

BeneFacts Newsletter



SUMMER 2011

We hope you find this issue of the BeneFacts Newsletter both interesting and informative. If you have any comments, ideas, or would like to have certain topics covered in future issues, please submit them to Corporate Benefits, Room 7R01 at the Edmonton General Continuing Care Centre or send an E-mail: benefits@covenanthealth.ca.

BENEFIT INFORMATION AVAILABLE ONLINE

INTRANET: WWW.COMPASSIONNET.CA

For your convenience, up to date information regarding your benefit plans is available on Covenant Health intranet: www.compassionnet.ca. Here you will find information on plan updates and changes, benefit booklets, claim forms, change forms, benefit applications, information on plan carriers, extra benefits available to Covenant Health employees and the BeneFacts Newsletter archives. This will allow you to access forms and information at any time while at work.

CHANGES IN PERSONAL INFORMATION

IMPORTANT REMINDER



Employees must provide **written** notification to Covenant Health within **7 days** of any change in employee personal information by notifying the appropriate person at their site (Human Resources and/or Plan Administrator). These may include changes in address, name, marital/common-law status, telephone number, name of dependants, emergency contacts, banking information and beneficiaries.

It is important to note that a change in marital status may affect your benefits. Once your status changes from Single to Family or visa versa, you **must** notify your Benefits Representative **within 31 days of the change**. Status changes may affect your pension and life insurance beneficiaries.

If you are married, common-law (12 months or greater), or have dependant children under the age of 21, you must have family coverage. The effective date of the change will be the 1st of the month following your change in status.

Failure to notify your Benefits Representative of a change in status within 31 days may result in retroactive premium adjustments back to the initial date of change in status.



OUT OF COUNTRY TRAVEL INSURANCE

ADDING TRAVEL COVERAGE TO YOUR BENEFIT PLAN

If you are currently enrolled in the Supplementary Health plan with Covenant Health, you may already have Out of Canada Travel Insurance included in your core benefit plan. Some of our benefit plans however do not have this coverage. If you would like this coverage you are eligible to apply for it. You

can obtain an application from our website: <http://compassionnet.ca>. Here you will notice an application form and a general information booklet on inclusions and exclusions. Please note that this coverage is strictly for emergency medical services or treatment and does not include trip cancellation or baggage loss. The plan covers up to a maximum of two million dollars in Canadian Funds/person/incident for Emergency Medical Expenses. Travel is limited to 90 days and is for medical and dental emergencies only while traveling. Once enrolled you cannot opt out. This coverage terminates when your Supplementary Health Care coverage terminates.

If you are not already enrolled and wish to add travel insurance to your account, you need to complete an application available through your site Benefit Plan Administrator. Allow 3 to 4 weeks processing time.

DO I ALREADY HAVE “OUT OF CANADA TRAVEL COVERAGE?”

Your Alberta Blue Cross ID card will indicate ‘Travel’ on the front of the card listed underneath ‘Benefits’, if it applies to you. Additionally, the Alberta Blue Cross card will have contact information on the inside of the card in case you experience an emergency when traveling outside of Canada.

TRAVEL ADVISORIES

When planning a trip abroad, it is important to check all travel advisories for that area before you board your plane. Alberta Blue Cross may not pay for any claims relating to medical emergencies that occur in another country, region or city during a covered person’s trip if there is a formal warning issued by Foreign Affairs Canada advising that travel be avoided to that country, region or city. You may check for advisories for possible health and safety concerns by visiting the website below before you board your plane:

http://www.voyage.gc.ca/countries_pays/menu-eng.asp

It is recommended that if the advisory is at a level 3 or 4, you do not travel to that country at all.

CHANGES TO EMERGENCY OUT OF COUNTRY TRAVEL INSURANCE

EFFECTIVE AUGUST 1, 2011

We are pleased to announce that effective August 1, 2011 we will be introducing some changes to our Alberta Blue Cross Outside Canada Emergency Travel plans. These changes are as follows:

