

CARITAS HEALTH GROUP

Benefits Booklet

IUOE

Alberta Blue Cross Group Number: 22131

Effective Date: April 1, 2007

Issue Date: February 2009



General Provisions**Maximum**

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

Termination of Benefits

Benefit Coverage terminates the first of the month following the earlier of retirement or termination of employment with the exception of Emergency Travel Benefits which will terminate on the first of the month following the earlier of retirement, termination of employment or the Member's 70th birthday.

Employee

A person who is an eligible Employee of the Contract Holder. An Employee must belong at all times to the class or classes of Employees covered by this Extended Health and Dental Plan 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 Extended Health and Dental Plan, an Employee, must be required to satisfy the required waiting period and work the minimum number of hours per week as required by the Contract Holder.

All Employee individual applications should be completed and submitted to Blue Cross within 31 days of the start of their 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 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

General Provisions

Dependent continued

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 25, 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.

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 Extended Health and Dental Plan document held by your employer. In the event of a discrepancy between this booklet and the Extended Health and Dental Plan document, the Extended Health and Dental Plan document 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 and dental 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 enrolling 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.

Conversion Privilege

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 Extended Health and Dental Plan, then the Member may apply within 31 days of the termination date of this Extended Health and Dental Plan 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 continue *Extended Health Plan Benefits* for the surviving Dependent(s) commencing the first day of the month following death and will be effective for a period not exceeding 90 days.

Conversion Privilege

Schedule of Benefits - IUOE

Extended Health Benefits

Extended Health Benefits

Prescription Drugs

Payment Basis: Direct Bill
Co-payment: 80%

Hospital

Co-payment: 100%

Health

Co-payment: 100%

Voluntary Emergency Travel

Co-payment: 100%
Benefit Period: 90 Days

Vision Care

Not Applicable

Benefit Year

April 1st - March 31st

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, your employer, the Alberta Blue Cross website (<http://www.ab.bluecross.ca>) or from your local Blue Cross office.
4. Emergency Travel benefits should be claimed on a Travel Claim Form which is available at any Blue Cross office.

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

Schedule of Benefits

Summary of Benefits - IUOE

Extended Health Benefits

Extended Health Benefits

Prescription Drug Benefits

Eligible Drugs:	Drugs requiring a prescription by Provincial or Federal Law as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL)*		
	Selected over the Counter Products as defined in the current Alberta Blue Cross Drug Benefit List (ABCDBL) dispensed by a licensed pharmacist		
	Convention Drugs dispensed by a licensed pharmacist		
Aerochamber Device:	\$40 in a consecutive 24 month period		
Allergy Serums:	Included		
Contraceptive Drugs : (Other than Oral)	Drugs with a duration of action greater than 100 days are limited to \$250 per Participant in a 60 month period		
Diabetic Supplies:	Included	Co-payment:	100%
Insulin:	Included	Co-payment:	100%
Sexual Dysfunction Products:	Included		
Smoking Cessation Products:	Included		
Weight Loss Products:	Included		
Vaccines:	Included		

* Selected drugs may be considered for coverage through a special authorization process. Special authorization is a process where a physician requests coverage for medications as it pertains to their patient's condition. The list of drugs and their clinical criteria for coverage are specified in the current Alberta Blue Cross Drug Benefit List.

Definitions

- 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.
- 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.
- Sexual Dysfunction Products:** Drugs with at least one Health Canada indication for treatment of sexual dysfunction, as defined by Blue Cross.
- Smoking Cessation Products:** Drugs with at least one Health Canada indication for smoking cessation, as defined by Blue Cross.
- Weight Loss Products:** Drugs with at least one Health Canada indication for weight loss, as defined by Blue Cross.

Hospital Benefits

Private/Semi-Private Rooms:	Direct payment basis
Auxiliary Care:	\$360 per Participant each Benefit Year
Outpatient Expenses:	Out of Province
Out of Canada:	\$250 per day for active treatment care as a bed patient in a public active treatment hospital located Outside Canada

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 Extended Health and Dental Plan, shall not include a rehabilitation hospital, rest facility, nursing home, convalescent home, health spa, hospice, clinic or institutions to treat substance abuses.
2. **Auxiliary Care:** The care provided to the Participant for long term or chronic illnesses in an auxiliary hospital 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.

