

Alberta Health Care Insurance Plan

Essential Information for Albertans



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Essential information for Albertans

The Alberta Health Care Insurance Plan provides eligible Alberta residents 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 at 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 website at www.health.alberta.ca.

Costs for uninsured health care services outside Alberta may be significant and, for this reason, it is strongly recommended residents carry extra medical travel insurance when travelling outside the province.

Registry agents

Select authorized registry agent offices are located throughout Alberta. These health-authorized agents offer Alberta Health Care Insurance Plan registration services, including applications and account updates, free of charge.

To find an authorized registry office near you, visit the Alberta Health website or call Alberta Health.

Eligibility for health care coverage

You must be an Alberta resident to be eligible for Alberta Health Care Insurance Plan.

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;
- 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.

Members of the Canadian Armed Forces and federal penitentiary inmates are not eligible for coverage as they are covered by the Federal Government. Their dependants who reside in Alberta are eligible for coverage.

Dependants

The Alberta Health Care Insurance Plan defines a dependant as:

- a spouse (married couples who reside together must register together; separated couples may register together or separately; divorced couples must register separately);
- an adult interdependent partner* (may register together or separately);
- Single children under the age of 21 and wholly dependent on the parent(s), including adopted children, foster children (if an income tax deduction was claimed) and wards of the court.
 - In cases of separation or divorce, the custodial parent registers the children.
 - In cases of joint custody, children are registered on the account of one or the other parent, but not both, as agreed to by both parents.
- 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 can be viewed at www.qp.alberta.ca.

Registration

All eligible residents of Alberta must register themselves and their dependants (if applicable) with the Alberta Health Care Insurance Plan.

To register, please complete the *Application for Alberta Health Care Insurance Plan Coverage* (AHC0102) form, available on the Alberta Health website. New and returning residents are required to provide supporting documentation that shows proof of:

- identity for both applicant and spouse,
- legal entitlement to be in Canada for all dependants, and
- Alberta residency.

Where to register

Take your completed application and original documents to an authorized registry agent. A list of authorized agents is available on our website.

Alberta Health also accepts applications and copies (both sides) of supporting documents by mail.

Personal Health Card/Number

Once registered, a personal health care card, which lists name, gender, date of birth, and your Alberta personal health number, will be sent.

The personal health care card and your Alberta personal health number is an Albertan's key to the publicly funded health care system. It identifies an individual in Alberta's Netcare system, which stores electronic health records.

A person may be asked to show picture ID along with their personal health card when accessing health care services.

Sharing a card or health number with another individual is considered fraud. To report cases of suspected or confirmed misuse of a health care card or number, call the Alberta Health 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

Keeping your registration information current is essential.

Please notify Alberta Health:

- to add or delete a dependant from an account,
- to change marital status, name, address, or telephone number(s),
- if you will be away from Alberta for more than 182 days, or
- if you are leaving Alberta permanently.

NOTE: Proof is required when making changes to name, date of birth or gender.

Notice of Change forms can be used to make changes to your information. These forms are available on the Alberta Health website. You can also make information changes at no charge through select Alberta registry agents.

Moving to Alberta from within Canada

When a person moves to Alberta permanently from within Canada, the health care insurance coverage from their originating province/territory will continue for the balance of the month of departure plus the two months immediately following. An additional month may be provided for travel time.

If you are moving to Alberta from another province or territory, you are eligible for Alberta Health Care Insurance Plan coverage on the first day of the third month after you establish residency in Alberta. For example, if you establish residency on July 12, you are eligible for coverage beginning October 1. If your application is not received within the first three months of Alberta residency, Alberta Health will determine the date your coverage becomes effective at the time of registration.

To ensure continuity in your health care coverage, you should apply for coverage as soon as you make a permanent home in Alberta.

Moving to Alberta from outside of Canada

When moving to Alberta from outside of Canada, coverage may be effective from the date residency is established if you register with the Alberta Health Care Insurance Plan within the first three months after that date.