BENEFIT UPDATES

NEWLY ADDED BENEFITS	
Return of dependent children	A one-way economy airfare for the return of dependent children if the participant has been admitted in hospital for more than 48 hours or has been medically repatriated. Includes the cost of an approved escort.
Return of pet(s)	Up to a maximum of \$500 for the cost of one-way transportation if the

	participant is returned to the province of residence by air ambulance.	
Return of personal items	Up to a maximum of \$500 for the cost to return personal items (ex. luggage) if the participant is returned to the province of residence by air ambulance.	
UPDATED BENEFITS		
	CURRENT	NEW (effective Aug 1/11)
Meals & Accommodation	Up to \$150/day/participant to a maximum of \$1,500	Up to \$250/ day/ participant to a maximum of \$2,500 per incident, of unavoidable expenses for meals and accommodation incurred during and after the effective trip dates when remaining with a sick or injured travelling companion.
Incidental expenses	Up to \$50 per day to a maximum of \$100	Up to \$50 per day to a maximum of \$500 per hospital stay for the reimbursement of incidental expenses incurred.
Dental Pain Relief	Up to a maximum of \$200 per participant per trip	Up to a maximum of \$300 per participant per trip for eligible expenses in a dental office for relief of dental pain, excluding root canals.
Identification of deceased		Up to \$250 per day, to a maximum of three days per incident for meals and accommodation, plus the cost of one round trip economy airfare, by the most direct route The family member or friend is responsible for their own emergency medical travel insurance.
Friend/family hospital visits	Up to \$150 per day to a maximum of \$1,500 per incident	Up to \$250 per day to a maximum of \$2,500 per incident,) for meals and accommodation, plus the cost of one round trip economy airfare, by the most direct route. The family member or friend is responsible for their own emergency medical travel insurance.
Student emergency medical travel	Formerly available under the 90-day plan	No longer available through Alberta Blue Cross travel plans. Students that have been approved for travel prior to August 1, 2011, will be covered until the earlier of one year from their departure date or their return to Canada.
Accidental dental	\$2000 per participant per accident to natural teeth	Repair or extraction and/or replacement of a participant's natural or permanently attached artificial teeth damaged by direct accidental external blow to the mouth. The participant must see a health care professional immediately following the accident.

Please note updated Emergency Travel benefit information booklets are now available on <http://compassionnet.ca>. Additionally, a more detailed overview of these changes is also available at

that site. If you have any questions or concerns, please contact your site Benefit Plan Administrator or Alberta Blue Cross Customer Service at 1-800-661-6995.

LAPP- CHANGES FOR THOSE WITH MULTIPLE POSITIONS

EFFECTIVE SEPTEMBER 1, 2011

Employees working in more than one position (permanent or temporary) may have their hours worked combined to determine Local Authorities Pension Plan (LAPP) eligibility effective September 1, 2011. For instance, if an employee is working in more than one permanent part time position and the combined regularly scheduled hours of work equates to 30 hours per week or greater, participation in LAPP becomes mandatory. Likewise, if an employee is working in more than one position and the combined hours equate to 14 hours per week or greater, participation in LAPP is optional.

If you are not already enrolled in pension and this situation applies to you, please contact your site Benefit Plan Administrator.

LOCAL AUTHORITIES PENSION PLAN (LAPP)

2010 LAPP MEMBER ANNUAL STATEMENT



The Member Annual Statements have been mailed to employees by Alberta Pensions Service Corporation (Administrators of the LAPP).

General information regarding the Local Authorities Pension Plan, including viewing your LAPP Member Annual Statement, is available online at www.lapp.ca. To register for access, visit the website and follow these steps:

- on the LAPP homepage, click the “Members” tab
- on the following page, click “mypensionplan”
- on the following page click “Go to mypensionplan website”
- follow the registration instructions

2011 LAPP LEAVE OF ABSENCE (LOA) NOTICE OF COST

Next year, the Local Authorities Pension Plan administrators will prepare a Notice of Cost for each employee who has leave without pay during 2011. Leave of absence hours include personal/maternity and other approved leaves of absence, short/long term disability periods, and unpaid sick/vacation and named holiday absences. Any 2011 leave without pay hours will be reflected on the Leave of Absence Notice of Cost to be released by LAPP in 2012.

CONTACT INFORMATION

General inquiries regarding LAPP plan administration may be directed to the Covenant Health pension representatives or your site Benefit Plan Administrator.

For all other inquires, please contact the LAPP Member Service Centre:

Telephone: 1-877-649-5277

E-mail: memberservices@lapp.ca



COORDINATION OF BENEFITS (COB)

MAXIMIZING YOUR BENEFITS

If you have more than one benefit plan, either through another employer or a spouse, you may benefit by coordinating your plans. Combining your two plans together will allow you to maximize your benefits. Through COB you may obtain coverage for up to 100 per cent of the dollar value for eligible prescription drugs, dental and health service benefits.

