

DUNVEGAN GARDENS (AB) LTD

Benefits Booklet

Alberta Blue Cross Group Number: 22627

Effective Date: May 1, 2006

Issue Date: April 2006



DUNVEGAN GARDENS (AB) LTD

Alberta Blue Cross Group Number: 22627
Effective Date: May 1, 2006
Eligibility Period: 1st of the month following 6 months of employment
Employee Classification: All Full-Time Employees

Schedule of Benefits

Extended Health and Dental Benefits

Underwritten by: Alberta Blue Cross

Extended Health Benefits

- Prescription Drugs
- Hospital
- Health
- Out of Province Emergency Travel
- Vision Care

Dental Benefits

- Basic
- Extensive
- Orthodontic

Benefit Year

May 1st - April 30th

Schedule of Benefits

Summary of Benefits

Extended Health and Dental Benefits

Extended Health Plan

Prescription Drug Benefits

Payment Basis:	Direct Bill
Least Cost Alternative Pricing:	Applied
Maximum:	\$1,500 per Participant each Benefit Year

Prescription Drug Core Benefits

Co-payment:	80%
Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law Convention Drugs
Aerochamber Device:	\$40 in a consecutive 24 month period for children under 11 years of age
Allergy Serums:	Included
Blood Testing Monitor:	\$150 per Participant in a 5 year period
Contraceptive Drugs:	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period
Diabetic Supplies:	Standard diabetic supply package
Exclusions:	Selected Over the Counter Drug Products Smoking Cessation Products Fertility Products Sexual Dysfunction Products Weight Loss Products

Summary of Benefits

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Definitions

1. **Convention Drugs:** Drugs not requiring a prescription by law; however, are prescribed by a physician and are usually only available for sale in an area, which is under the direct supervision of a pharmacist.
2. **Fertility Products:** Drugs with at least one Health Canada indication for treatment of infertility, as defined by Blue Cross.
3. **Least Cost Alternative:** The lowest cost product within a set of interchangeable drug products. Interchangeable drug products contain the same active ingredients, in the same amounts and same dosage form as a corresponding product made by another manufacturer.
4. **Least Cost Alternative Price:** The maximum unit price that will be paid for a product within an interchangeable grouping as published by Blue Cross.
5. **Over the Counter Drugs:** Drugs not requiring a prescription by law and are usually available for sale in the self-selection area of a pharmacy.
6. **Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
7. **Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
8. **Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

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Hospital Benefits

Co-payment:	100%
Private/Semi-Private Rooms**:	Direct payment basis
Long Term Care Facility**:	\$1,000 per Participant each Benefit Year

Definitions

1. **Hospital:** An institution located in Canada which is licensed and operates under any federal or provincial health insurance act or law, with facilities to provide active in-patient treatment and care. The term hospital, as used in this Contract, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Long Term Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital, long term care facility or a publicly funded general active treatment hospital located in Canada.
3. **Private Room:** A room in a Hospital facility which holds only 1 bed.
4. **Semi-Private Room:** A room in a Hospital facility which holds only 2 beds.

Limitations

1. ** Services subject to a per visit maximum based on the current Blue Cross Schedule of Fees. To see the most current Schedule of Fees please call Blue Cross or visit our website at: www.ab.bluecross.ca/scheduleoffees.html.

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Health Benefits

Extended Health Core Benefits

Co-payment:	100%
Accidental Dental:	\$2,000 per Participant per accident for repair, extraction and/or replacement of natural teeth
Ambulance Services:	To a maximum set in the current Blue Cross schedule of ambulance rates. Response fees covered if treatment provided.
Home Nursing Care:	* \$15,000 per Participant in any 3 year period
Manual Hospital Beds:	* Rental, purchase or repair to a lifetime maximum of \$1,500 per Participant
Manual Wheelchairs:	* Rental, purchase or repair once per Participant in a 3 year period
Mastectomy Prosthesis:	* \$200 per Prosthesis once per Participant in a 24 month period
<i>Supporting Brassiere</i>	\$50 each to a maximum of 2 per Participant each Benefit Year
Prosthetics:	* Conventional artificial limbs and eyes