If a person does not register with the Alberta Health Care Insurance Plan within the first three months of establishing residency, Alberta Health will determine the date coverage becomes effective.

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

Medical services before you get your Personal Health Card

Eligibility for Alberta Health Care Insurance Plan coverage cannot be determined until all the required information is received and the application is processed.

If you pay for an insured health service before your application was processed, and you are eligible for Alberta Health Care Insurance Plan coverage at the time the service, you may be eligible for reimbursement.

To request reimbursement, take your personal health card to the doctor's office or the facility where you were treated and ask them to submit a "payment to patient" claim.

Extended absence

Albertans must notify Alberta Health before leaving Alberta for more than six months.

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 who are away from Alberta because of temporary or recurring temporary absences may be eligible to maintain Alberta Health Care Insurance Plan coverage. If you intend to be absent more than 182 days in a 12-month period, you must notify Alberta Health to ensure your coverage is not interrupted.

Contact Alberta Health for more information regarding temporary absences.

Leaving Alberta permanently

When leaving Alberta permanently, it is important you advise Alberta Health of the date you will be moving and your new address in the new province, so your Alberta Health Care Insurance Plan account can be cancelled.

Moving to another province/territory

When an individual moves permanently from Alberta to another province/territory, their Alberta Health Care Insurance Plan coverage remains active 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 may be provided by contacting Alberta Health.

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.

NOTE: Alberta Health relies on the professional judgment of a physician to determine when an insured service is medically required.

Fully covered services

This list is not intended to cover all instances. If you are not sure if a medical service is covered, contact Alberta Health.

Medical services

- medically required services provided by a physician
- psychiatrist visits
- medically required diagnostic services including laboratory, radiological and other diagnostic procedures
- oral and maxillofacial surgery services
- bariatric surgery for Albertans who meet the patient eligibility criteria established by Alberta Health Services' Weight Wise program
 - Albertans receiving bariatric surgery outside Alberta must meet the Weight Wise program's patient eligibility criteria. A letter from an Alberta physician confirming that the criteria have been met is required to be eligible for coverage.

For a complete list of services covered by the Alberta Health Care Insurance Plan, refer to the Schedule of Medical Benefits, or the Allied Health Services Benefits Schedules on the Alberta Health Website.

Hospital visits and stays including:

- medically necessary nursing services
- medically required laboratory, x-ray and diagnostic procedures
- accommodations at a standard level and meals
- medications administered in a hospital
- use of the operating room, care room, radiotherapy, physiotherapy and anaesthetic facilities
- routine surgical equipment and supplies
- inter-facility transfer in Alberta by ambulance

Partially covered services

Optometry (eye care)

Some optometry services, if provided in Alberta, are insured:

- One complete eye exam, one partial exam and one diagnostic procedure per benefit year (July 1 to June 30) for children 18 years and under and seniors 65 years and older.
- Some specific medical conditions treated by optometrists. Optometrists cannot charge their patients for services covered by Alberta Health Care Insurance Plan; however the patient is responsible for additional costs incurred at the time of treatment.
- An eye examination for a patient 19–65 years old if the optometrist deems it medically required as a result of trauma, a medical condition or episode of illness.
- Optometry services received outside Alberta are not covered.

Podiatry services (foot care)

Some podiatry services, if provided in Alberta, are insured and payable at specific rates to a maximum of \$250 per person per benefit year (July 1 to June 30).

- Podiatrists can charge additional fees for these services. The patient or their secondary insurer (if applicable) is responsible for payment of

these fees.

- Podiatry services received outside Alberta are not covered.

Dental/oral maxillofacial surgery services

Alberta Health Care Insurance Plan is not a dental plan and does not cover routine dental care such as cleaning, fillings and the extraction of wisdom teeth. However, some specific dental, oral and maxillofacial surgical services are covered as outlined in the *Oral Maxillofacial Surgery Schedule*.

Only limited services are covered outside Alberta.

