

Alberta Health Care Insurance Plan

Essential Information for Albertans

The Alberta Health Care Insurance Plan provides eligible residents of Alberta and their dependants with:

- coverage for insured services provided by physicians in Alberta and in other provinces/territories;
- coverage for insured oral and maxillofacial surgery and some insured dental services in Alberta and in other provinces/territories;
- coverage for insured stays and services provided in hospitals in Alberta and in other provinces/territories;
- limited coverage for services provided by optometrists and podiatrists in Alberta; and
- some funding for medical treatment outside Canada.

Alberta's schedules of benefits, which list services that are covered and amounts the Alberta Health Care Insurance Plan will pay for these services, are available on the Alberta Health and Wellness website.

Albertans are strongly encouraged to obtain travel insurance to cover unforeseen costs, including emergency care and transportation, when travelling outside the province or Canada. Alberta Health and Wellness covers only limited physician and hospital expenses outside Canada. These costs may be significant and for this reason, it is strongly recommended residents carry extra medical insurance when travelling outside Alberta.

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Eligibility for health care coverage

All permanent residents of Alberta must register themselves and their dependants (if applicable) with the Alberta Health Care Insurance Plan. Members of the Canadian Armed Forces, the Royal Canadian Mounted Police, and federal penitentiary inmates are not eligible for coverage, but their dependants who reside in Alberta are.

An Alberta resident is defined as a person who is:

- legally entitled to be or to remain in Canada and makes his/her permanent home in Alberta;
- committed to being physically present in Alberta for at least 183 days in a 12-month period;
Note: See page 19 for information on extended absence.
- not claiming residency or obtaining benefits in another province, territory or country; and
- any other person deemed by the regulations to be a resident but not including tourists, transients, or visitors to Alberta.

Dependants

For the purpose of Alberta Health Care Insurance Plan coverage, a dependant is defined as:

- a spouse (married couples who reside together must register together; separated couples may register together or separately; divorced couples must register separately);

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- an adult interdependent partner* (may register together or separately);
- a single child and/or an adopted child, under 21 years of age and wholly dependent on his/her parent(s). In cases of separation or divorce, the custodial parent should register the child. In cases of joint custody, the child is registered on the account agreed to by both parents, generally with the parent with whom the child resides the most;
- a foster child and/or ward of the court, if an income tax deduction was claimed;
- a single child 21 years of age or older and wholly dependent on the parent(s) because of a physical or mental disability; or
- a single child under 25 years of age and enrolled in three or more courses at an accredited educational institute. Proof of enrolment may be required.

*An adult interdependent partner is a person who lives with another person in a relationship of interdependence:

- for a continuous period of not less than three years; or
- of some permanence if, as a result of the relationship, the partners have a child by birth or adoption; or
- the partners have entered into an adult interdependent partner agreement as provided in the *Adult Interdependent Relationships Act*. This Act may be viewed at www.qp.alberta.ca.

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Registration

All permanent residents of Alberta must register themselves and their eligible dependants with the Alberta Health Care Insurance Plan. New and returning residents are required to provide proof of the applicant's and/or spouse/partner's (if applicable):

- identity,
- legal entitlement to be in Canada, and
- Alberta residency.

To register, please complete the Application for Alberta Health Care Insurance Plan Coverage (AHC0102) form, which is available on the Alberta Health and Wellness website.

Personal Health Card/Number

Once registered, a Personal Health Card, which lists name, gender, date of birth, and Personal Health Number, will be sent.

The card and number are Albertans' personal keys to publicly funded health care and a link to their electronic health record on the province's Alberta Netcare system. A person should never allow anyone else to use their card or number.

A person may be asked to show picture ID along with their Personal Health Card when accessing health care services.

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To report cases of suspected misuse of a health care card or number, call the Alberta Health Care Insurance Plan Tip-Line toll-free at 1-866-278-5104.

In accordance with privacy legislation, any information reported on the Tip-Line is considered confidential. Tip-Line staff will not record any identifying information about the caller, if the caller wishes to remain anonymous.

Keeping information current

It is important to keep personal registration information current. Please notify Alberta Health and Wellness to add or delete a dependant from an account, or update information about marital status, name, address, or telephone number(s). Proof is required when making changes to name, date of birth or gender. Notice of Change forms can be used to make changes and are available on the Alberta Health and Wellness website.

Moving to Alberta from within Canada

When a person moves to Alberta from within Canada, the health care insurance coverage they have in the province/territory they moved from will continue for the balance of the month of departure plus the two months immediately following. New residents should apply for coverage under the Alberta Health Care Insurance Plan as soon as possible after arriving in Alberta.