Complementary Health Option

Co-payment:	100%
Braces:	* 70% of eligible expense once per limb in a 24 month period
Chiropodist/Podiatrist**:	\$500 per Participant each Benefit Year
Diagnostic Services and Laboratory Testing:	* \$150 per Participant each Benefit Year
Eye Examinations**:	1 eye examination in a 24 month period for Participants between 19 and 64 years of age
Foot Orthotics:	* 70% to a maximum of \$300 per Participant each Benefit Year
Hearing Aids:	* \$750 per Participant in a 4 year period
Ileostomy, Colostomy, Urinary Catheters and Supplies:	80% to a maximum of \$1,200 per Participant each Benefit Year

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Medical Aids:

<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints, Trusses</i>	Included
<i>Stump Socks</i>	6 pair per Participant each Benefit Year
<i>Surgical Stockings</i>	2 pair per Participant each Benefit Year
<i>Traction Kits, Walkers</i>	* Included
<i>Wig/Hairpiece</i>	* \$250 per Participant in a 5 year period

Medical Durable Equipment:

70% to a maximum of \$1,500 per Participant each Benefit Year

Orthopaedic Shoes:

* \$250 per Participant each Benefit Year

Osteopath**:

\$500 per Participant each Benefit Year

Oxygen and Equipment:

\$2,500 per Participant each Benefit Year

Physiotherapist**:

\$500 per Participant each Benefit Year

Psychologist/

Master of Social Work**:

\$750 per Participant each Benefit Year

Speech Language Pathologist**:

\$750 per Participant each Benefit Year

Enhanced Health Option

Co-payment:

100%

Maximum:

All services provided under the Enhanced Health Option have a combined maximum of \$500 per Participant each Benefit Year

Acupuncturist**:

Included

Chiropractor**:

Included

Massage Therapist**:

Included

Naturopath**:

Included

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. ** Services subject to a per visit maximum based on the current Blue Cross Schedule of Fees. To see the most current Schedule of Fees please visit our website at: www.ab.bluecross.ca/scheduleoffees.html or call Blue Cross.
3. Home Nursing Care requires prior approval from Blue Cross.
4. Manual Hospital Beds require prior approval from Blue Cross.
5. Manual Wheelchairs require prior approval from Blue Cross.
6. Wig/Hairpiece on the written order of a Health Care Professional when required for hair loss due to a medical condition, illness or accidental injury.
7. Acupuncturist - Eligible expenses for services provided by a registered Acupuncturist.

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8. Chiropracist/Podiatrist – Eligible expenses provided by a licensed Chiropracist or Podiatrist for services or supplies which are not funded in whole or part by a provincial government health program
9. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor and the cost of 1 x-ray, once the provincial government's annual maximum has been reached.
10. Massage Therapist – Eligible expenses on the written order of a physician, for therapeutic massages provided by a registered Massage Therapist to treat a medical condition.
11. Naturopath – Eligible expenses for services provided by a licensed Naturopath.
12. Osteopath – Eligible expenses for services provided by a licensed Osteopath, once all provincial government funding has been fully accessed.
13. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist, once all provincial government funding has been fully accessed. A Determination of Needs assessment will be required as proof all provincial government funding has been fully accessed.
14. Psychologist/Master of Social Work – Eligible expenses for individual or family counselling, including assessment, provided by a Chartered Psychologist or Master of Social Work for treatment of mental or emotional illness.
15. Speech Language Pathologist – Eligible expenses for services provided by a licensed Speech Language Pathologist, once all provincial government funding has been fully accessed.

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Out of Province Emergency Travel Benefits

Benefits are provided as a result of a medical emergency which occurs outside the Participant's province of residence.