Other health care services

Alberta Health Services provides additional health care services for Albertans registered under the Alberta Health Care Insurance Plan as indicated below. For more information, telephone Alberta Health Services Health Link at 811.

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.

Health services not covered

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

Services NOT covered under the Alberta Health Care Insurance Plan include, but are not limited to:

Medical services

- non-medically required surgery such as cosmetic procedures, vasectomy reversal, abdominoplasty (tummy tuck)
- medical advice with a patient by telephone, unless otherwise stated in the Schedule of Medical Benefits or Schedule of Oral and Maxillofacial Surgery Benefits
- health services provided by health care providers other than physicians (chiropractor, physiotherapist, acupuncturist, massage therapist, homeopath, nutritionist, psychologist, physician assistant or nurse practitioner)
- vision care such as routine eye exams for residents 19–64 years of age, refractive laser eye surgery, and eyeglasses or contact lenses
- routine dental care and dentures
- prescription drugs provided in non-hospital settings
- vaccinations for travel purposes and some immunizations
- health services requested by a third party, such as medicals for employment, insurance or sports
- assisted reproductive technologies, including fertility treatments and in vitro fertilization
- medical forms and notes
- clinical psychologist services

Hospital services

- private and semi-private hospital rooms (unless medically necessary)
- ambulance services (except interfacility transfers)
- anaesthetic charges for services not covered by the Alberta Health Care Insurance Plan. For dental-service exceptions, please contact your dentist
- procedures that are experimental or undergoing clinical trials
- hearing aids, medical and surgical appliances, prosthetics, supplies, mobility devices, etc.

Other services

- publicly funded services (Services in Alberta funded by Alberta Health Services such as mental health and addiction services, physiotherapy, midwifery services, cancer services, and home care services are NOT covered outside of Alberta.)
- podiatry and optometry services obtained outside Alberta
- dentistry services obtained outside Alberta, except for medically required oral surgery

Coverage outside Alberta

It is strongly recommended Albertans purchase supplementary medical travel insurance when travelling outside Alberta.

If you choose to have elective health services outside of Alberta, coverage under the Alberta Health Care Insurance Plan may be limited.

Before you book any elective services outside of Alberta, call the Out-of-Province/Out-of-Country Claims Unit at 780-422-1954 to find out about restrictions and limitations on coverage.

NOTE: The Alberta Health Care Insurance Plan does not cover food, lodging, transportation or other costs related to obtaining health services outside Alberta.

Coverage within Canada

Albertans are advised to carry their Alberta personal health care card at all times when travelling outside Alberta within Canada. Your card will be required to receive insured physician and hospital services in another province or territory.

Physician services

The provinces and territories, with the exception of Québec, participate in reciprocal physician agreements.

Out-of-province physicians are not required to bill reciprocally when providing insured services to out-of-province patients. When treating you, a physician may bill Alberta Health directly, or they may choose to bill you, after which you can submit a claim to Alberta Health for reimbursement.

The amounts reimbursed for physician services are paid according to the rules and the rates established by the province where the services were provided.

If you choose to have treatment at a private facility in another province you will be financially responsible for the cost of physician services over the amount covered under Alberta's reciprocal agreement with that province.

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. If you choose to have treatment at a private facility in another province, you will be financially responsible for the facility fees.

Oral surgical services

Albertans may have to pay in advance 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 on the Alberta Health website for more information.*

Coverage outside Canada

Alberta Health covers only limited insured physician and hospital costs outside of Canada.

If you receive emergency medical or hospital care while outside Canada, you will be responsible for paying the difference between the amount charged and the amount reimbursed by Alberta Health.

It is strongly recommended that Albertans obtain supplementary medical travel insurance when outside the province or outside Canada, as costs for services can be much higher than in Alberta.

Physician Services

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.

Hospital Services

The rate paid for inpatient hospital services is \$100 (Canadian) per day, not including the day of discharge. The rate paid for outpatient 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.

