Health Benefits Erosion Report

AISH Alberta Blue Cross Coverage: What Changed, What Was Cut, and What It Costs Recipients

A documented analysis of how dental, prescription, optical, and mental health coverage has eroded for 79,000 AISH recipients — and the medication–dental interaction at the centre of it.

The Alberta Disability System Breakdown — April 2026 Report Series

Many psychiatric medications, anticonvulsants, immunosuppressants, blood pressure medications, and antidepressants prescribed to AISH recipients as treatment for their qualifying disabilities cause known dental side effects. The very medications that treat the conditions that qualify a person for AISH accelerate dental deterioration — and the dental coverage designed to address that deterioration has been cut.

OVERVIEW: THE HEALTH BENEFITS PICTURE

AISH recipients receive a Health Benefits Card that provides coverage for prescription medications, dental services, optical services, and certain other health supports through Alberta Blue Cross. These benefits are not supplementary — for people with permanent disabilities on fixed incomes, they are the only health coverage available beyond basic Alberta Health Care Insurance.

Over the past several years, a pattern of reductions, hard caps, administrative tightening, and delisting has progressively eroded what AISH health benefits actually cover. These changes have not been announced in the same visible way that financial benefit changes are. They have happened through policy updates, fee schedule amendments, and administrative decisions — but the real-world impact is the same: recipients are paying out of pocket for more and more of their medically necessary care.

SECTION 1: DENTAL COVERAGE — WHAT CHANGED

AISH dental coverage is administered by Alberta Blue Cross under a fee schedule (Schedule C) that sets what procedures are covered and at what rates. On June 3, 2024, the administration of dental claims for AISH and other low-income health benefit programs transferred from the Alberta Dental Services Corporation (ADSC) to Alberta Blue Cross. This transfer came with documented coverage changes.

1.1 Scaling and Root Planing — Hard Cap, No Exceptions

Scaling is the professional cleaning that removes tartar and plaque buildup from below the gumline. For patients with gum disease — which is significantly more common among people taking certain classes of medication — more than the standard amount of scaling is a clinical necessity, not a preference.

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
Annual scaling units covered	Up to a set limit, with exception pathway	Hard cap: 8 units per rolling 12 months
Exception requests for additional scaling	Could be submitted and approved based on medical need	NO EXCEPTIONS — hard rule, no pathway
Medical necessity override	Available through exception process	ELIMINATED — no override exists regardless of clinical documentation
Patients on medications causing gum disease	Additional units could be approved	DENIED — cap applies regardless of medication-induced disease

Source: AISH Schedule C — Supplementary Dental Coverage (Effective June 3, 2024), Alberta Blue Cross. Point 7: "No exception requests will be accepted for additional units of scaling, root planing or adjunctive general services."

MEDICATION CONTEXT: *Anticonvulsants, many antidepressants, antipsychotics, blood pressure medications, and antihistamines all cause reduced saliva production (xerostomia / dry mouth). Saliva is the mouth's primary defence against bacterial buildup. Without it, gum disease and tooth decay accelerate dramatically — and the clinical standard of care is more frequent professional cleaning. Under the current hard cap, a recipient whose disability medication is destroying their gum health cannot access medically appropriate cleaning beyond 8 units per year, no matter what their dentist documents.*

1.2 General Anesthesia — Hard Cap, No Exceptions

General anesthesia for dental treatment is not a comfort measure for AISH recipients. It is a clinical necessity for patients who cannot safely cooperate with standard dental procedures due to their disability — including those with severe autism spectrum disorder, severe anxiety disorders, uncontrollable movement disorders, intellectual disabilities, and trauma responses that make dental chair treatment impossible.

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
General anesthesia units (per 6 months)	Set limit with exception pathway for documented need	HARD CAP: 12 units per rolling 6 months

COVERAGE ASPECT	BEFORE JUNE 2024	AFTER JUNE 3, 2024
Exception requests for additional anesthesia	Could be submitted for complex cases	NO EXCEPTIONS — zero pathway regardless of clinical need
Facility fees (combined with anesthesia)	Covered with anesthesia units	Included within the 12-unit cap — reduces effective treatment time
Patients with disabilities requiring GA for dental	Exception pathway existed	CAPPED — cap applies regardless of documented medical necessity

Source: AISH Schedule C (June 3, 2024), Adjunctive General Services: "Up to 12 units every six months. No exception requests for additional units will be accepted."

