

BLUE ASSURED[®]



Build a benefit plan your way

Our Blue Assured® plan is designed to help you maintain and support your health through all ages and stages of life. View the coverage options below to build the plan that's right for you and your family.

EXTENDED HEALTH BENEFITS

The overall maximum for Levels A-C of extended health is \$5,000 per year and Level D is \$7,500 per year (excludes Accidental Death and Dismemberment, travel and final expenses).

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
HOSPITAL				
Auxiliary care (per year)	–	–	\$1,000	\$1,000
Hospital beds (per lifetime)	–	\$1,000	\$1,500	\$1,500
Hospital cash (per day/per year)	–	\$20/\$400	\$20/\$600	\$25/\$800
Home nursing (per year)	–	–	\$2,500	\$5,000
Preferred hospital accommodations (per year; semi-private or private rooms)	\$1,000	\$2,000	\$3,000	\$6,000
PARAMEDICAL PRACTITIONERS				
Ambulance services (ground and air)	100%	100%	100%	100%
Accidental dental care (per incident)	\$2,000	\$2,500	\$3,000	\$5,000
Acupuncturist (per visit)	–	–	\$50	\$105
Homeopath (per visit)	–	–	\$50	\$180
Osteopath (per visit)	–	–	\$50	\$150
Naturopath (per visit)	–	–	\$50	\$190
Dietician (per visit)	–	–	–	\$175
Combined maximum (per year; includes acupuncturist, homeopath, osteopath, naturopath and dietician)	–	–	\$350	\$650
Chiropractor (per visit)	–	\$35	\$35	\$75
Physiotherapist (per visit)	–	\$50	\$50	\$120
Massage therapist (per visit)	–	\$50	\$50	\$100
Combined maximum (per year; includes chiropractor, physiotherapist and massage therapist)	–	\$350	\$500	\$750
Podiatrist and chiropodist (per visit)	–	\$25	\$25	\$105
Combined maximum (per year; includes podiatrist and chiropodist)	–	\$300	\$300	\$500
Psychologist (including iCBT) (per visit/per year)	\$75/\$150	\$75/\$450	\$75/\$750	\$225/\$1,000
Speech language pathologist (per visit/per year)	–	–	\$80/\$500	\$150/\$600
Individual Assistance Program (IAP) (per calendar year)	12 sessions	12 sessions	12 sessions	12 sessions
MEDICAL DEVICE SUPPLIES				
Blood pressure monitor (per five years)	–	–	\$150	\$150
CPAP sleep apnea appliance (per five years)	–	\$500	\$750	\$2,000
Custom braces (per two years)	–	70%; \$750	70%; \$750	70%; \$1,000
Foot orthotics (per year)	–	\$200	\$200	\$300
Hearing aids (per four years)	–	\$500	\$750	\$750
Ileostomy/colostomy, urinary catheters and supplies (per year)	–	\$1,200	\$1,200	\$1,200
Mastectomy prosthesis (per two years)	–	\$200 for single; \$400 for double	\$200 for single; \$400 for double	\$200 for single; \$400 for double
Medical aids (per year; crutches, canes, cervical collars, walkers, splints, trusses and traction kits)	–	\$250	\$250	\$250
Orthopedic shoes (per year)	–	\$250	\$250	\$400
Oxygen and equipment (per year)	–	–	\$1,000	\$1,000
Prosthetics (per year)	–	\$300	\$300	\$1,000
Surgical stockings (per year)	–	\$200	\$200	\$250
Wheelchair (per three years)	–	\$1,500	\$1,500	\$3,000
VISION CARE				
Vision care including eye exams (per two years)	\$100	\$200	\$300	\$500
TRAVEL (TERMINATES AT AGE 65*)				
Maximum (per trip)	\$5 million	\$5 million	\$5 million	\$5 million
Travel days (per trip)	10	17	30	30
Travel plan discount (additional coverage)	15%	20%	25%	25%
Stability clause (days)	90	90	90	90
Flight Delay Service	☑	☑	☑	☑
LIFE				
Accidental Death and Dismemberment**	\$15,000	\$20,000	\$25,000	\$25,000
Final expenses**, terminates at age 65* (one year waiting period)	–	\$4,000	\$6,000	\$6,000
WELLNESS				
Balance®—online program that promotes wellness and helps you live a healthier lifestyle.	Included	Included	Included	Included
Blue Advantage®—discount program for health and wellness products.	Included	Included	Included	Included
Care navigation—lifestyle and chronic disease management through our website.	Included	Included	Included	Included

OPTIONAL DENTAL***

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
COVERAGE				
Basic and preventive care (three-month waiting period; includes checkups, cleanings, fillings, extractions and root canals)	70%	75%	80%	90%
Dentures (one year waiting period)	–	50%	50%	60%
Periodontics (one year waiting period)	–	50%	80%	90%
Extensive; includes crowns, bridges and implants (two year waiting period)	–	–	50%	60%
First year combined maximum (applies to basic and preventive care only)	\$600	\$600	\$600	\$750
Second and subsequent years combined maximum (per year; includes basic, extensive, dentures and periodontics)	–	\$1,250	\$1,500	\$2,000
Orthodontic (two year waiting period; per lifetime)	–	–	50%; \$2,000	50%; 2,500

OPTIONAL PRESCRIPTION DRUG

With Blue Assured®, you have the option of including prescription drugs in your benefit coverage.

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
COVERAGE				
Maximum (per year; includes diabetic supplies and Glucose Monitoring Systems (GMS), contraceptives, smoking cessation and vaccines)	\$250	\$500	\$1,500	\$5,000
Maximum (per year; includes fertility, weight loss drugs, hair loss and sexual dysfunction drugs)	–	–	–	\$500
Coverage level (three month waiting period)	70% direct bill	70% direct bill	70% direct bill	80% direct bill
Blue Care™ – Pharmacist's advice to help navigate high-cost drug claims	–	–	–	Included

*"Terminates at age" references the age when a benefit is no longer available for that specific individual. **Underwritten by Blue Cross Life Insurance Company of Canada. ***Alberta Blue Cross Individual Health Plan Usual and Customary Dental Fee List. This brochure provides an overview of the Blue Assured® plan offered by Alberta Blue Cross. It is not a contract or a complete listing of all benefits.

Interested in exploring rates?

Easily play with different level combinations to get a quick idea of cost. [Visit ab.bluecross.ca/blue-assured-calculator](https://ab.bluecross.ca/blue-assured-calculator)

To learn more, get a quote and apply—visit our website or call us.

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