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If a person registers with the Alberta Health Care Insurance Plan within the first three months after arriving in Alberta, coverage may become effective the first day of the third month following the date of arrival. If a person does not register with the Alberta Health Care Insurance Plan within the first three months of Alberta residency, Alberta Health and Wellness will determine the date coverage becomes effective.

Moving to Alberta from outside of Canada

When moving to Alberta from outside of Canada, coverage may be effective the date of arrival if the person registers with the Alberta Health Care Insurance Plan within the first three months after arriving in Alberta. If a person does not register with the Alberta Health Care Insurance Plan within the first three months of Alberta residency, Alberta Health and Wellness will determine the date coverage becomes effective.

Anyone with temporary immigration documents who is unsure about their eligibility for coverage should contact Alberta Health and Wellness directly.

A person is not eligible for medical services under the Alberta Health Care Insurance Plan until all the required information is received and the application is processed. However, if insured medical services are received and paid for before the application is processed and if the person is eligible for coverage on the date the service was provided, then the person may be reimbursed directly by the Alberta Health Care Insurance Plan.

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Health care benefits

Albertans registered with the Alberta Health Care Insurance Plan are entitled to a number of benefits. Some benefits may be paid directly by the Alberta Health Care Insurance Plan while others may be provided by Alberta Health Services.

► **Physician services**

The Alberta Health Care Insurance Plan provides full coverage for insured health services provided by physicians.

► **Hospital services**

Alberta Health and Wellness provides funding to Alberta Health Services for in-patient and out-patient hospital services. These services are not funded if obtained in a private facility.

► **Dental/oral maxillofacial surgery services**

Some specific dental/oral and maxillofacial surgery services, such as cyst removal, joint and jaw surgery, and bone grafts are fully covered under the Alberta Health Care Insurance Plan, but tooth-related treatments are not. Dentists cannot bill patients for insured services covered by the Alberta Health Care Insurance Plan. Dentists can, however, charge for uninsured services (such as x-rays) they perform in association with an insured service. The patient, or their secondary insurer (if applicable), is responsible for paying additional costs not covered under the Alberta Health Care Insurance Plan. Ask your dentist for details.

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► Podiatry services (foot care)

Some podiatry services, provided in Alberta, are payable at specific rates up to a maximum of \$250 per person in a benefit year (July 1 to June 30). Podiatrists can charge more than the Alberta Health Care Insurance Plan covers. The patient, or their secondary insurer (if applicable), is responsible for paying additional costs not covered under the Alberta Health Care Insurance Plan. Ask your podiatrist for details.

► Optometry services (vision care)

Some optometry services, if provided in Alberta, are insured. Benefits are limited to one complete exam, one partial exam, and one diagnostic procedure per benefit year (July 1 to June 30) for children under 19 years of age and seniors 65 years of age and over. There are also some benefits for specific eye conditions. Eligible Albertans aged 19 through 64 years are covered for a number of specific insured optometry services, but not for routine eye exams. Optometrists cannot charge their patients for services covered by the Alberta Health Care Insurance Plan. The patient, or their secondary insurer (if applicable), is responsible for paying additional costs not covered under the Alberta Health Care Insurance Plan. Ask your optometrist for details.

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Statement of Benefits Paid

Alberta Health and Wellness provides a Statement of Benefits Paid to any Albertan who requests one. A Statement of Benefits Paid indicates fees paid to practitioners for the last complete benefit year plus the current benefit year to date. A benefit year is from July 1 to June 30. Hospital service charges do not appear on the Statement of Benefits Paid, but may be available directly from the hospital. Albertans can contact the Alberta Health and Wellness automated request system at 780-427-0845 within Edmonton to receive a copy of their current Statement of Benefits Paid. To call toll-free from elsewhere in Alberta, dial 310-0000, then 780-427-0845.

Statements can also be requested for up to seven benefit years for a fee. Requests for statements that cover more than the free period must be in writing and accompanied by a cheque or money order. Contact Alberta Health and Wellness at the telephone number above for the fee and mailing address.

Other health care services

Alberta Health Services provides the following health care services. For more information, contact Alberta Health Services at HEALTHLink Alberta, 1-866-408-5465.

► Emergency air transportation

Alberta Health Services operates an air ambulance program that serves the entire province and, in special circumstances, may fly beyond Alberta's borders.

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► **Physical therapy services**

In most of the province, physical therapy services are available and may be partially funded under a Community Rehabilitation Program, but patients may be asked to cost-share these services.

Physical therapy services provided outside Alberta are only payable if provided in a publicly funded hospital, and are paid in accordance with the out-patient rate only.

► **Public health services**

Public health services such as home care, speech-language pathology, nutrition, immunization, community health nursing and environmental health are available through Alberta Health Services. Some charges may apply.

