

# Summary of benefits for UNA members covered by the Provincial Agreement

The following charts contain a summary of benefits from the Mediator's Recommendation for the settlement of the terms of the collective agreement between United Nurses of Alberta and Alberta Health Services, Covenant Health, Lamont Health Care and the Bethany Group (Camrose), which was issued on July 2, 2014.

This chart is in two parts, the first covering employees of Alberta Health Services and Lamont Health, and the second covering employees of Covenant Health.

## Benefits at a Glance

July 2, 2014

**NOTE:** This is a summary of benefits only and not intended to form part of the Collective Agreement. If there is a discrepancy between the Plan and this chart, the Plan governs.

### 1. HEALTH BENEFITS

HEALTH MAX	\$2,000,000
HEALTH YEAR	JAN
FULL DRUG PLAN	DIRECT BILL
DRUG CO-INSURANCE	80.00%
DISPENSING FEE CAP	N/A
LEAST COST ALTERNATIVE	YES
PRESCRIPTION SUBSTITUTION	YES
ALLERGY SERUMS	INCLUDED
VACCINES	HEP AB (80%) SHINGLES (80%)
HOSPITAL PRIVATE	SEMI/PRIVATE
HOSPITAL CO-INSURANCE	100%
NURSING/AUX HOMES AMOUNT	\$1000/BENEFIT YR
NURSING/AUX HOMES CO-INSURANCE	100%
ACCIDENTAL DENTAL CO-INSURANCE	100%
ACCIDENTAL DENTAL AMOUNT	\$2000/ ACCIDENT
AMBULANCE CO-INSURANCE	100%
DIABETIC SUPPLIES CO-INSURANCE	100%
DIABETIC EQUIPMENT INSULIN PUMP	1/5 YRS
GLUCOSE TRANSMITTERS	1/5 YRS
GLUCOSE SENSORS	INCLUDED
BLOOD MONITORS	\$175/5 YRS
FOOT ORTHOTIC	\$500/2 YRS
FOOT ORTHOTIC CO-INSURANCE	100%
HEARING AIDS MAX	\$3000/5 YRS
HEARING AIDS CO-INS	100%
NURSING PRIVATE DUTY	\$10,000/BENEFIT YR
MASTECTOMY CO-INSURANCE	100%
MASTECTOMY MAX	\$200 SINGLE, \$400 DOUBLE/24 MONTHS
SUPPORTING BRA	2 PER YEAR MAXIMUM OF \$50 EACH
WIGS/HAIRPIECES	200/2YRS
MEDICAL AIDS CO-INSURANCE	100%
SPLINTS, TRUSSES, CASTS, CRUTCHES, CANES	INCLUDED
CERVICAL COLLARS & TRACTION KIDS	INCLUDED
SURGICAL STOCKINGS/COMPRESSION ARM SLEEVE	2/BEN/YR MAX
STUMP SOCKS	6/BEN/YR
ILEOSTOMY & COLOSTOMY SUPPLIES	INCLUDED
URINARY KITS & CATHETERS	INCLUDED
MEDICAL DURABLE EQUIPMENT CO-INSURANCE	100%
HOSPITAL BEDS	INCLUDED
WHEELCHAIRS	INCLUDED
WALKERS	INCLUDED
CPAP MACHINE	INCLUDED
AEROCHAMBERS	\$40/24 MO
OXYGEN EQUIPMENT, SUPPLIES & ADMIN	INCLUDED
IRON LUNGS	INCLUDED