1.3 Fluoride Treatment — Adults Excluded

Fluoride application is one of the primary preventive interventions against tooth decay. It is inexpensive and clinically well-established. AISH coverage excludes fluoride treatment for all adults aged 18 and over.

GROUP	FLUORIDE COVERAGE
Children aged 4 to 17	Covered — once per year
Adults 18 and over	ELIMINATED — no coverage regardless of risk level
Adults on medications causing dry mouth and decay	ELIMINATED — no coverage regardless of documented medication-induced risk
Adults with immune conditions affecting oral health	ELIMINATED — no coverage regardless of clinical documentation

Source: AISH Schedule C (June 3, 2024), Preventive section.

1.4 Dental Crowns — No Posterior Coverage

Crowns restore severely damaged teeth. When a tooth cannot be saved with a filling or root canal, a crown is the last resort before extraction. Under AISH coverage, crowns are not covered for posterior (back) teeth — the molars and premolars that bear the full load of chewing.

TOOTH LOCATION	CROWN COVERAGE
Anterior (front) teeth	Covered — but requires Alberta Blue Cross Review Committee approval
Posterior (back) teeth — molars and premolars	NO COVERAGE — explicitly excluded

TOOTH LOCATION	CROWN COVERAGE
Consequence when a back tooth fails	Extraction is the only covered option — dentures are the end point
Long-term outcome	Recipients lose multiple back teeth and are placed on dentures at younger ages than necessary

Source: AISH Schedule C (June 3, 2024): "No payment will be made for crowns for posterior teeth."

1.5 Panoramic X-Rays — Once Every Five Years

A panoramic X-ray provides a full-mouth image used to identify problems not visible in standard bitewing X-rays, including bone loss, impacted teeth, cysts, and jaw problems. AISH coverage limits panoramic X-rays to once every five years.

X-RAY TYPE	FREQUENCY LIMIT	CLINICAL CONTEXT
Panoramic X-ray	Once every 5 years	Dental disease for medically complex patients may not wait 5 years between full assessments
Periapical X-rays (single tooth)	Maximum 6 films per year	Limited to targeted views; not a substitute for panoramic imaging
Bitewing X-rays	Maximum 2 films per year	Standard cavity detection; restricted

1.6 Complete Oral Examination — Adults: Once Every Two Years

A complete oral examination is the comprehensive assessment that identifies the full scope of a patient's dental health. For adults on AISH, this examination is covered once every 24 months. Dentists cannot bill for a full exam more frequently than this under the AISH fee schedule, regardless of the patient's complexity.

1.7 Dentures — One Set Per Arch Every Five Years

AISH covers complete and partial dentures, but limits replacements to one per arch every five years. This limitation is enforced even when medically documented accelerated bone loss (common in people with immune conditions and on long-term corticosteroid use) makes dentures ill-fitting well before the five-year mark.

1.8 Fee Schedules Frozen at 2017/2019 Rates for Some Procedures

This is one of the least-discussed but most significant structural problems in AISH dental coverage. The reimbursement rates paid to dentists under the AISH program's Schedule C have not been updated since

2017 for many procedure categories. Dentists who accept AISH patients in 2026 are being paid 2017 rates for those services, while their own costs — staff, materials, overhead, equipment — have risen with inflation.

> *The practical result:* **many Alberta dentists decline to accept AISH patients because the reimbursement rate doesn't cover the cost of providing the service.** *When a recipient calls to book an appointment, they are told the dentist doesn't accept AISH. The coverage technically exists. The access does not. This is a coverage gap that does not appear on any fee schedule.*

1.9 Alberta Opted Out of the Federal Canadian Dental Care Plan

The federal Canadian Dental Care Plan (CDCP) was launched to provide dental coverage for uninsured Canadians with household incomes under $90,000. Alberta chose not to coordinate this federal plan with its existing provincial dental programs, including AISH. As a result, AISH recipients who might have accessed supplemental federal dental coverage could not benefit from this program in the same way residents of other provinces could.