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Health Benefits

Accidental Dental:	\$1,000 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
Ancillary Services:	
<i>Blood and Blood Plasma</i>	Included
<i>Laboratory Services</i>	Included
<i>Oxygen and Administration</i>	Included
<i>Radium and Radioactive</i>	
<i>Isotopes</i>	Included
<i>X-ray Examination</i>	Included
Blood Testing Monitor:	* \$175 per Participant once in any 5 year period
Foot Orthotics:	* \$200 per Participant each Benefit Year
Hearing Aids:	* \$500 per Participant in any 3 year period
Home Nursing Care:	* \$10,000 per Participant in any 3 year period
Ileostomy, Colostomy Supplies, Urinary Kits and Catheters:	Included
Mastectomy Prosthesis:	* \$200 per single or \$400 per double once per Participant in a 24 month period
Medical Aids:	
<i>Casts, Canes</i>	Included
<i>Cervical Collars, Crutches</i>	Included
<i>Splints</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>Trusses, Traction Kits</i>	Included
<i>Wigs, Hairpiece</i>	* \$200 per Participant in any 24 month period
Medical Durable Equipment:	
<i>Manual Hospital Beds</i>	* Included
<i>Manual Wheelchairs</i>	* Included
<i>Iron Lungs</i>	* Included
<i>Insulin Pump</i>	* \$5,000 lifetime per Participant
<i>Other Approved Medical Durable Equipment</i>	* Included
<i>Approved Medical Durable Equipment Supplies and Accessories</i>	Included
Optical Examinations:	\$40 each 24 consecutive month period for Participants between 19 and 64 years of age
Orthopaedic Shoes:	* 1 pair per Participant each Benefit Year

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Paramedical Practitioners:

<i>Chiropodist/Podiatrist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Chiropractor</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Massage Therapist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year (Refer to Limitation #5)
<i>Osteopath</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Physiotherapist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year
<i>Psychologist/Master Social Worker</i>	\$50 per visit, to a maximum of \$500 per Participant each Benefit Year
<i>Speech Language Pathologist</i>	\$35 per visit, to a maximum of 20 visits per Participant each Benefit Year

Permanent Braces:

Brace Repairs * Included

Prosthetics:

* Conventional artificial limbs and eyes, excluding myoelectric controlled prosthesis

Treatment in a Physician's Office:

* Included when required for joint injection treatment

Limitations

1. * Benefits must be purchased on the written order of a Health Care Professional.
2. Home Nursing Care requires prior approval from Blue Cross.
3. Chiropodist/Podiatrist – Eligible expenses provided by a licensed Chiropodist or Podiatrist for services or supplies which are not funded in whole or part by a provincial government health program.
4. Chiropractor – Eligible expenses for services provided by a licensed Chiropractor once the provincial government's annual maximum has been reached.
5. 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.
6. Osteopath – Eligible expenses for services provided by a licensed Osteopath, once all provincial government funding has been fully accessed.
7. Physiotherapist – Eligible expenses for services provided by a licensed Physiotherapist, once all provincial government funding has been fully accessed.
8. 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.
9. Speech Language Pathologist – Eligible expenses for services provided by a licensed Speech Language Pathologist, once all provincial government funding has been fully accessed.

Emergency Travel Benefits

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

Maximum	\$2,000,000 in Canadian funds per Participant per incident, subject to the overall Maximum
Restrictions:	Emergency Travel Benefits will only cover the first 90 days per trip
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
Reduction:	Emergency Travel Benefits, for the Member and eligible dependents, shall be automatically limited to 30 day duration per trip at the 1st of the month following the Member's 65th birthday

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.

