



PUBLIC SECTOR

ARTA Retiree Benefits Plan Effective September 1, 2015



The ARTA Retiree Benefits Plan is a member-based plan available to ARTA members in good standing. To find out how to become an ARTA member or for information about how to enroll for coverage in this plan, please contact us. You will find our contact information on page 8 of this brochure or at www.arta.net.

There are a number of voluntary benefit options available to you through the ARTA Retiree Benefits Plan; please review this document carefully to ensure you choose the plan that best suits your needs. The Health and Dental Plans renew automatically on September 1 every year.

To be eligible for coverage under the ARTA Retiree Benefits Plan, you must apply for and participate in all public provincial health and drug plans for which you are eligible, as ARTA's Extended Health Care is second payor to any provincial or territorial plan.

Our partners:





Extended Health Coverage Per insured person	 HEALTH WISE EHC CORE	 HEALTH WISE PLUS EHC ENHANCED
Overall coverage level	80%, unless otherwise indicated	80%, unless otherwise indicated
Overall maximum per calendar year	\$10,000	\$10,000
Prescription drugs maximum per calendar year for drugs on the ARTA Drug Benefit List. Least Cost Alternative applies.	\$1,200 or \$2,000	\$1,200 or \$2,000
Defined lifestyle prescription drugs (like those to treat hair loss or erectile dysfunction) maximum per calendar year	Not included	50% to \$150/year
Vision care maximum per 24 rolling months	\$425	\$550
Hearing aids maximum per 36 rolling months	\$700	\$900
Paramedical coverage such as chiropractor, physiotherapist, massage therapist, acupuncturist and podiatrist. Combined maximum per calendar year. See Plan Text for full list.*	\$1,000	\$1,200
Accidental dental maximum per calendar year	\$1,000	\$1,000
Medical aids such as canes, splints, braces, walkers, breast prosthesis and medical appliances (maximums noted in Plan Text).	Included	Included
Wheelchairs (manual or electric) maximum per five (5) consecutive calendar years	Manual: \$2,000 Electric: \$5,000	Manual: \$2,000 Electric: \$5,000
CPAP/Breathing monitor maximum per five (5) consecutive calendar years	\$2,000	\$2,000
Diabetic supplies (insulin pump and transmitter) maximum per five (5) consecutive calendar years	\$5,000	\$5,000
Private duty nursing maximum per three (3) consecutive calendar years	\$3,000	\$3,000
Ambulance (ground and air)	Included	Included
Private or semi-private hospital room	100% to \$144/day	100% to \$144/day
Home care maximum 10 days after hospital stay	\$50/day	\$50/day
Emergency Travel Insurance	None	None
When can I change my coverage?	<p>You can upgrade your coverage anytime, but you must wait 24 months to lower your coverage.</p> <p>Medical evidence of insurability may be required if you wish to add Emergency Travel Insurance more than 60 days after your employer-sponsored group benefits plan has terminated.</p>	

*For complete plan details and benefit provisions, please refer to the Plan Text located online at www.arta.net. You can find the Plan Text by clicking on Benefits Forms & Documents under the Retiree Benefits menu.

Monthly Premiums		HEALTH WISE	HEALTH WISE PLUS
\$1,200 drug maximum per calendar year	Single	\$94.00	\$115.00
	Couple	\$183.50	\$225.50
	Family	\$222.50	\$273.00
\$2,000 drug maximum per calendar year	Single	\$131.00	\$152.00
	Couple	\$258.00	\$300.00
	Family	\$311.00	\$361.50



