outside the province or Canada, as costs for services received can be much higher than in Alberta.

A. Emergency Out-of-Country Coverage

- Insured physician services received outside Canada are paid at the amount claimed or the rate an Alberta physician would be paid for that service or the most similar service, whichever is less. Albertans are responsible for paying the difference between what is charged and what the AHCIP pays. If applicable, an Albertan's supplementary insurer may cover some of the costs not payable under the AHCIP.
- The rate for in-patient hospital services is \$100 (Canadian) per day, not including the day of discharge. The rate for outpatient hospital services is \$50 (Canadian) per day, with a limit of one visit per day. These hospital service rates are the maximum that is reimbursed for all services provided to a patient, such as room and board, nursing, laboratory and x-ray services, medical supplies and prescription drugs. Insured hospital services must be provided in a general or auxiliary hospital.
- Private health clinic or facility fees are not eligible for reimbursement.
- The AHCIP does not cover food, lodging or other travel expenses.
- Albertans may be billed directly for physician and hospital services received in another country. Requests for reimbursement may be submitted to the AHCIP and, if applicable, to the Albertan's supplementary health care insurer.