Insured hospital services must be provided in a general or auxiliary hospital. Services provided in a private health facility are not eligible for reimbursement.

What is not covered outside Canada

The Alberta Health Care Insurance Plan does not cover:

- food, lodging, transportation, or other costs related to obtaining health services outside Alberta
- health services provided by health care providers other than physicians
- facility fees for services received in a private health facility
- air or ground ambulance services
- mental health services not provided in a general hospital
- prescription medication
- medical/surgical appliances, prosthetics
- experimental or research procedures (e.g., clinical trials)

Submitting a claim

Claim forms are available on the Alberta Health website.

- To be reimbursed for the cost of insured health services received in another Canadian province or territory, complete the Out-of-Province Physician/Practitioner Services form.
- To be reimbursed for costs incurred outside Canada, complete the Out-of-Country Health Services form and send it, along with an itemized statement and proof of payment.

Claims for health costs incurred outside Alberta or Canada must be submitted within 365 days from the date of service.

To ensure your claim for services received outside Canada is processed quickly, the documents provided must contain the information listed below.

For all claims:

- Documents must be on the service provider's official letterhead.
- Documents must be officially translated if they are not in English.

For hospital services claims, documents must include:

- facility name and address;
- date the insured person was admitted;
- date of discharge;
- CPT billing codes and diagnosis of the condition for which the insured person was admitted;
- nature of any treatment, procedure or surgery that was performed;
- description and number of any laboratory, radiological or other diagnostic tests performed; and
- amount being claimed and proof of payment.

For physician services claims, documents must include:

- physician's name and specialty;
- CPT billing codes and diagnosis of the condition for which the insured person was treated;
- nature of any treatment, procedure or surgery that was performed;
- date or dates when the insured person was treated; and
- amount being claimed and proof of payment.

For claims for services provided in the USA:

- UB-04 (*hospital claim form*) and/or CMS 1500 (*physician claim form*)

Out-of-Country Health Services Committee

Out-of-Country Health Services Committee

The Out-of-Country Health Services Committee (OOCHSC) considers applications for funding of insured medical, oral surgical and/or hospital services 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 OCHSC must be made by Alberta physicians or dentists on behalf of eligible Alberta residents.

More information about the OCHSC, including an application form, is available on the Alberta Health website.

Out-of-Country Health Services Appeal Panel

If 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 the Alberta physician or dentist who submitted the original application, or by the resident 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 website.

Statement of Benefits Paid

A Statement of Benefits Paid (SOBP) is a list of physician services paid by the Alberta Health Care Insurance Plan on your behalf during a specific period. It includes the date, the general type of service, the physician's name, and the amount paid to the physician.

An SOBP covering the previous benefit period (July 1 to June 30) plus the current year to date is available free of charge upon request. To request an SOBP, contact the Alberta Health automated request system at 780-427-0845 within Edmonton or call toll-free from elsewhere in Alberta by dialing 310-0000, then 780-427-0845. The SOBP can be sent to you or your authorized representative.

SOBP requests prior to the current period are also available for a fee. These requests must be in writing and accompanied by a cheque or money order. For further information, contact Alberta Health at the telephone number above.

Hospital services do not appear on the SOBPs but may be requested directly from the hospital.

Government-sponsored supplementary health benefits

Alberta Health offers a number of supplementary health benefit plans to give Albertans economical access to a variety of health-related services not covered by the Alberta Health Care Insurance Plan.

More information on drug coverage and services can be found under the Services tab on the Alberta Health Website.

Contact Alberta Health

Telephone

Edmonton: 780-427-1432

Toll-free in Alberta: 310-0000 then 780-427-1432

Fax: 780-422-0102

Mail

Alberta Health

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

Note: This email address is for general information or non-personal questions regarding the Alberta Health Care Insurance Plan. Please do not submit personal information via email as it is not secure and may be observed by a third party while in transit.

Looking for a form?

Visit www.health.alberta.ca

Ministry of Health, Government of Alberta

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