*Alberta* Human Services                                      alberta **works**

**MONTH DAY, YEAR (CURRENT)**

NAME SURNAME
ADDRESS/POSTAL CODE

Attached is your Health Benefits Card, which entitles the children named on the card to receive coverage for prescription drugs, dental care, eyewear, emergency ambulance services and essential diabetic supplies covered by the Alberta Child Health Benefit program. The benefit year goes from July 1 to June 30 of the following year. Each year in June we will automatically reassess your eligibility by contacting Canada Revenue Agency for your tax information. If you remain eligible, you may continue to use your card. Please remember to carry your Health Benefits Card with you at all times.

How coverage works

You must present your Health Benefits Card to the pharmacist, dentist or other health services provider every time your child needs health benefits. If you have private coverage such as employer-sponsored benefits or Alberta Blue Cross, you must present that card as well. Your private insurance company is billed first and your Health Benefits Card may cover remaining charges for eligible services.

Agreements between Alberta Human Services (HS) and health services providers determine what health benefits are covered. Your health services provider can advise you about the benefits HS covers. Information on health benefits is also available online at http://employment.alberta.ca/FCH/2073.html.

If you are denied a benefit because it is not covered under one of these agreements. please call the **Health Benefits Contact Centre** at one of the numbers listed below to discuss your options, including a review by the Health Benefits Review Committee.

Health Benefits Contact Centre

**1-877- 469-5437** toll free throughout Alberta

**780-427-6848** in Edmonton

Keep your card current

Please check your Health Benefits Card carefully. Call the **Health Benefits Contact Centre** if:
• The information on your card is incorrect
• You lose your card
• You change your address
• Your family situation changes (e.g. if you need to add or delete dependants)

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*Alberta* Human Services                          **works**

**Health Benefits Card**

NAME SURNAME
Group:
Section:

Coverage for:
NAME SURNAME

Birth Data:          ID:
xxxx/xx/xx

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*Alberta* Human Services                          **works**

**Health Benefits Card**

Name Surname
Group:
Section:

Coverage for:
NAME SURNAME

Birth Data:          ID:
xxxx/xx/xx