Schedule of Benefits - IUOE

Dental Benefits

Dental Benefits

Basic

Co-payment: 80%

Extensive

Co-payment: 50%
Maximum: \$2,500 per Participant each Benefit Year

Orthodontic

Co-payment: 50%
Maximum: \$2,500 lifetime per Participant

Fee Schedule

Usual and customary dental fees as determined by Alberta Blue Cross

Benefit Year

April 1st - March 31st

Claiming Benefits

- Dental Claim Forms may be obtained from your Health Care Professional’s office, your employer, the Alberta Blue Cross website (<http://www.ab.bluecross.ca>) or from your local 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.

Schedule of Benefits

Summary of Benefits - IUOE

Dental Benefits

Dental Benefits

Basic Benefits

Diagnostic Services:

<i>Complete Oral Exam</i>	1 Lifetime per Participant per Health Care Professional
<i>Any other Oral Exam</i>	1 per Participant per Health Care Professional in any 6 month period
<i>Emergency Exams</i>	Included
<i>Complete Series/Panoramic Radiographs</i>	1 set per Participant in any 24 month period
<i>Bitewing Radiographs</i>	1 set per Participant in any 6 month period
<i>Consultations</i>	Only when performed by another Health Care Professional

Preventive Services:

<i>Polishing</i>	1 time unit per Participant in any 6 month period
<i>Fluoride Treatment</i>	1 per Participant in any 6 month period
<i>Space Maintainers</i>	Included
<i>Pit and Fissure Sealants</i>	Included

Restorative Services:

<i>Restorations</i>	Included
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Oral Surgery:

<i>Oral Surgery</i>	Included
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Endodontics:

<i>Pulpal/Root Canal Therapy</i>	1 per tooth in any 24 month period
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Periodontics:

<i>Scaling and Root Planing</i>	10 time units per Participant in any 12 month period
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General Anesthesia:

When required in the course of dental treatment

Denture Services:

<i>Relines and Rebasing</i>	1 service per denture in any 24 month period
<i>Denture Repairs</i>	Repairs where a further impression is not required

Pre-Authorization Amount:

\$800

Definitions

1. **Diagnostic:** Procedures to assist in evaluating the existing condition to determine the required dental treatment.
2. **Endodontics:** Treatment of the tooth pulp, root canal and periapical area of the tooth root.
3. **Oral Surgery:** Procedures for extractions and other oral surgery related to teeth and the tissues supporting the teeth.
4. **Periodontic:** Procedures that emphasize the examination, diagnosis and treatment of the tissues that surround and support teeth.
5. **Preventive:** Procedures to prevent or minimize adverse conditions of teeth.
6. **Restorative:** The provision of amalgam, and tooth colored filling restorations, prefabricated full coverage restorations, and tooth colored direct application veneers to restore form and function for the treatment of carious lesions.
7. **Time Unit:** Selected services which are performed in 15 minute intervals are considered to be 1 Time Unit.

Extensive Benefits

Prosthetic Appliances (Limited to one of the following services per tooth):

<i>Crowns</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Fixed Bridges</i>	1 in any 5 year period
<i>Inlays and Onlays</i>	1 in any 5 year period when tooth cannot be adequately restored to form and function with a filling
<i>Pre-fab Veneers, Jackets</i>	1 in any 5 year period
<i>Posts & Cores</i>	1 in any 5 year period
<i>Gold Restorations</i>	1 in any 5 year period
<i>Partial Dentures</i>	1 in any 5 year period

Removable Appliances:

<i>Complete Dentures</i>	1 upper and/or 1 lower per Participant in any 5 year period
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Major Denture Repairs:

Included

Bridge Repairs:

Included

Pre-Authorization Amount:

\$800

Definitions

1. **Prosthetic:** The provision of fixed (crowns or bridges) or removable (complete or partial dentures) appliances used in the replacement of teeth.