Source: Letter to the Editor, Medicine Hat News, October 24, 2024: "In June, AISH Dental Benefits were moved to Alberta Blue Cross. This has reduced benefits for some AISH recipients. Some of the medications can be hard on teeth, cleanings are recommended more than the once a year that is covered."

Dental Coverage: Full Summary

SERVICE	CURRENT AISH COVERAGE (2026)	CHANGE / IMPACT
Complete oral exam (adults)	Once every 24 months	Limited — no full assessment more than every 2 years
Recall exam	Once every 6 months	Unchanged
Scaling (cleaning)	8 units/year — HARD CAP, no exceptions	Exception pathway ELIMINATED June 2024
Root planing	Combined with scaling — within 8-unit cap	Exception pathway ELIMINATED June 2024
Polishing	2 units per 12 months	Unchanged
Fluoride treatment	Children 4–17 only	Adults 18+ EXCLUDED
Panoramic X-ray	Once every 5 years	Restrictive for medically complex patients
Bitewing X-rays	Max 2 films/year	Unchanged

SERVICE	CURRENT AISH COVERAGE (2026)	CHANGE / IMPACT
Fillings (restorations)	Covered	Unchanged
Root canals	Covered at 2017/2019 fee rates	Rates frozen — dentist access declining
Extractions	Covered	Unchanged
Crowns — anterior (front) teeth	Covered with committee approval	Unchanged — but approval required
Crowns — posterior (back) teeth	NO COVERAGE	Explicitly excluded — extractions are the only option
Dentures	One per arch every 5 years	Unchanged — but restriction problematic for immune conditions
General anesthesia	12 units per 6 months — NO exceptions	Exception pathway ELIMINATED June 2024
Orthodontics for adults 18+	NO COVERAGE	Long-standing exclusion
Dentist reimbursement rates	2017/2019 rates for many procedures	NOT UPDATED — reducing access as dentists decline AISH patients

SECTION 2: PRESCRIPTION DRUG COVERAGE — WHAT CHANGED

AISH prescription coverage is limited to medications listed on the Government of Alberta Drug Benefit List (DBL), administered through Alberta Blue Cross. Drugs not on this list require a Special Authorization application from the prescribing physician. Changes to what is listed, delisted, or restricted directly affect what medications recipients can access without paying out of pocket.

2.1 The Biosimilar Initiative — Mandatory Switches Without Individual Exception

In December 2019, the Alberta government announced the expansion of the Biosimilar Initiative to cover all publicly funded drug plans — including AISH. Biosimilars are medications that are similar (but not identical) to existing biologic drugs whose patents have expired. The initiative mandated that patients on originator biologic drugs switch to biosimilar versions.

STAGE	DATE	WHAT HAPPENED
Initiative announced for public plans including AISH	December 2019	Alberta expanded biosimilar mandate to AISH, Seniors Benefit, Non-Group Coverage
Biosimilars added to Drug Benefit List; originator access restricted	Starting 2020	New prescriptions required biosimilars as first-line; originator biologics required exception
Mandatory switch deadline for existing patients	January 15, 2021	All AISH recipients on originator biologics (Remicade, Enbrel, Lantus, Copaxone, Rituxan, Neupogen, Neulasta) REQUIRED to switch to biosimilar versions
No exception pathway after deadline	Post-January 2021	Patients could not remain on originator biologics through AISH coverage regardless of established treatment stability

Sources: Alberta Health — Biosimilar Initiative; Health Coalition of Alberta — Biologics and Biosimilars Resource Centre; GaBI Online, November 2020.

The affected originator drugs and their conditions include:

- **Remicade (infliximab):** Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriasis
- **Enbrel (etanercept):** Rheumatoid arthritis, psoriatic arthritis, plaque psoriasis, ankylosing spondylitis
- **Lantus (insulin glargine):** Type 1 and Type 2 diabetes
- **Copaxone (glatiramer acetate):** Multiple sclerosis
- **Rituxan (rituximab):** Rheumatoid arthritis
- **Neupogen and Neulasta (filgrastim/pegfilgrastim):** Chemotherapy-related neutropenia, bone marrow disorders

For many patients, biosimilars work equivalently to originators. For some patients with established, stable treatment on an originator biologic — particularly those with complex inflammatory conditions — a forced switch can trigger disease flares. The mandatory nature of the switch, with no individual exception pathway after the January 2021 deadline, meant that clinical stability was not a consideration. If your plan was funded by AISH, you switched. Period.