FOR INDIVIDUALS:

Determining the primary and secondary plans for individuals with multiple benefit plans (ex. through another employer) depends on your coverage. In most cases, the primary coverage would be the benefit plan that you have with the employer where you work the most hours. For confirmation or information on which plan would pay first, please contact Alberta Blue Cross Customer Service at 1-800-661-6995.

FOR COUPLES:

Each individual's plan is considered primary for his or her claims. After your plan pays first, the outstanding balance would then be submitted from the other benefit plan.

FOR FAMILIES WITH DEPENDANT CHILDREN:

The parent whose birth month is earlier in the calendar year is considered the primary plan for the children. Claims will be submitted to this plan first and then the balance sent to the other plan for reimbursement.

EXAMPLE:

Jane's birth date is March 15th and John's is August 10th and Sue is the dependant child; both Jane and John have benefit plans. Claims for Sue would be submitted first through Jane's plan (her birth date is earlier) and then submitted to John's plan for the balance to be assessed. Alternatively, claims for Jane would be submitted to her plan first and secondly to John's plan, and subsequently the reverse for John's claims.

HOW DO I SET UP COORDINATION OF BENEFITS?

At your initial benefit sign up, you would have been given the option coordinate your benefit plans. This stays in effect unless Alberta Blue Cross is notified otherwise. If you gained another benefit plan after your initial benefit sign up and you wish to coordinate your benefit plans, you must complete an 'Alberta Blue Cross - Coordination of Benefits (COB) Update' form. You can get this form from the Alberta Blue Cross website: www.ab.bluecross.ca, by telephoning Alberta Blue Cross at 1-800-661-6995, on Covenant Health's intranet: <http://compassionnet.ca> or by contacting your site Benefit Plan Administrator. Once the form is completed, please mail directly to Alberta Blue Cross to the address listed on the form.

HOW DO I BEGIN TO USE MY COB COVERAGE?

Complete an Alberta Blue Cross claim form. Indicate that you are coordinating benefits and provide both plan Identification numbers. Photocopy your receipts, attach the original receipt to the claim form, and keep one copy for your records and another for the secondary plan carrier. When you receive a claim statement from Alberta Blue Cross, fill out a claim form for your secondary plan

carrier and submit it to the plan carrier along with the Alberta Blue Cross claim statement and photocopies of your receipts.

IMPORTANCE OF KEEPING COB UP TO DATE:

In order to ensure the proper payment of claims and to attain the full advantage of COB, it is important that if your benefit coverage changes to ensure that Alberta Blue Cross has the most up to date information.

HEALTH AND WELLNESS: DID YOU KNOW...?

ALBERTA BLUE CROSS OFFERS ACCESS TO THE HEALTH & WELLNESS COMPANION



Through your Alberta Blue Cross coverage you have free access to the Health and Wellness Companion found on Alberta Blue Cross' website. The Companion is a secure site that offers a variety of resources including health risk assessments, a personal health record, a comprehensive health library and prescription drug information database and monthly health news updates. To access this site you will use your Alberta Blue Cross identification card number.

The Health & Wellness Companion will provide you with accurate information that you can trust. Information on this site is maintained by Practice Solutions, a subsidiary of the Canadian Medical Association.

For your convenience, the link to this service is: <https://www.ab.bluecross.ca/plan-members/gpm-healthwellness-companion.html>

IMPORTANT BENEFIT REMINDERS

APPLICATIONS FOR MATERNITY LEAVE AND SHORT TERM DISABILITY



Should you wish to go on maternity leave or utilize short term disability benefits, please notify your site Benefit Plan Administrator.

You will be required to fill out application forms prior to going off on maternity leave and/or to access short term disability benefits. Information will be required from your doctor. Please note, if an application form is not completed, it may result in a delay in receiving the applicable benefit.

SITE REPRESENTATION

The Benefit Office hours of operation are Monday to Friday between regular business hours.

EDMONTON BENEFIT REPRESENTATIVES

EDMONTON GENERAL (EG), VILLA CARITAS (VC) & OUT OF SCOPE STAFF AT YOUVILLE HOME AND ST. JOSEPH'S AUXILIARY HOSPITAL

Vanessa Willey 780-342-8180 or 1-877-747-9989
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