### 1. HEALTH BENEFITS

BRACES	INCLUDED
ARTIFICIAL EYES & LIMBS	INCLUDED
BLOOD/BLOOD PLASMA	INCLUDED
LAB SERVICES	INCLUDED
X-RAY	INCLUDED
RADIUM & RADIOACTIVE ISOTOPES	INCLUDED
ORTHO SHOES PER YEAR	1 PAIR/BEN YR
ORTHO SHOES CO-INS	100%
<b>PARAMEDICAL PRACTITIONER COVERAGE</b>	
PSYCHOLOGIST/MASTER OF SOCIAL WORK	PSYCHOLOGIST/MSW ADDICTIONS COUNSELLOR
P/S AMOUNT PER VISIT	\$100
P/S MAX PER BENEFIT YEAR	20 VISITS
P/S CO-INSURANCE	100%
SPEECH PATHOLOGIST PER VISIT	\$35
SPEECH MAX/BENEFIT YEAR	20 VISITS
SPEECH CO-INSURANCE	100%
MASSAGE THERAPIST PER VISIT	\$50
MASSAGE MAX/BENEFIT YEAR	20 VISITS
MASSAGE CO-INSURANCE	100%
MASSAGE PRESC	REQUIRED
CHIROPRACTOR PER VISIT	\$35
CHIRO MAX/BENEFIT YEAR	20 VISITS
CHIRO CO-INSURANCE	100%
PODIATRIST/CHIROPIDIST PER VISIT	\$35
PODIATRIST/CHIROPIDIST MAX/BENEFIT YEAR	20 VISITS
PODIATRIST/CHIROPIDIST CO-INSURANCE	100%
PHYSIO PER VISIT	\$50
PHYSIO MAX/BENEFIT YEAR	20 VISITS
PHYSIO CO-INSURANCE	100%
OSTEOPATH PER VISIT	\$35
OSTEOPATH MAX/BENEFIT YEAR	20 VISITS
OSTEOPATH CO-INSURANCE	100%
MAXIMUM AGE	RETIREMENT
<b>VISION</b>	
VISION CARE (INCLUSIVE OF COVERAGE FOR ELECTIVE CORRECTIVE LASER EYE SURGERY)	INCLUDED
EYE EXAM MAX	1 USUAL & CUSTOMARY
EYE EXAMS FREQUENCY	12 MO
VISION AMOUNT	\$600
VISION FREQUENCY	2 CALENDAR YRS
VISION CO-INSURANCE	100%
<b>OUTSIDE CANADA</b>	
OUT OF COUNTRY PLAN	UNLIMITED
OUT OF COUNTRY MAX	\$2,000,000
OUT OF COUNTRY PARTICIPATION	MANDATORY
MAXIMUM AGE OUT OF COUNTRY	RETIREMENT

**1. HEALTH BENEFITS****SURVIVOR BENEFITS**

SURVIVOR BENEFITS	12 MONTHS
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**2. DENTAL BENEFITS**

INCLUSIVE OF BUT NOT LIMITED TO THE FOLLOWING

DENTAL FEE GUIDE	U & C
DENTAL YEAR	JANUARY
CHILD AGE	UNDER 20
DENTAL BASIC	80%
DENTAL MAJOR	50%
DENTAL ORTHO	50%
DENTAL MAJOR MAX	3000
DENTAL ORTHO MAX	3000
MAXIMUM AGE	RETIREMENT

**DENTAL - BASIC**

DIAGNOSTIC - COMPLETE EXAM	1 PER LIFETIME/DENTIST
DIAGNOSTIC - LIMITED EXAM	6 MO
DIAGNOSTICS - X-RAY BITEWING	6 MO
DIAGNOSTIC - X-RAY PANORAMIC	24 MO
*PREVENTATIVE - SCALING	N/A
PREVENTATIVE - POLISHING	6 MO
PREVENTATIVE - TOPICAL FLUORIDE	6 MO
PREVENTATIVE - SPACE MAINTAINERS	INCLUDED
PREVENTATIVE - PIT & FISSURE SEALANTS	INCLUDED
PREVENTATIVE - ORAL HYGIENE	EXCLUDED
RESTORATIVE - RESTORATIONS	INCLUDED
ENDO - ROOT CANAL THERAPY	1/TOOTH/24 MO
PERIO - BASIC SCALING & ROOT	18/12 MO
DENTURE - COMPLETE OR PARTIAL	1 PER 5 YRS, EXTENSIVE
DENTURES - REBASING & RESETING	24 MO, BASIC

**DENTAL - EXTENSIVE**

CROWNS	1/5 YR (PER TOOTH)
FIXED BRIDGES	1/5 YR (PER TOOTH)
INLAYS/ONLAYS	1/5 YR (PER TOOTH)
PROCESSED VENEERS	1/5 YR (PER TOOTH)
POSTS & CORES	INCLUDED
GOLD FOIL RESTORATIONS	1/5 YR (PER TOOTH)
BRUXISM APP, TMJ	1/3 YRS
IMPLANTS	1/5 YRS (PER TOOTH)
BRIDGE REPAIRS	INCLUDED

**ORTHODONTICS**

DENTAL ADULT ORTHO	YES
ORTHO – HABIT BREAKING	INCLUDED
ORTHO – FIXED OR REMOVABLE	INCLUDED

**SURVIVOR BENEFITS**

SURVIVOR BENEFITS	12 MONTHS
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**3. SHORT TERM DISABILITY**

BENEFIT (% OF BASIC PAY)	66.67%
MAXIMUM - WEEKLY	\$1,539
ELIMINATION PERIOD (DAYS)	14 (NONE IF ABSENCE DUE TO INJURY OR HOSPITALIZATION)
RE-OCCURRENCE CLAUSE (WEEKS)	2
DURATION (WEEKS)	24
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**4. LONG TERM DISABILITY**