► **Addiction and mental health services**

Addiction and mental health services are provided by psychiatrists, physicians and other practitioners within Alberta at government funded mental health clinics, community agencies, or hospitals, and are usually available at no cost. There may be an accommodation charge for long-term treatment.

Refer to the Alberta Health and Wellness website or contact Alberta Health and Wellness for information about health coverage before proceeding with a particular health care service.

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Health care benefit exclusions

The Alberta Health Care Insurance Plan does not cover all health services. However, Albertans may purchase supplementary insurance to cover the cost of some of these excluded health services.

Non-insured health services include, but are not limited to:

- cosmetic surgery;
- prescription drugs (government sponsored supplementary coverage is available from Alberta Blue Cross – see page 20);
- ground ambulance costs (government sponsored supplementary coverage is available from Alberta Blue Cross – see page 20);
- routine eye exams for residents 19 to 64 years of age;
- routine dental care and dentures;
- eyeglasses and contact lenses;
- immunizations (contact Alberta Health Services about exceptions);
- chiropractic, acupuncturist, licensed massage therapist, homeopath, social worker or nutritionist services;
- private or semi-private rooms in hospitals (government sponsored supplementary coverage is available from Alberta Blue Cross for individuals under 65 years of age – see page 20);
- clinical psychologist services;
- anesthetic charges for services not covered by the Alberta Health Care Insurance Plan (for dental service exceptions, please contact a dentist);

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- third-party medical services, such as medicals for employment, insurance or sports; or driver's licence medicals for individuals under 74.5 years of age;
- hearing aids (Alberta Aids to Daily Living may offer assistance – call 780-427-0731 in Edmonton, or toll-free from elsewhere in Alberta by dialing 310-0000, then 780-427-0731);
- medical and surgical appliances, prosthetics, supplies, mobility devices, etc. (Alberta Aids to Daily Living may offer assistance – call 780-427-0731 in Edmonton, or toll-free from elsewhere in Alberta by dialing 310-0000, then 780-427-0731);
- medical advice by telephone (unless otherwise stated in the Schedule of Medical Benefits or Schedule of Oral and Maxillofacial Surgery Benefits);
- experimental or research program procedures;
- medical-legal services;
- podiatry and optometry services obtained outside Alberta.

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Moving from Alberta

► Moving to another province/territory

When someone moves permanently from Alberta to another province/territory, their Alberta Health Care Insurance Plan coverage remains effective for the balance of the month they moved, and the two months immediately following. This ensures they have continuous health care coverage until coverage in their new province/territory of residence becomes effective. If necessary, an extra month of coverage for travel time can be requested by contacting Alberta Health and Wellness.

Coverage outside Alberta

► Carry your card

Albertans are advised to always carry their Alberta Personal Health Card when outside Alberta in another province or territory within Canada as they may be asked to present their card when obtaining insured physician and hospital services within Canada. It is strongly recommended Albertans purchase supplementary travel insurance when travelling outside Alberta.

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► **Reciprocal agreements - physician services**

The provinces and territories, with the exception of Quebec, participate in reciprocal medical billing agreements.

In most cases, if a traveler presents a valid provincial health card to an out-of-province physician and receives insured services, there is no cost to the patient. However, a physician may bill the patient directly. If this happens, they may submit a claim for reimbursement to the Alberta Health Care Insurance Plan. See the Alberta Health and Wellness website for instructions on how to submit a claim.

The amounts paid for physician services are in accordance with the rates established by the province where the services were provided.

► **Reciprocal agreements - hospital services**

All provinces and territories participate in reciprocal hospital billing agreements.

Alberta will only pay for out-of-province hospital services that would be insured if they were provided in Alberta and only if provided in a publicly funded hospital. Private facility fees, goods or services (such as private MRIs) are not covered. In addition, the Alberta Health Care Insurance Plan does not cover food, lodging, transportation or other costs related to obtaining health services outside Alberta.

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► Oral surgical services

Albertans may have to pay up front for insured oral surgical services and can apply to the Alberta Health Care Insurance Plan for reimbursement of these costs. See the Schedule of Oral and Maxillofacial Surgery Benefits for more information.

Coverage outside Canada

► Emergency out-of-country

Alberta Health and Wellness covers only limited physician and hospital costs outside of Canada. It is strongly recommended that Albertans obtain travel insurance when outside the province or outside Canada, as costs for services can be much higher than in Alberta.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician would be paid for that same or similar service. Albertans and/or their supplementary health insurance provider are responsible for paying the difference between what is charged and what the Alberta Health Care Insurance Plan pays.

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The rate paid for in-patient hospital services is \$100 (Canadian) per day, not including the day of discharge. The rate paid for out-patient services is \$50 (Canadian) per day, with a limit of one visit per day. These rates are the maximum reimbursed for all services provided to a patient, such as room and board, nursing, laboratory and x-ray services, medical supplies and prescription drugs. Hospital services must be provided in a general or auxiliary hospital. Services provided in a private health facility are not eligible for reimbursement. The Alberta Health Care Insurance Plan 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 Alberta Health Care Insurance Plan and/or supplementary insurer (if applicable).