Co-payment:	100%
Benefit Period:	30 Days
Maximum	\$2,000,000 in Canadian funds per Participant per incident, subject to the overall Contract Maximum
Accidental Dental:	\$2,000 per Participant per accident to natural teeth
Air Ambulance:	Included
Ambulance Services:	To the nearest qualified medical facility
Cremation or Burial:	Cost of cremation or burial at place of death, to a maximum of \$2,500
Dental Pain Relief:	\$200 per Participant per trip
Diagnostic Services:	Laboratory services, x-rays, blood and blood plasma
Drugs:	Included
Expenses to Visit the Covered Person:	
<i>Transportation</i>	One round trip economy airfare
<i>Meals/Accommodation</i>	\$150 per day per Participant to a maximum of \$1,500 per incident
Hospital Accommodation:	Included
Incidental Expenses:	\$100 per inpatient per hospital stay
Meals and Accommodations:	\$150 per day per Participant to a maximum of \$1,500 per incident for unavoidable additional expenses when remaining with a sick or injured travelling companion
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Crutches, Slings</i>	Included
<i>Splints, Trusses</i>	Included
<i>Temporary Wheelchair</i>	
<i>Rental, Walkers</i>	Included

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Medical Evacuation:	
<i>Air Ambulance</i>	Included
<i>Repatriation</i>	Included
Nursing Care:	On the written order of a physician during and following hospitalization
Outpatient Expenses:	Included
Paramedical Practitioners:	
<i>Chiropractor</i>	\$300 per Participant per trip
<i>Chiropodist/Podiatrist</i>	\$300 per Participant per trip
<i>Physiotherapist</i>	\$300 per Participant per trip
Physicians and Surgeons Fees:	Included
Return of Deceased:	Cost of preparation and homeward transportation to province of residence, excluding the cost of a coffin, to a maximum of \$7,000
Travel Assistance:	In the event of a medical emergency contact must be made with the travel assistance service
Vehicle Services:	\$1,000 per incident
Restrictions:	The Out of Province Emergency Travel Benefits will only cover the first 30 days per trip

Limitations and Exclusions

1. Blue Cross may not accept liability for hospitalization and related services if the travel assistance service is not contacted within 24 hours of admission. Failure to contact the travel assistance service may result in the payment of medical expenses being denied or delayed.
2. Blue Cross, in consultation with the attending Health Care Professional or travel assistance medical service advisor, reserves the right to transfer the participant to another hospital or return the participant to their province of residence. Refusal to comply with the transfer request will absolve Blue Cross of any further liability.
3. Blue Cross will not pay for services if travel is booked or commenced contrary to medical advice or if medical attention is anticipated during the travel period.
4. This coverage is only available to Participants who are covered by a Canadian provincial government health program.
5. Blue Cross will not pay for services if expenses are incurred when the participant could have been returned to the province of residence without endangering their life or health, even if the treatment available in their province of residence could be of lesser quality or if the participant must go on a waiting list for that treatment.
6. Blue Cross will not pay for services if travel is booked or commenced contrary to recommendations of the Canadian Department of Foreign Affairs and International Trade.

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7. Blue Cross may request proof of departure upon receipt of claim.
8. Blue Cross shall not pay for any benefit relating to an unborn or new born child, pregnancy, miscarriage, childbirth or complications of any of these conditions occurring nine weeks prior to, or any time after the expected date of birth.
9. Blue Cross will not pay for expenses incurred due to:
 - mental or nervous disorder unless Participant is hospitalized; or
 - seeking medical, second opinion advice or treatment intentionally or incidentally, even if the trip is on the medical recommendation of a Health Care Professional; or
 - suicide, attempted suicide or self inflicted injury, whether sane or insane; or
 - abuse of medication, toxic substances, alcohol or non-prescription drugs; or
 - driving a motorized vehicle while impaired by drugs, toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood; or
 - commission of or attempt to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense; or
 - participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, participation in any riot or public confrontation, civil commotion, or any other act of aggression.

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Vision Care Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	100%
Maximum:	Adult \$250 per Participant each Benefit Period Child \$250 per Participant each Benefit Period
Benefit Period:	Adult 24 consecutive months Child 12 consecutive months
Eligible Benefits:	Contact Lenses Eye Glasses (Frames and/or Lenses) Intraocular Lenses Laser Eye Surgery, including assessment fees
Exclusions:	Industrial Safety Glasses Sunglasses Eye Examinations

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Dental Plan

Fee Schedule: Usual and Customary dental fees as determined by Alberta Blue Cross