2.2 Special Authorization — Expanding the Barrier to Access

Many medications require Special Authorization (SA) before AISH will cover them. The physician must submit documentation demonstrating that the recipient meets specific clinical criteria. This process adds time,

administrative burden, and uncertainty to accessing medically prescribed treatments.

Over time, more medications have been moved to Special Authorization status rather than standard benefit coverage. This means:

- Prescriptions are written but not filled while the SA process is underway — sometimes taking weeks.
- If the SA is denied, the recipient either pays full price out of pocket or goes without the medication.
- Physicians must spend unpaid administrative time completing SA forms, reducing the willingness to prescribe newer or more effective treatments to AISH patients.
- Recipients with complex conditions often require multiple SAs simultaneously, creating ongoing administrative burden on both patient and prescriber.

2.3 Drug Benefit List: What Is and Isn't Covered

The Alberta Drug Benefit List is updated quarterly. When a drug is delisted or moved to a more restricted coverage tier, recipients currently on that medication must switch, seek SA, or pay privately. Key structural issues:

- Many newer psychiatric medications, pain management drugs, and immune-modulating therapies are not on the DBL at all — meaning recipients cannot access them through AISH coverage regardless of clinical need.
- Generic substitution is mandatory — pharmacists must dispense the lowest-cost generic unless a physician specifically requests brand (which still may not be covered).
- Some medications used to treat conditions common in AISH recipients — including certain antidepressants, anticonvulsants, and sleep medications — require SA with high documentation thresholds.
- Over-the-counter medications are covered only for specific items on a separate list — many common products (including certain analgesics, antihistamines, and digestive medications) are not covered despite being routinely recommended by physicians.

2.4 Nutritional Products — Narrow Coverage

AISH covers “some over-the-counter items and nutritional products” — language that has remained deliberately vague in official documentation. In practice, medical nutritional supplements, specialized formulas for feeding tube users, and dietary products required for medical conditions are inconsistently covered and often require exception applications. For recipients with conditions such as dysphagia, metabolic disorders, or post-surgical nutritional needs, out-of-pocket costs for required nutritional products are significant.

SECTION 3: OPTICAL AND VISION COVERAGE

AISH optical coverage has remained structurally unchanged in terms of frequency, but the real-world purchasing power of the benefit has declined as eyewear costs have risen with inflation. The coverage

structure is as follows:

BENEFIT	CURRENT COVERAGE	NOTES
Eye examination — adults	One exam every 2 years	Unchanged in frequency; cost of exam has risen; benefit value has not
Eye examination — dependent children under 18	Covered by Alberta Health Care Insurance Plan (not AISH)	AISH does not fund children’s eye exams directly
Eyeglasses (frames + lenses) — adults	One pair every 2 years	The allowance paid has not kept pace with actual eyewear costs; many frames and lens types are only partially covered
Eyeglasses — dependent children under 18	One pair every 12 months	Annual replacement for growing children
Contact lenses	Covered only when medically required; ophthalmologist or optometrist documentation required	Narrow eligibility — cosmetic preference not covered
Specialized lenses (progressive, anti-reflective, etc.)	Not covered under standard benefit	Recipients pay the difference — can be substantial for bifocal needs
Repair to existing eyeglasses	Covered once within the benefit period in lieu of replacement	Limited — replacement or repair, not both
Second pair (distance + reading)	Only when bifocal cannot be worn — substantiated by prescription	Narrow eligibility; documentation required

Sources: Alberta.ca — “What you get with AISH” (optical section); AISH Online Policy Manual, Section 05 Optical Benefits; Helio Optometry — AISH Vision Benefits Guide.

