

Alberta's Bill 11 and Bill 29:

What They Mean for Your Benefits Plan

A guide for any employer with staff in Alberta,
wherever your head office is.



Private plans pay first

Bill 11 · In effect October 1, 2026



Coverage past age 65

Bill 11 · Age alone can't end benefits



Scans without a referral

Bill 29 · MRI, CT, X-ray and ultrasound



Insurers tightening claims

Bill 29 · Fraud-prone items under review



One plan review

Covers both bills before renewal

UPDATED

October 2026

Two Alberta Bills, One Benefits Plan

Alberta passed two health bills that change how your benefits plan works. Bill 11 changes who pays first. Bill 29 removes the doctor's referral for diagnostic scans, and insurers are already tightening checks on claims. If you employ even one person in Alberta, both apply to you.

Bill 11

• IN EFFECT SINCE OCTOBER 1, 2026

Changes who pays first

- ✓ Your plan now pays first on drugs; the province pays last.
- ✓ You can't reduce or end health and drug coverage for active employees because they turn 65.
- ✓ Costs move from the public system to your plan, and they're shared across your whole group.

Bill 29

• LAW SINCE MAY 14, 2026

Changes the path to care

- ✓ Albertans can book MRI, CT, X-ray and ultrasound without a doctor's referral.
- ✓ For these scans, private coverage is billed before the province.
- ✓ Insurers are adding checks on fraud-prone claims, starting with receipt requirements for compression stockings.
- ✓ **Fraud and unnecessary claims raise renewals for the whole group.**

Bill 29: Easier Access, More Pressure on Your Plan

Bill 29, the Health Statutes Amendment Act, 2026, is being covered as a story about private MRIs. For employers, the bigger story is what comes with easier access: **more claims, fewer gatekeepers, and insurers moving to protect plans from fraud.**

01

Bill 29 in plain terms

Bill 29 received Royal Assent on May 14, 2026. Since July 31, Albertans can book certain diagnostic scans, including MRI, CT, X-ray and ultrasound, without a referral from a doctor. Anyone with private coverage claims through their insurer first, and the province pays last.

The direction is clear: less gatekeeping by doctors and more care accessed directly.

That puts more weight on how claims are checked.

02

What's changing on your plan

Insurers are already tightening checks on high-risk claims. On September 16, 2026, RBC Insurance made proof of receipt mandatory for every compression stocking claim, online or paper.

Claims without a receipt are no longer accepted.

For employees, that means a little more paperwork. For plan sponsors, it's a clear signal: carriers see these claims as a fraud risk, and you should too.

03

Why fraud is the real story

Orthotics and compression stockings are two areas with a long history of fraud in group benefits. When an insurer adds new proof requirements, it's because bad claims are getting through.

Take that step away and the risk shifts to your plan. Fraudulent and unnecessary claims raise your claims experience, and your claims experience sets your renewal.

Every member pays for that, not only the people making the claims.

What to Do Now

Outside Alberta? This still applies.

If you employ even one person who works in Alberta, these changes reach your plan, whether your head office is in Toronto, Vancouver or Halifax.

01

Find out which benefits are most at risk.

Orthotics, compression stockings and paramedical services are the first places to look.

02

Ask your carrier how they're verifying these claims now.

Ask what documentation they require, and whether more changes like RBC's receipt rule are coming.

03

Set sensible limits.

Frequency and dollar maximums on high-risk items protect the plan without taking the benefit away.

04

Decide on self-referred scans.

Choose whether your plan covers privately booked imaging, and at what limit, rather than leaving it undefined.

05

Watch your claims data.

A jump in orthotics or stocking claims after a rule change is a signal worth acting on.

06

Remind employees that benefits fraud is fraud.

A short, clear message sets expectations before a problem starts.

PART 2

Bill 11

Your plan pays first, and coverage continues past age 65.

● IN EFFECT SINCE OCTOBER 1, 2026

The Whole Picture in 30 Seconds

Four shifts every employer with Alberta staff on a group plan should have on their radar this year.

01 • FIRST PAYER

Employer plans move to the front of the line

Many drug and health claims are billed to the private plan before provincial coverage responds.

02 • AGE 65

Active employees keep their coverage

Benefits can no longer be terminated automatically because an employee turns 65.