Basic Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	80%
Maximum:	\$1,500 per Participant each Benefit Year Combined maximum with Extensive Benefits
Diagnostic Services:	
<i>Complete, Comprehensive and General Oral Exams</i>	1 of each exam per Participant in a 5 year period
<i>Limited Oral, Recall or Specific Oral Exam</i>	Adult 1 per Participant in a 12 month period Child 1 per Participant in a 6 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Radiographs</i>	1 set per Participant in a 24 month period
<i>Bitewing Radiographs</i>	Adult 1 set per Participant in a 12 month period Child 1 set per Participant in a 6 month period
<i>Consultations</i>	Only when performed by another Health Care Professional
<i>Unmounted Diagnostic Casts</i>	In conjunction with the placement of fixed or removable prosthetics
Preventive Services:	
<i>Polishing</i>	Adult 1 time unit per Participant in a 12 month period Child 1 time unit per Participant in a 6 month period
<i>Scaling and/or Root Planing</i>	4 time units per Participant in any 12 month period
<i>Fluoride Treatment</i>	Child 1 per Participant in a 6 month period
<i>Pit and Fissure Sealant</i>	Child 1 per permanent posterior tooth in a 5 year period
<i>Space Maintainers</i>	Included
Restorative Services:	
<i>Restorations</i>	1 per surface in a 24 month period to a maximum of 5 surfaces per tooth (or dollar equivalent)

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Oral Surgery:

<i>General Surgery Exam</i>	1 per Participant in a 5 year period
<i>Uncomplicated and Surgical Extractions</i>	Included
<i>General Anesthesia and Deep Sedation</i>	Administration and facilities

Endodontics:

<i>Endodontic Exam</i>	1 per Participant in a 5 year period
<i>Root Canal Therapy</i>	1 per tooth in a 24 month period
<i>Apicoectomy</i>	Included
<i>Retrofill</i>	Included
<i>Pulpectomy</i>	Included
<i>Pulpotomy</i>	Included

Removable Appliances:

<i>Prosthetic Edentulous Exam</i>	1 in a 5 year period
<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period
<i>Partial Dentures</i>	1 upper and/or 1 lower per Participant in a 5 year period

Denture Services:

<i>Rebasing and Resetting</i>	Providing at least 5 years has lapsed from placement of denture
<i>Adjustments</i>	Providing at least 3 months has lapsed from placement of denture
<i>Relines</i>	1 service per denture in a 24 month period
<i>Liners</i>	1 service per denture in a 24 month period
<i>Tissue Conditioning</i>	1 service per denture in a 24 month period
<i>Repairs</i>	Included

Pre-Authorization Amount: \$1,000

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Extensive Benefits

Adult:	Participants 19 years of age and older
Child:	Participants under 19 years of age
Co-payment:	50%
Maximum:	\$1,500 per Participant each Benefit Year Combined maximum with Basic Benefits
Diagnostic Services:	
<i>Fixed Oral Rehabilitation Exam</i>	1 per Participant in a 5 year period
Prosthetic Services (Limited to one of the following services per tooth):	
<i>Crowns</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in a 5 year period
<i>Inlays and Onlays</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Processed Veneers</i>	1 in a 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Posts & Cores</i>	1 in a 5 year period
Pre-Authorization Amount:	\$1,000

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Orthodontic Benefits

Child:	Participants under 19 years of age
Co-payment:	50%
Maximum:	\$2,500 Lifetime per Participant
Diagnostic Services	
<i>General Orthodontic Exam</i>	1 per Participant in a 5 year period In cases where a Participant chooses to obtain a second opinion from a certified specialist in orthodontics (other than the originating provider) a second general orthodontic exam will be eligible within the 5 year period
Habit-Breaking Appliances:	Included, for primary and mixed dentition only
Orthodontic Services:	
<i>Fixed or Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included
Pre-Authorization:	Treatment Plan Required

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Overall Contract Maximum and Termination of Benefits

Extended Health and Dental Overall Contract Maximum

An overall combined maximum of \$2,000,000 per Participant each Benefit Year applies to all Benefits.

Extended Health and Dental Termination of Benefits

Benefit Coverage terminates at 12:01 a.m. on the 1st of the month following the earlier of retirement, termination of employment or age 70.