> **THE INFLATION GAP:** *The allowance paid for frames and lenses under AISH has not been indexed to optical retail price inflation. A frame-and-lens pair covered at 2015 rates may represent only a fraction of what an equivalent pair costs in 2026. Recipients are expected to select from a limited range of frames covered at the approved rate and may face out-of-pocket costs for any frames or lens options outside that range — with no ability to top up from a fixed income.*

Contact lens eligibility is narrow and requires documentation of specific medical conditions. Qualifying conditions typically include severe anisometropia, keratoconus, aphakia, or corneal irregularities. Standard prescription myopia or astigmatism does not qualify, even when contact lenses are functionally superior for the patient’s disability management.

SECTION 4: PSYCHIATRIC AND MENTAL HEALTH CARE — THE COVERAGE WALL

Mental health conditions are among the most common qualifying diagnoses for AISH. Over 30% of recipients carry a primary condition of mental illness — and many others have complex psychiatric comorbidities alongside their primary physical disability. Yet the public mental health system in Alberta provides only a narrow band of what people with severe, chronic, trauma-based, or complex psychiatric conditions actually need to stabilize and function.

> **THE CORE STRUCTURAL PROBLEM:** *Alberta Health Care Insurance Plan (AHCIP) covers mental health services only when delivered by a physician — psychiatrists and GPs. It does not cover private-practice psychologists, therapists, counsellors, or social workers in private practice. For the specialized, evidence-based therapies that treat the conditions most common in AISH recipients — PTSD, C-PTSD, BPD, complex trauma — the public system provides either no access, or access through a years-long wait for a service that may not offer the specific treatment modality required.*

4.1 What Is Covered — and What Is Not

SERVICE / PROVIDER	COVERED BY AHCIP?	AVAILABLE THROUGH AHS / AISH?
GP mental health visit (medication, referral)	Yes — physician billing	Yes — if recipient has a GP (not universal)
Psychiatrist — assessment and medication	Yes — physician billing only	Yes — but wait: 6 months to 18+ months; most do not offer ongoing therapy
Hospital-based inpatient psychiatric care	Yes	Yes — acute crisis only; not ongoing treatment
Crisis line (811)	Yes — no cost	Yes — crisis stabilization only; not therapy
AHS community mental health counselling (via 811)	Yes — publicly funded	Yes — but generalist; wait times variable; no specialized trauma modalities
Registered psychologist (private practice)	NOT COVERED	NOT available through AISH benefits at meaningful levels
Registered social worker (private practice therapy)	NOT COVERED	NOT covered for private therapy

SERVICE / PROVIDER	COVERED BY AHCIP?	AVAILABLE THROUGH AHS / AISH?
Certified counsellor / therapist (private practice)	NOT COVERED	NOT covered
EMDR therapy — trauma processing	NOT COVERED	NOT available through AHS in most regions
Somatic / body-based trauma therapy	NOT COVERED	NOT available through AHS
Individual DBT therapy	NOT COVERED	NOT covered privately; AHS offers some DBT groups — not individual DBT
Cognitive Processing Therapy for C-PTSD/PTSD (private)	NOT COVERED	Limited AHS availability; provider and region dependent
Specialized trauma therapy for C-PTSD, complex trauma	NOT COVERED	NOT consistently available through AHS province-wide
BPD-specific treatment programs (private)	NOT COVERED	NOT covered privately; AHS DBT groups exist with wait times
Neuropsychological assessment (private)	NOT COVERED	NOT covered; often required for disability documentation

Sources: AHCIP schedule; Therapy Alberta — insurance guide; First Session — provincial coverage comparison; HiBoop — Alberta mental health billing guide, February 2026.