03 • COST SIGNALS

Higher utilization, higher renewals

More claims through the plan put pressure on rates, with preliminary estimates at 5 to 10% on health costs.

04 • NOW IN EFFECT

The time to review is now, not at renewal

Reviewing plan design and cost-sharing now keeps more options on the table at renewal.

What Changed on October 1?

Two legislated changes took effect on October 1, 2026, and both land directly on employer-sponsored plans.



Private plans become the first payer

Many prescription drugs and health claims are now billed to the employer benefits plan before provincial coverage is applied. Claims that used to land with the province may now flow through your plan first.



Coverage continues after age 65

Active employees who turn 65 can no longer automatically lose employer-sponsored benefits because of age. Plans with age-based termination clauses will need to be revisited.

What This Means

01

More claims flowing through benefit plans

02

Potential increase in employer costs

03

Time to review your plan design

Potential Financial Impact

Three pressure points to model before your next renewal conversation.



DRUG UTILIZATION

More prescriptions land on your plan

Claims the province absorbed are now adjudicated first by the private plan.



CLAIMS PAID

Experience shifts under your model

Higher volume reshapes reserves, pooling, and the numbers behind the rate.



RENEWAL

Pressure surfaces at your next rate

Preliminary estimates point to a 5 to 10% increase on health costs, spread across the whole group.

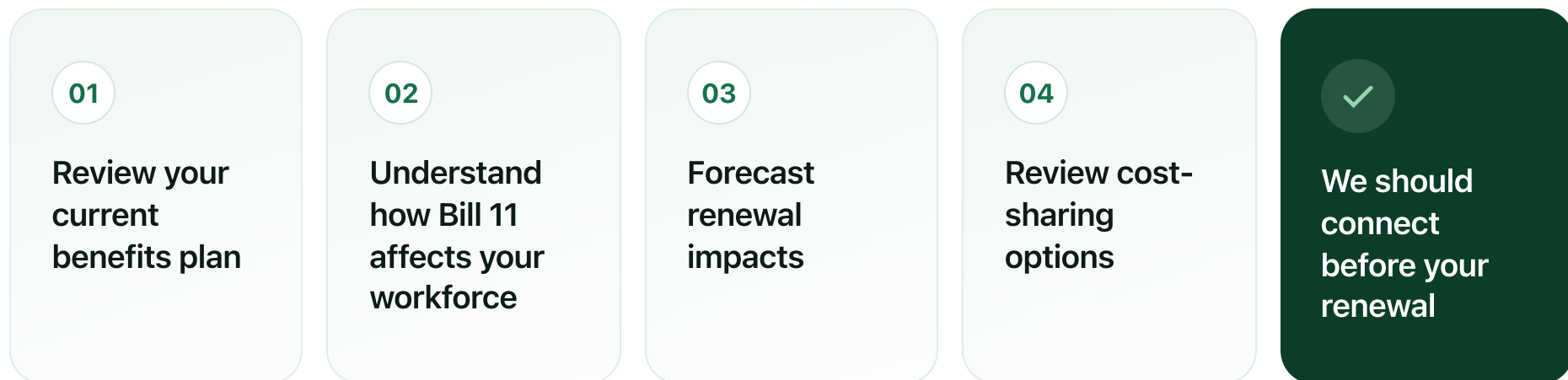
THE TAKEAWAY

The impact will vary by employer, but **planning before your renewal** gives you more options.

YOUR NEXT STEPS

What Employers Should Do Now

Pull your plan and check how it treats age 65: any reduction, termination, or employee who was dropped at 65 needs a second look now. Then get plan-specific direction from your carrier and budget the first-payer increase into next year's renewal now.



Two Bills, One Review

Bill 11 makes your plan pay first. Bill 29 opens up access to care, and insurers are already tightening how claims are checked. Together, they put more cost and more risk on your plan at the same time.

The carrier bulletins will tell you what changed. They won't tell you what to do with your plan, your people and your renewal. That's the work I do for clients: one review that covers both bills, so you know where your plan stands before the invoice arrives.

Chris Gory

Employee Benefits Advisor, Orchard Benefits

BILL 11 Your plan pays first

BILL 29 More access, more claims risk

**One review that covers both bills,
before your renewal.**

Book a Plan Review →

in @chrisgory

calendly.com/chrisgory