



Your benefits.

Your RxA Plan



BENEFIT PLAN SUMMARY

View the coverage summary on the following pages.
 Coverage is per participant for drugs, extended health and dental.

PRESCRIPTION DRUG

Coverage	LEVEL A	LEVEL B	LEVEL C
Maximum (per year; includes diabetic supplies and GMS ¹ contraceptives, smoking cessation and vaccines)	\$2,500	\$3,500	\$5,000
Coverage level reimbursement (direct bill)	80%	80%	100%
Blue Care™ (Pharmacist's advice to help navigate high-cost drug claims)	✓	✓	✓

EXTENDED HEALTH BENEFITS (EHB)

EHB coverage is 100% up to the specified maximums unless otherwise noted.

Extended Healthcare	LEVEL A	LEVEL B	LEVEL C
Accidental dental care (per incident)	✓	✓	✓
Ambulance services (ground and air)	✓	✓	✓
Preferred hospital accommodations (semi-private or private rooms)	✓	✓	✓
Home Nursing Care (per benefit year)	✓	✓	✓

Paramedical Practitioners (Reasonable and Customary maximums apply per visit)

Acupuncturist (per year)	\$350	\$500	\$750
Chiropractor (per year)	\$350	\$500	\$750
Dietician (per year)	\$350	\$500	\$750
Massage Therapist (per year)	\$350	\$500	\$750
Osteopath	\$750	\$750	\$750
Naturopath (per year)	\$350	\$500	\$750
Podiatrist/Chiropodist	\$750	\$750	\$750
Physiotherapist (per year)	\$350	\$500	\$750
Psychologist/Social Worker (including iCBT) (per year)	\$350	\$500	\$750
Speech language pathologist (per visit/per year)	\$750	\$750	\$750
Employee Assistance Program (EAP) (12 sessions per calendar year)	✓	✓	✓
Virtual Care (24/7 Access)	✓	✓	✓

Vision

Vision care (per 24 months for adults, 12 months for children. Includes prescription eyewear, contacts, intraocular lenses and laser eye surgery)	\$150	\$150	\$250
Eye Exams (per 24 months for adults)	✓	✓	✓

Medical device supplies

Medical Durable Equipment (Up to combined maximum of \$1,500) <i>Common items in this category include: CPAP machine and supplies, blood pressure monitor, nebulizers.</i>	✓	✓	✓
Custom fitted braces (per two years)	✓	✓	✓
Custom Foot orthotics (per two years)	\$300	\$300	\$300
Hearing aids (per four years)	\$750	\$750	\$750
Ileostomy/colostomy, urinary catheters and supplies	✓	✓	✓
Mastectomy prosthesis (per 24 months)	✓	✓	✓
Oxygen and equipment (per benefit year)	✓	✓	✓
Orthopaedic Shoes (per benefit year)	✓	✓	✓
Surgical stockings (>30mmHg, 2 pairs per benefit year)	✓	✓	✓
Wheelchair (per three years)	✓	✓	✓
Wigs and hairpieces (per five years)	✓	✓	✓
Medical aids (per year; includes crutches, canes, cervical collars, walkers, splints, trusses and traction kits)	✓	✓	✓

Travel (terminates at age 75)

Maximum (per trip)	\$5 million	\$5 million	\$5 million
Travel days (per trip)	60	60	60

DENTAL

Coverage	LEVEL A	LEVEL B	LEVEL C
Maximum (per benefit year)	\$1,500	\$1,500	\$2,000
Basic and preventative care (checkups every 9 months, cleanings, fillings, extractions and root canals)	100%	100%	100%
Extensive (crowns, bridges and implants)	–	50%	50%

PLAN MEMBER ADVANTAGES

Balance® —online program that promotes wellness and helps you live a healthier lifestyle.	✓	✓	✓
Blue Advantage® —discount program for health and wellness products.	✓	✓	✓
Care navigation —lifestyle and chronic disease management through our website.	✓	✓	✓
Second Opinion®	✓	✓	✓
Retiree Plan (members receive exclusive 5% discount off plans through our Individual Products Team)	✓	✓	✓

LIFE AND DISABILITY

Life, Accidental Death & Dismemberment (AD&D) (2-9 employees/10+ employees)	Amount	\$25K / \$50K	\$25K / \$50K	\$25K / \$50K
	Termination Age	70 / 75	70 / 75	70 / 75
Dependent Life (Spouse: \$10,000 / Child: \$5,000)		✓	✓	✓
Long Term Disability (terminates age 65) Schedule: 66.67% monthly earnings Non-Evidence Maximum / Overall Maximum: 3-9 employees - \$6,000 non-taxable 10+ employees - \$10,000 non-taxable Elimination period: 189 days Own occupation: 2 years		Optional	Optional	Optional
Critical Illness – Employee: \$25,000 / Spouse \$5,000 / Child \$2,500 (terminates age 65)		Optional	Optional	Optional

Note: optional benefits chosen by the company would apply coverage for all employees

PRICING (applies for companies without current benefits. If your company currently has benefits, contact **Prairie Wide**

Group below for preferred RxA pricing)

Health and Dental Coverage (terminates at retirement, except travel)	Per Single	\$130.60	\$138.86	\$167.82
	Per Family	\$299.39	\$319.29	\$386.50
Health Spending Account (\$10 monthly admin fee per employee, includes GST)		Optional	Optional	Optional
Life and Disability Coverage Included: Basic Life, AD&D, Dependent Life Optional Add-Ons: Critical Illness and Long-Term Disability		Varies with options	Varies with options	Varies with options

General plan rules

- In order to be eligible for the RxA Plan, at least one employee must be an active member of the Alberta Pharmacists' Association.
- Each company chooses Plan A, Plan B, or Plan C for all employees.
- Companies are able to switch plans every 2 years that the plan is in place.
- Companies must be 2 or more employees in order to be eligible for the Group Benefits plan
- The plan shown here is a summary of benefits. Please reach out at the contact details below to discuss any other details not covered in this brochure.
- The benefits shown above are for summary only, please reach out if you have questions about any other items.

QUESTIONS OR TO GET A QUOTE

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