BENEFIT MAXIMUM	\$12,000
<b>OVERALL MAXIMUM</b>	

**4. LONG TERM DISABILITY**

BENEFIT (% OF BASIC PAY)	66.67%
ROUND TO NEXT HIGHEST \$1	YES
ALL SOURCE MAXIMUM	85%
ELIMINATION PERIOD	24 WEEKS
1ST 2 YRS	OWN OCC
AFTER 2 YRS	ANY OCC
EMPLOYER COST SHARE	75%
BASIC EARNINGS	YES
TERMINATION AGE	65
RE-OCCURRENCE CLAUSE (MONTHS)	6
LIFE WAIVER OF PREMIUM	YES

**5. LIFE INSURANCE****BASIC LIFE**

BENEFIT - ANNUAL BASIC EARNINGS	1X (SEE RED CIRCLING LOU FOR CURRENT CANCER CARE EMPLOYEES 3X)
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**ADDITIONAL BASIC**

BENEFIT - ANNUAL BASIC EARNINGS	1X (SEE RED CIRCLING LOU FOR CURRENT CANCER CARE EMPLOYEES 3X)
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**OPTIONAL LIFE**

UNITS OF \$10,000 - ADULTS	YES
UNITS OF \$5,000 - CHILD	YES
EMPLOYEE MAXIMUM	250,000
SPOUSE MAXIMUM	250,000
CHILD MAXIMUM	25,000
MEDICAL EVIDENCE	\$20,000 EVIDENCE FREE UPON ENROLMENT (EMPLOYEE ONLY)
TERMINATION AGE EMPLOYEE	EMPLOYEE AGE 70
TERMINATION AGE SPOUSE	EARLIER OF SPOUSE OR EMPLOYEE AGE 70
EMPLOYER COST SHARE	0
DEPENDENT LIFE PACKAGE	
SPOUSE	\$25,000
CHILD	\$10,000
TERMINATION AGE	RETIREMENT

**6. ACCIDENTAL DEATH AND DISMEMBERMENT****BASIC**

BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**ADDITIONAL BASIC**

BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**LOSS SCHEDULE****FOR LOSS OF:**

## 6. ACCIDENTAL DEATH AND DISMEMBERMENT

LIFE	100%
<b>FOR LOSS OF OR LOSS OF USE OF:</b>	
BOTH HANDS OR BOTH FEET	100%
SIGHT OF BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	80%
EITHER HAND OR FOOT	75%
SIGHT OF ONE EYE	75%
SPEECH OR HEARING IN BOTH EARS	75%
THUMB AND INDEX FINGER OF THE SAME HAND	40%
FOUR FINGERS OF THE SAME HAND	40%
HEARING ONE EAR	40%
ALL TOES OF ONE FOOT	33.33%
<b>FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:</b>	
ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
ONE ARM & ONE LEG; SAME SIDE (HEMIPLEGIA)	200%

## 7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

EMPLOYEE UNITS OF	25,000
EMPLOYEE MAXIMUM BENEFITS	350,000
SPOUSE - UNITS OF \$10,000	N/A
SPOUSE MAXIMUM	N/A
CHILD - UNITS OF \$10,000	N/A
CHILD MAXIMUM	N/A

## 7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	0%
EMPLOYEE - LOSS SCHEDULE AS OUTLINED BELOW	SAME
FAMILY - LOSS SCHEDULE AS OUTLINED BELOW EXCEPT	SAME
SPOUSE, BUT NO DEPENDENT CHILDREN	50%
SPOUSE, WITH DEPENDENT CHILDREN	50%
EACH CHILD, WITH A SPOUSE	20%
EACH CHILD, WITHOUT A SPOUSE	20%

### LOSS SCHEDULE

#### FOR LOSS OF:

LIFE	100%
<b>FOR LOSS OF OR LOSS OF USE OF:</b>	
BOTH HANDS OR BOTH FEET	100%
SIGHT OR BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	75%
EITHER HAND OR FOOT	66.67%
SIGHT OF ONE EYE	66.67%
SPEECH OR HEARING IN BOTH EARS	66.67%
THUMB AND INDEX FINGER OF THE SAME HAND	33.33%
FOUR FINGERS OF THE SAME HAND	33.33%
HEARING ONE EAR	16.67%
ALL TOES OF ONE FOOT	12.50%

#### FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
SIDE OF THE BODY (HEMIPLEGIA)	200%

## 8. ALBERTA HEALTH CARE INSURANCE PLAN

### Benefits at a Glance

## Covenant UNA Health Benefits

**NOTE:** This is a summary of benefits only and not intended to form part of the Collective Agreement. If there is a discrepancy between the Plan and this chart, the Plan governs.