General Provisions

Employee

A person who is a permanent Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Contract as specified in the Benefit Summary. All Employees must be residents of Canada and be eligible for benefits under the provincial government health care programs in the province of residence in order to be eligible for coverage.

In order to be eligible for all benefits under this Contract, an Employee, must be required to work at least 30 hours per week.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of this eligibility period.

Dependent

The Employee's eligible spouse and children as defined below.

1. Spouse shall mean a person who is legally married to the Employee, or who is not legally married to the Employee but has continuously resided with the Employee for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Employee requesting coverage for a common-law spouse must give written notice to Blue Cross. Unless such written request is made, the person legally married to the Employee shall be considered to be the covered spouse. Discontinuance of cohabitation with the Employee shall terminate coverage of the common-law spouse.

The Employee cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Employee's natural, adopted, stepchildren or children for whom the Employee is a legal guardian who are dependent upon the Employee for financial care and support. Such children must be:
 - (a) unmarried,
 - (b) unemployed and not eligible to apply for coverage as a Employee under another employer sponsored plan, and
 - (c) less than 21 years of age; or, if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

The children of the Employee's common-law spouse shall be covered provided the children are dependent upon the Employee for financial care and support.

Unmarried and unemployed children 21 years of age or older shall qualify, if they are dependent upon the Employee by reason of a mental or physical disability, and became totally disabled prior to attaining age 21, and who have been continuously disabled since that time. Unmarried and unemployed children who became totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 26, and have been continuously so disabled since that time shall also qualify as a Dependent.

All changes to add or delete eligible Dependents must be made in writing to Blue Cross.

Conversion Privilege

Health and Dental

Conversion Privilege

If a Member's coverage ceases because of termination of employment, or termination of membership in the class of Employees eligible for coverage under this Contract, then the Member may apply within 31 days of the termination date of this Contract to convert to one of the programs available to individuals through Blue Cross at that time.

The conversion option is also extended to Dependents. In the event of loss of coverage due to a change in status, or the Member's death, a spouse or dependent child may apply within 31 days of the change to convert to one of the programs available to individuals through Blue Cross at that time.

Survivor Benefit

In the event of a Member's death, Blue Cross will waive the monthly Member rates and continue benefits for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 24 months

Conversion Privilege

Claiming Benefits

1. * Prescription Drug benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most pharmacies will bill Blue Cross directly.
2. * Hospital benefits are provided on a direct payment basis. Upon presenting your Blue Cross identification card, most hospitals will bill Blue Cross directly.
3. * Health Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy or your local Blue Cross office.

4. * Out of Province Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.
5. Vision Services are covered on a reimbursement basis. The Member must pay the provider, obtain an official receipt and submit this to Blue Cross along with a fully completed Health Services Claim Form.

Claim forms may be obtained from any pharmacy or your local Blue Cross office.

6. * Dental Claim Forms may be obtained from your Health Care Professional's office or any Blue Cross office.

The Dental Claim Form must be completed by the Health Care Professional at the time the dental treatment is provided.

The Health Care Professional may elect to bill Blue Cross directly for payment, or he may choose to collect the cost of services from the patient. It is then the patient's responsibility to forward the completed Dental Claim Form to Blue Cross for reimbursement.

- * NOTE: Payment of allowable expenses will be made providing a claim is submitted within 12 months of the date such expense was incurred.

Disclaimer

This material summarizes the important features of your group program. It is prepared as information only; and does not, in itself constitute an Agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer. In the event of a discrepancy between this booklet and the Group Benefits Contract, the Group Benefits Contract will be deemed accurate.

Confidentiality, Security & Privacy

Personal information is the foundation of Blue Cross' business. Without specific, individual information about plan Members and their Dependents Blue Cross cannot administer their health, dental and life and disability benefits. As a health-information based organization, Blue Cross has always operated within a culture of confidentiality; respecting and maintaining the privacy and security of all of the personal information it holds. Blue Cross has developed information privacy and security policies and procedures to guide the actions of anyone working for us, from the moment we begin receiving customers' personal information to enroll them to disposing of it when no longer needed. These are summarized on our web site at: www.ab.bluecross.ca or are available upon request by calling Blue Cross.