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Out-of-Country Health Services

► **Out-of-Country Health Services Committee**

The Out-of-Country Health Services Committee considers applications for funding of insured elective out-of-country medical, oral surgical and/or hospital services for Alberta residents that are not available in Canada. These services cannot be experimental or applied research (such as clinical studies or trials); must be determined to be medically necessary by an Alberta physician or dentist; and funding must be approved before the medical services are provided.

Applications to the Out-of-Country Health Services Committee are made by an Alberta physician or dentist or an Alberta resident who is registered with the Alberta Health Care Insurance Plan.

Further information about the Out-of-Country Health Services Committee, including an application form, is available on the Alberta Health and Wellness website.

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► **Out-of-Country Health Services Appeal Panel**

In the event that the Out-of-Country Health Services Committee denies an application, applicants can appeal to the Out-of-Country Health Services Appeal Panel within 60 days of receiving the Out-of-Country Health Services Committee decision.

Applications to the Appeal Panel can be made by either the Alberta physician or dentist or the resident of Alberta on whose behalf the original application to the Out-of-Country Health Services Committee was made.

Further information about the Out-of-Country Health Services Appeal Panel is available on the Alberta Health and Wellness website.

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Submitting a claim

To submit a claim for insured health services received outside Alberta or Canada, complete an Out-of-Province Physician/Practitioner Services and Out-of-Country Health Services form and submit it along with itemized statements and proof of payment. 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 invoice. Please allow 12 weeks for processing. For further information, contact Alberta Health and Wellness at 780-422-1954 or toll-free in Alberta at 310-0000, then dial 780-422-1954.

Claim forms are available on the Alberta Health and Wellness website. Send the completed form along with itemized statements and proof of payment by mail or fax to the Alberta Health Care Insurance Plan at:

Alberta Health and Wellness
Out-of-Country/Province Claims
PO Box 1360 Stn Main
Edmonton AB T5J 2N3
Fax number: 780-422-1958

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Extended absence

Albertans may be absent from Alberta for various reasons and durations, and continue to retain their Alberta Health Care Insurance Plan coverage. In the majority of cases, individuals must be physically present in Alberta for at least 183 days in a 12-month period to remain eligible for coverage. However, individuals not present in Alberta for the required period of time because of temporary or recurring temporary absences, may be eligible to retain Alberta Health Care Insurance Plan coverage.

To maintain their Alberta Health Care Insurance Plan coverage, residents must complete a Verification of Residency form. Contact Alberta Health and Wellness for more information regarding extended absences.

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Government sponsored supplementary health insurance

Alberta Health and Wellness funds several government sponsored supplementary health care plans. These programs are administered by Alberta Blue Cross on behalf of Alberta Health and Wellness.

- Alberta Blue Cross Non-Group Coverage
- Alberta Blue Cross Coverage for Seniors
- Alberta Blue Cross Multiple Sclerosis Drug Coverage
- Alberta Blue Cross Palliative Care Drug Coverage
- Alberta Rare Diseases Drug Program

For more information on registration and premium subsidy for the above noted programs, please visit the Alberta Health and Wellness website.

For more information on claims or benefits, please visit the Alberta Blue Cross website at www.ab.bluecross.ca, or contact Alberta Blue Cross by telephone at:

780-498-8000 (Edmonton and area)
403-234-9666 (Calgary and area)
1-800-661-6995 (toll-free)

Note: Claims to the government sponsored plans must be submitted within 12 months of the date of service to be considered for reimbursement.

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Private supplementary health insurance

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

Albertans are strongly encouraged to obtain travel insurance to cover unforeseen costs, including emergency care and transportation, when travelling outside the province or outside Canada. Alberta Health and Wellness covers only limited physician and hospital expenses outside Canada. These costs may be significant and for this reason, it is strongly recommended residents carry extra medical insurance.

Contact Us

Telephone

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

Fax

780-422-0102 (Edmonton)

Mail

Alberta Health and Wellness
Attention: Alberta Health Care Insurance Plan
PO Box 1360, Stn Main
Edmonton AB T5J 2N3

In person

At select registry agent locations within Alberta. To locate the office nearest you, please telephone our office or visit our website.

Website

www.health.alberta.ca

Email

health.ahcipmail@gov.ab.ca

For general information or non-personal questions regarding the Alberta Health Care Insurance Plan.

Note: Any personal information you submit by email is not secure, and may be observed by a third party while in transit. Any questions, comments, or concerns containing your personal health information should be made by telephone.