### 1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
HEALTH MAX	\$2,000,000
HEALTH YEAR	APR
FULL DRUG PLAN	DIRECT BILL
DRUG CO-INSURANCE	80.00%
DESPENDING FEE CAP	\$0.00
LEAST COST ALTERNATIVE	YES
PRESCRIPTION SUBSTITUTION	YES
ALLERGY SERUMS	INCLUDED
VACCINES	VACCINES 100%
FERTILITY PRODUCTS	INCLUDED
CONTRASEPTIVE PRODUCTS	INCLUDED
SMOKING CESSATION	INCLUDED - NO MAX
HOSPITAL PRIVATE	SEMI/PRIVATE
HOSPITAL CO-INSURANCE	100%
NURSING/AUX HOMES AMOUNT	\$1000/BEN/YR
NURSING/AUX HOMES CO-INSURANCE	100%
ACCIDENTAL DENTAL COINSURANCE	100%
ACCIDENTAL DENTAL AMOUNT	\$1500/ ACCIDENT
AMBULANCE CO-INSURANCE	100%
DIABETIC SUPPLIES CO-INSURANCE	100%

### 1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
DIABETIC EQUIPMENT INSULIN PUMP	1/5 YRS
GLUCOSE TRANSMITTERS	INCLUDED 1/5 YRS
GLUCOSE SENSORS	INCLUDED
BLOOD MONITORS	175/5 YRS
FOOT ORTHOTIC	\$500/2 YRS
FOOT ORTHOTIC CO-INS	100%
HEARING AIDS MAX	\$3000/5 YRS
HEARING AIDS CO-INS	100%
NURSING PRIVATE DUTY	\$10,000/ BENEFIT YR
MASTECTOMY CO-INSURANCE	100%
MASTECTOMY MAX	\$200 SINGLE, \$400 DOUBLE/ 24 MONTHS
SUPPORTING BRA	2 PER BEN YR - \$50 EACH MAX
WIGS/HAIRPIECES	\$200/2 YRS
MEDICAL AIDS CO-INSURANCE	100%
SPLINTS, TRUSSES, CASTS, CRUTCHES, CANES	INCLUDED
CERVICAL COLLARS & TRACTION KIDS	INCLUDED
SURGICAL STOCKINGS AND COMPRESSION GARMENTS	2/BEN/YR
STUMP SOCKS	6/BEN/YR
ILEOSTOMY & COLOSTOMY SUPPLIES	INCLUDED

## 1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
URINARY KITS & CATHETERS	INCLUDED
MEDICAL DURABLE EQUIPMENT CO-INSURANCE	100%
HOSPITAL BEDS	INCLUDED
WHEELCHAIRS	INCLUDED
WALKERS	INCLUDED
CPAP MACHINE	INCLUDED
AEROCHAMBERS	\$40/24 MO
OXYGEN EQUIPMENT, SUPPLIES & ADMIN	INCLUDED
IRON LUNGS	INCLUDED
BRACES	INCLUDED
ARTIFICIAL EYES & LIMBS	INCLUDED
BLOOD/BLOOD PLASMA	INCLUDED
LAB SERVICES	INCLUDED
X-RAY	INCLUDED
RADIUM & RADIOACTIVE ISOTOPES	INCLUDED
ORTHO SHOES PER YEAR	1 PAIR/BEN YR/MAX \$1500
ORTHO SHOES CO-INS	100%
PARAMEDICAL COVERAGE	
PSYCHOLOGIST/MASTER OF SOCIAL WORK (ADDICTIONS COUNSELLOR - COVENANT ADDED JAN 1,2014)	PSYCHOLOGIST/MS/ADDICTIONS COUNSELLOR
P/S AMOUNT PER VISIT	\$100
P/S MAX PER BENEFIT YEAR	20 VISITS
P/S CO-INSURANCE	100%
SPEECH PATHOLOGIST PER VISIT	\$35
SPEECH MAX/BENEFIT YEAR	20 VISITS
SPEECH CO-INSURANCE	100%
MASSAGE THERAPIST PER VISIT	\$50
MASSAGE MAX/BENEFIT YEAR	20 VISITS
MASSAGE CO-INSURANCE	100%
MASSAGE PRESC	REQUIRED
CHIROPRACTOR PER VISIT	\$35
CHIRO MAX/BENEFIT YEAR	20 VISITS
CHIRO CO-INSURANCE	100%
PODIATRIS/CHIROPIDIST PER VISIT	\$35
PODIATRIST/CHIROPIDIST MAX/BENEFIT YEAR	20 VISITS
PODIATRIST/CHIROPIDIST CO-INSURANCE	100%
PHYSIO PER VISIT	\$50
PHYSIO MAX/BENEFIT YEAR	20 VISITS
PHYSIO CO-INSURANCE	100%
OSTEOPATH PER VISIT	\$35
OSTEOPATH MAX/BENEFIT YEAR	20 VISITS
OSTEOPATH CO-INSURANCE	100%
NATUROPATH PER VISIT	N/A
NATUROPATH MAX	N/A
NATUROPATH CO-INSURANCE	N/A
MAXIMUM AGE	RETIREMENT