4.2 The Psychiatrist Shortage

METRIC	ALBERTA FIGURE	SOURCE / CONTEXT
Psychiatrists per 100,000 — Alberta	10.6	CMHA Edmonton, 2024 State of Mental Health Report
Psychiatrists per 100,000 — national average	13.0	CMHA 2024 — Alberta is below national average
Psychiatrist wait time — public system	6 months to 18+ months	CBC Radio, April 2023; Fraser Institute, March 2026
Mental health as % of Alberta health budget	~5.5%	AHS data, via Best Choice Counselling 2025

METRIC	ALBERTA FIGURE	SOURCE / CONTEXT
Recommended mental health budget allocation	12%	Mental Health Commission of Canada
Alberta suicide rate (per 100,000)	14.3	CMHA Edmonton 2024 — above national average
What most public psychiatrists provide	Diagnosis + medication management only	Ongoing therapy from psychiatrists rare in public system
Rural Alberta psychiatrist access	Severely limited	CMHA 2024 — access is postal code dependent

Sources: CMHA Edmonton — 2024 State of Mental Health Report; Best Choice Counselling — Alberta Mental Health Statistics 2025; Fraser Institute, March 2026; CBC Radio, April 2023.

4.3 The Trauma Therapy Gap — Specific Modalities Not Covered

The most clinically critical gap for AISH recipients is access to specialized trauma therapy. C-PTSD, BPD, and trauma-based depression and anxiety are among the most common psychiatric profiles in the AISH population. The evidence-based treatments for these conditions are specific — and not available through the public system:

- **EMDR (Eye Movement Desensitization and Reprocessing):** WHO-recommended first-line treatment for PTSD and trauma. Requires a trained, certified therapist. Not available through AHS in most regions. Private cost: $150–$250+ per session. Not covered by AISH.
- **CPT (Cognitive Processing Therapy):** Structured 12-session protocol for trauma and PTSD. Limited AHS availability; region-dependent; wait times apply; not consistently accessible province-wide.
- **Somatic/body-based trauma therapies (Sensorimotor Psychotherapy, Somatic Experiencing):** Evidence-based approaches for trauma stored in the nervous system. Not available through AHS. Private cost: $150–$250+ per session. Not covered.
- **Individual DBT therapy:** Standard of care for Borderline Personality Disorder — requires both individual therapy sessions and skills groups to be clinically effective. AHS offers DBT skills groups only, not individual DBT. Private individual DBT: $150–$250+ per session. Not covered.
- **Specialized BPD programs (mentalization-based therapy, transference-focused therapy):** Not available through public system in Alberta. Not covered.

SLIDING SCALE IS NOT A SOLUTION: *Sliding scale therapy is often cited as the answer for low-income Albertans. In practice: most clinics offering sliding scale have limited reduced-rate spots with their own waitlists; "sliding scale" minimums are still $50–$80+ per session — money that does not exist in an AISH budget already insufficient for rent and food; and sliding scale general counsellors are not clinically equivalent to specialized trauma therapists. A person cannot access EMDR on a sliding scale if no sliding-scale EMDR therapist exists in their region.*

4.4 The Cost of Not Treating Trauma — and Why It Matters Beyond Recipients

A person with C-PTSD, severe depression, BPD, and social anxiety does not experience these as separate conditions. They compound. Untreated trauma drives untreated depression. Untreated depression intensifies untreated anxiety. Untreated anxiety increases the symptom burden of every physical condition. The cost of not providing appropriate trauma-informed treatment is borne by recipients first — but it does not stop there:

- Untreated mental illness is a primary driver of emergency room visits — at a cost per visit that is often higher than a year of weekly private therapy.
- A single psychiatric hospitalization costs thousands of dollars per day — often more than an entire year of weekly private therapy that might have prevented the crisis.
- Untreated C-PTSD, BPD, and severe depression directly compound physical health deterioration — including dental disease documented in Section 1, immune suppression, cardiovascular risk, and chronic pain — generating additional healthcare costs across systems.
- Untreated parental mental illness affects child outcomes — increasing the likelihood that children require mental health, social services, and eventually disability support.
- Alberta's mental health budget is approximately 5.5% of total health spending. The Mental Health Commission of Canada recommends 12%. That gap is measurable in crisis calls, hospital beds, and downstream system costs.

SECTION 5: THE COMBINED IMPACT — WHAT RECIPIENTS ARE NOW PAYING

The erosion of health benefits does not show up in the AISH payment amount. It shows up at the pharmacy counter, the dental office, and the optometrist — in the gap between what coverage provides and what the actual cost is. For a population already living at or below the poverty line, these gaps are not inconveniences. They are impossible choices.