Orthodontic Benefits

Diagnostic Services:

<i>General Orthodontic Exam</i>	1 Lifetime per Participant per Health Care Professional
<i>Cephalograms</i>	Included
<i>Facial/Intraoral Photographs</i>	Included
<i>Diagnostic Models</i>	Included
<i>Consultation and Case Presentation</i>	Included

Habit-Breaking Appliances:

Included

Interceptive, Interventive, Preventive:

<i>Fixed and Removable Appliances</i>	Included
<i>Functional Appliance Therapy</i>	Included
<i>Formal Banding Treatment</i>	Included

Pre-Authorization:

Treatment Plan Required

Definitions

1. **Orthodontic:** Procedures for preventive and corrective techniques to position teeth in a normal and harmonious relationship and bite.

Summary of Benefits - IUOE

Health Benefit Spending Account

Benefit Year: January 1st - December 31st

Health Benefit Spending Account (Non-Taxable)

Given the choice, every employee would spend their money differently when it comes to health care costs. Your Health Benefit Spending Account complements your existing group plan to meet your unique and changing needs.

Enhanced Benefits

You can draw on your Health Benefit Spending Account to pay for many health related expenses that would not otherwise be covered - all in a tax advantage manner. Benefits deemed to be eligible medical expenses by Canada Revenue Agency and thus eligible for payment through your Health Benefit Spending Account include:

- lifestyle benefit expenses including nutritional supplements and fertility drugs
- elective procedures such as cosmetic surgery
- medical equipment and supplies including syringes, crutches, braces, prostheses, wheelchairs, oxygen equipment, hearing aids, walkers, and devices for the hearing and visually impaired
- services of paramedical practitioners including chiropractors, naturopaths, acupuncturists, optometrists, physiotherapists and psychologists.

Increased Coverage Levels

Your Health Benefit Spending Account helps you pay co-insurance payments and amounts in excess of your health and dental plan limits.

To maximize benefits for plan participants, your Health Benefit Spending Account is automatically coordinated with your Blue Cross coverage.

Expanded Eligibility

Canada Revenue Agency permits a broader definition of dependent for expenses claimed through your Health Benefit Spending Account - the perfect solution if you need to cover expenses for extended family members who would not otherwise be eligible under your core benefit plan.

How Your Health Benefit Spending Account Works

- Claims to your Health Benefit Spending Account are assessed against the credits in your account, as allocated by your employer and at a level determined by your employer. Your employer will inform you of the amount credited to your Health Benefit Spending Account at the time your account is established and annually thereafter.
- When submitting claims for expenses through your Core Benefit Plan, Blue Cross will automatically coordinate your claims to take full advantage of your Core Benefit Plan before drawing on your Health Benefit Spending Account.
- When submitting claims for expenses, which you wish to flow directly to your Health Benefit Spending Account, submit a Health Benefit Spending Account claim form accompanied by any original receipts or payment statements.

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- All expenses must meet Canada Revenue Agency's listing of eligible medical expenditures. Any medical or dental costs incurred by you or your dependents may be reimbursed through your Health Benefit Spending Account as long as they are not eligible for payment through provincial health care, and meet Canada Revenue Agency's requirement for a deduction on your tax return.
- Reimbursement of claimed expenses in excess of \$50 will be mailed to you directly by cheque or reimbursed via established electronic funds transfer twice per month. Cheques in reimbursement of claimed expenses, which do not exceed the established threshold amount of \$50 will be mailed to you on a quarterly basis. No cheques will be produced if the Health Benefit Spending Account balance is less than \$15. Claimed expenses for reimbursement, which do not exceed \$15 will not be eligible for reimbursement until the end of that Benefit Year. You will also receive statements reporting account activity.
- Your Health Benefit Spending Account carries forward credits, you can carry forward credits for up to but no more than 12 months from the end of the Benefit Year in which they were allocated.
- A 2 month run-off period will be available immediately following the end of each Benefit Year. This run-off period shall allow Members to direct Blue Cross to reimburse for prior Benefit Year expenses with prior Benefit Year Health Benefit Spending Account Credits.
- Upon termination of employment, you have a 60 days in which to claim for services incurred prior to your termination date. The only funds available to pay expenses that are incurred prior to termination, are existing credits in your Health Benefit Spending Account. Credits ceased to be earned upon termination, and those remaining after the grace period are forfeited to the employer.