### VISION

VISION CARE	INCLUDED
EYE EXAM MAX	1 U & C
EYE EXAMS FREQUENCY	12 MO
VISION AMOUNT	\$600
VISION FREQUENCY	2 CAL YRS
VISION CO-INSURANCE	100%

### OUTSIDE CANADA

OUT OF COUNTRY PLAN	UNLIMITED
OUT OF COUNTRY MAX	\$5,000,000
OUT OF COUNTRY PARTICIPATION	MANDATORY
MAXIMUM AGE OUT OF COUNTRY	RETIREMENT

## 1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
SURVIVOR BENEFITS	6 MONTHS

## 2. DENTAL BENEFITS

DENTAL FEE GUIDE	U & C
DENTAL YEAR	APR
CHILD AGE	UNDER 19
DENTAL BASIC	80%
DENTAL MAJOR	50%
DENTAL ORTHO	50%
DENTAL MAJOR MAX	3000
DENTAL ORTHO MAX	3000/LIFETIME
MAXIMUM AGE	RETIREMENT

### DENTAL - BASIC

DIAGNOSTIC - COMPLETE EXAM	1 PER LIFETIME/HEALTH CARE PROF
DIAGNOSTIC - LIMITED EXAM	6 MO
DIAGNOSTICS - X-RAY BITEWING	6 MO
DIAGNOSTIC - X-RAY PANORAMIC	24 MO
PREVENTATIVE - POLISHING	6 MO
PREVENTATIVE - TOPICAL FLOURIDE	6 MO
PREVENTATIVE - SPACE MAINTAINERS	INCLUDED
PREVENTATIVE - PIT & FISSURE SEALANTS	INCLUDED
PREVENTATIVE - ORAL HYGIENE INSTRUCTION	EXCLUDED
RESTORATIVE - RESTORATIONS (FILLINGS)	INCLUDED
ENDO - ROOT CANAL THERAPY	1/TOOTH/24 MO
PERIO - BASIC SCALING & ROOT PLANNING	18/12 MO
DENTURE - COMPLETE OR PARTIAL	1/5 YRS, EXTENSIVE
DENTURES - REBASING & RESETING	24 MO, BASIC

### DENTAL - EXTENSIVE

CROWNS	1/5 YR
FIXED BRIDGES	1/5 YR
INLAYS/ONLAYS	1/5 YRS
PROCESSED VENEERS	1/5 YR
POSTS & CORES	3/5 YR
GOLD FOIL RESTORATIONS	1/5 YR
BRUXISM APP, MOUTH GUARD, TMJ	1/3 YRS NO OTC MOUTHGAURD
IMPLANTS	INCLUDED (1/5 YRS)
BRIDGE REPAIRS	INCLUDED

### ORTHODONTICS

D DENTAL ADULT ORTHO	YES
ORTHO - HABIT BREAKING APPLIANCES	INLCUDED
ORTHO - FIXED OR REMOVABLE APPLIANCES	INLCUDED

### SURVIVOR BENEFITS

SURVIVOR BENEFITS	6 MONTHS
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## 3. SHORT TERM DISABILITY

PLAN	YES
BENEFIT (% OF BASIC PAY)	66.67%
MAXIMUM - WEEKLY	\$1,539
ELIMINATION PERIOD (DAYS)	14
RE-OCCURRENCE CLAUSE (WEEKS)	2
DURATION (WEEKS)	24
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