SITUATION	WHAT AISH COVERS	WHAT RECIPIENTS PAY OUT OF POCKET
Recipient on antidepressant causing severe dry mouth, needs extra scaling	8 units scaling — no more, no exceptions	Full private dental cost for any cleaning above 8 units

SITUATION	WHAT AISH COVERS	WHAT RECIPIENTS PAY OUT OF POCKET
Recipient with severe ASD needs general anesthesia for all dental work — complex case exceeds 12 units	12 units per 6 months — no exceptions	Full private anesthesia and facility cost for any treatment above cap
Recipient requires a crown on a deteriorating molar	Nothing — posterior crowns excluded	Full private crown cost ($1,000–$2,000+) or tooth extraction
Recipient on long-term corticosteroids with accelerated bone loss needs denture relining before 2 years	Reline covered once every 2 years only — any earlier requires committee approval	Full private reline cost or ill-fitting dentures until 2 years pass
Medication switched to biosimilar under 2021 mandate causes disease flare	Biosimilar only — no return to originator through AISH coverage	Full private cost of originator biologic if physician recommends reverting
Recipient needs progressive lenses due to age-related vision change	Standard lens allowance only	Difference between standard lens cost and progressive lens cost — $200–$600+
Required medication not on Drug Benefit List	Nothing until Special Authorization approved	Full private cost during SA process, or goes without medication
Recipient's dentist stopped accepting AISH due to 2017 fee schedule	Coverage technically exists	Either find another dentist (difficult) or pay private dental rates

CRITICAL: *These out-of-pocket costs are being borne by recipients who receive $1,940/month under AISH — an amount already insufficient to cover average Alberta rent. There is no financial buffer. When a dental procedure costs $800 and isn't covered, that $800 does not exist. The tooth doesn't get fixed. The infection spreads. The problem becomes a hospital visit. The system saves $800 at the dental office and spends many times that in emergency care — while the recipient suffers a preventable deterioration in health.*

SECTION 6: WHAT WE ARE ASKING — HEALTH BENEFITS

To the Government of Alberta

- Restore the exception pathway for scaling and root planing. The hard cap of 8 units with zero exceptions is clinically inappropriate for patients whose disability medications are causing gum disease. Medical

necessity must be a factor.

- Restore the exception pathway for general anesthesia. Hard caps on anesthesia for patients who cannot physically tolerate standard dental procedures effectively eliminate dental access for some of the most vulnerable recipients.
- Extend fluoride coverage to adults 18 and over, particularly those on medications that cause dry mouth and elevated cavity risk. The cost of fluoride treatment is a fraction of the cost of treating the tooth decay it prevents.
- Cover crowns on posterior teeth. The current exclusion guarantees earlier tooth loss and denture dependency, at greater long-term cost and human impact. A crown saves a tooth. Losing a tooth is permanent.
- Update dental fee schedules to current Alberta Dental Association rates. Reimbursement rates frozen at 2017/2019 levels have reduced dentist participation in AISH programs. Coverage that no dentist will honour is not coverage.
- Review and update the Drug Benefit List to include newer, evidence-based medications commonly prescribed to people with the conditions that qualify for AISH. The current list excludes many medications that are now standard of care.
- Reduce Special Authorization administrative burden. The SA process delays access to prescribed medications and creates disproportionate administrative load for both recipients and physicians.
- Index optical allowances for frames and lenses to inflation. A benefit whose real-world purchasing power shrinks every year is a benefit cut in slow motion.

To the Federal Government

- Review Alberta's decision not to coordinate the Canadian Dental Care Plan for AISH recipients and other low-income health benefit holders. Federal dental coverage was designed to fill gaps like these — but Alberta's opt-out has left AISH recipients without access to the supplemental federal benefit that comparable residents in other provinces can access.
- Include provincial disability health benefit adequacy in federal accountability and poverty reduction reporting. Income is not the only measure of material deprivation — the erosion of health benefits creates real-dollar hardship that is not captured in benefit rate statistics.

SOURCES AND REFERENCES

All changes documented in this report are sourced from official government publications and Alberta Blue Cross administrative documents.

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St. Albert, Alberta | April 2026
albertadisabilitybreakdown@outlook.com
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