## 4. LONG TERM DISABILITY

BENEFIT MAXIMUM	\$12,000
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### OVERALL MAXIMUM

BENEFIT (% OF BASIC PAY)	66.67%
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**4. LONG TERM DISABILITY**

ROUND TO NEXT HIGHEST \$1	YES
ALL SOURCE MAXIMUM	80%
ELIMINATION PERIOD	24 WEEKS
1ST 2 YRS	OWN OCC
AFTER 2 YRS	ANY OCC
EMPLOYER COST SHARE	75%
BASIC EARNINGS	YES
TERMINATION AGE	65
RE-OCCURRENCE CLAUSE (MONTHS)	6
LIFE WAIVER OF PREMIUM	YES

**5. LIFE INSURANCE****BASIC LIFE**

BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

**ADDITIONAL BASIC (OPTIONAL LIFE)**

BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

**ADDITIONAL BASIC (OPTIONAL LIFE)**

BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

**OPTIONAL LIFE (VOLUNTARY LIFE AND SPOUSE)**

UNITS OF \$10,000 - ADULTS	YES
UNITS OF \$5,000 - CHILD	YES
EMPLOYEE MAXIMUM	250,000
SPOUSE MAXIMUM	250,000
CHILD MAXIMUM	25,000
MEDICAL EVIDENCE	\$20,000 EVIDENCE FREE UPON ENROLMENT (EMPLOYEE ONLY)
TERMINATION AGE EMPLOYEE	EMPLOYEE AGE 70 OR RETIREMENT
TERMINATION AGE SPOUSE	SPOUSE AGE 70
EMPLOYER COST SHARE	N/A

**DEPENDENT LIFE PACKAGE**

SPOUSE	25,000
CHILD	10,000
TERMINATION AGE	EMPLOYEE AGE 70
EMPLOYER COST SHARE	0

**6. ACCIDENTAL DEATH AND DISMEMBERMENT****BASIC**

BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**ADDITIONAL BASIC (OPTIONAL AD&D)**

BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

**LOSS SCHEDULE****6. ACCIDENTAL DEATH AND DISMEMBERMENT**

<b>FOR LOSS OF:</b>	
LIFE	100%
<b>FOR LOSS OF OR LOSS OF USE OF:</b>	
BOTH HANDS OR BOTH FEET	100%
SIGHT OF BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	80%
EITHER HAND OR FOOT	75%
SIGHT OF ONE EYE	75%
SPEECH OR HEARING IN BOTH EARS	75%
THUMB AND INDEX FINGER OF THE SAME HAND	40%
FOUR FINGERS OF THE SAME HAND	40%
HEARING ONE EAR	40%
ALL TOES OF ONE FOOT	33.33%

**FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:**

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
ONE ARM & ONE LEG;SAME SIDE (HEMIPLEGIA)	200%

**7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT****OPTIONAL AD&D**

EMPLOYEE UNITS	10,000
EMPLOYEE MAXIMUM BENEFITS	350,000
SPOUSE - UNITS OF \$10,000	N/A
SPOUSE MAXIMUM	N/A
CHILD - UNITS OF \$10,000	N/A
CHILD MAXIMUM	N/A
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	0%

**LOSS SCHEDULE**

EMPLOYEE - LOSS SCHEDULE AS OUTLINED BELOW	SAME
FAMILY - LOSS SCHEDULE AS OUTLINED BELOW EXCEPT	SAME
SPOUSE, BUT NO DEPENDENT CHILDREN	50%
SPOUSE, WITH DEPENDENT CHILDREN	50%
EACH CHILD, WITH A SPOUSE	20%
EACH CHILD, WITHOUT A SPOUSE	20%

**FOR LOSS OF:**

LIFE	100%
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**FOR LOSS OF OR LOSS OF USE OF:**

BOTH HANDS OR BOTH FEET	100%
SIGHT OR BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	75%
EITHER HAND OR FOOT	66.67%
SIGHT OF ONE EYE	66.67%
SPEECH OR HEARING IN BOTH EARS	66.67%
THUMB AND INDEX FINGER OF THE SAME HAND	33.33%
FOUR FINGERS OF THE SAME HAND	33.33%
HEARING ONE EAR	33.33%
ALL TOES OF ONE FOOT	25%

**FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:**

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
SIDE OF THE BODY (HEMIPLEGIA)	200%

**8. ALBERTA HEALTH CARE INSURANCE PLAN**