Extended Health Coverage Per insured person	 TOTAL HEALTH EHC CORE • TRAVEL	 ULTIMATE HEALTH EHC ENHANCED • TRAVEL
Overall coverage level	80%, unless otherwise indicated	80%, unless otherwise indicated
Overall maximum per calendar year	\$10,000	\$10,000
Prescription drugs maximum per calendar year for drugs on the ARTA Drug Benefit List. Least Cost Alternative applies.	\$1,200 or \$2,000	\$1,200 or \$2,000
Defined lifestyle prescription drugs (like those to treat hair loss or erectile dysfunction) maximum per calendar year	Not included	50% to \$150/year
Vision care maximum per 24 rolling months	\$425	\$550
Hearing aids maximum per 36 rolling months	\$700	\$900
Paramedical coverage such as chiropractor, physiotherapist, massage therapist, acupuncturist and podiatrist. Combined maximum per calendar year. See Plan Text for full list.*	\$1,000	\$1,200
Accidental dental maximum per calendar year	\$1,000	\$1,000
Medical aids such as canes, splints, braces, walkers, breast prosthesis and medical appliances (maximums noted in Plan Text).	Included	Included
Wheelchairs (manual or electric) maximum per five (5) consecutive calendar years	Manual: \$2,000 Electric: \$5,000	Manual: \$2,000 Electric: \$5,000
CPAP/Breathing monitor maximum per five (5) consecutive calendar years	\$2,000	\$2,000
Diabetic supplies (insulin pump and transmitter) maximum per five (5) consecutive calendar years	\$5,000	\$5,000
Private duty nursing maximum per three (3) consecutive calendar years	\$3,000	\$3,000
Ambulance (ground and air)	Included	Included
Private or semi-private hospital room	100% to \$144/day	100% to \$144/day
Home care maximum 10 days after hospital stay	\$50/day	\$50/day
Emergency Travel Insurance**	Included	Included
When can I change my coverage?	<p>You can upgrade your coverage anytime, but you must wait 24 months to lower your coverage.</p> <p>Medical evidence of insurability may be required if you wish to add Emergency Travel Insurance more than 60 days after your employer-sponsored group benefits plan has terminated.</p>	
<p>*For complete plan details and benefit provisions, please refer to the Plan Text located online at www.arta.net. You can find the Plan Text by clicking on Benefits Forms & Documents under the Retiree Benefits menu.</p>		
<p>**See page 4 for details.</p>		
<p>The travel component of the Total Health and Ultimate Health plans is underwritten by SSQ Financial Group, with travel assistance provided by AXA Assistance, a Canadian company. All personal information is securely stored in Canada.</p>		

		Total Health Monthly Premiums	Ultimate Health Monthly Premiums
UNDER AGE 75			
\$1,200 drug maximum per calendar year	Single	\$103.00	\$124.00
	Couple	\$201.50	\$243.50
	Family	\$240.50	\$291.00
\$2,000 drug maximum per calendar year	Single	\$139.50	\$160.50
	Couple	\$275.00	\$317.00
	Family	\$329.00	\$379.50
AGE 75 TO 84			
\$1,200 drug maximum per calendar year	Single	\$131.00	\$152.00
	Couple	\$257.50	\$299.50
	Family	\$310.50	\$361.00
\$2,000 drug maximum per calendar year	Single	\$171.00	\$192.00
	Couple	\$338.00	\$380.00
	Family	\$408.00	\$458.50
AGE 85+			
\$1,200 drug maximum per calendar year	Single	\$223.00	\$244.00
	Couple	\$441.50	\$483.50
	Family	\$535.50	\$586.00
\$2,000 drug maximum per calendar year	Single	\$272.00	\$293.00
	Couple	\$540.00	\$582.00
	Family	\$654.00	\$704.50

Emergency Travel Insurance Included in Total Health and Ultimate Health

- 100% coverage for sudden and unforeseen eligible emergency medical travel expenses when you leave your province of residence
- Lifetime maximum of \$2 million per covered member
- 92 days of coverage per trip; unlimited number of trips
- Trip cancellation/interruption (\$6,000 per trip per insured)
- Hospital accommodations and physicians' services
- Private duty nursing (\$5,000 per calendar year)
- Drug/diagnostic services/aids and appliances
- Paramedical services (three (3) practitioners - \$225/year)
- Emergency transportation (ground and air)
- Vehicle return/return of dependent children
- Repatriation of deceased member
- You may require proof of date of departure and date of return to province of residence at time of claim

For more information on travel coverage, please refer to the Retiree Benefits section of the ARTA website, which you can access at www.arta.net/retiree-benefits.

Supplementary Travel Insurance to Extend a Single Trip Beyond 92 Days

If you require more than the 92-day travel included with the **Total Health** or **Ultimate Health** plans, you may purchase additional supplemental coverage in **15-day units** for a single trip. Please arrange for supplemental coverage **before** your departure as we are unable to offer Supplementary Travel Insurance extensions received after the 92-day travel limit has passed.

To purchase Supplementary Travel Insurance, please contact an ARTA Benefit Plan Coordinator at 1-855-444-2782. The cost of Supplementary Travel Insurance is added to your premium payments and amortized over the balance of the plan year.



ADDITIONAL DAYS (TOTAL DAYS)	SUPPLEMENTARY TRAVEL ANNUAL PREMIUM								
	UNDER AGE 75			AGE 75 TO 84			AGE 85+		
	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY
15 (107)	\$160	\$319	\$338	\$302	\$603	\$736	\$818	\$1,636	\$1,996
30 (122)	\$343	\$686	\$785	\$648	\$1,296	\$1,582	\$1,754	\$3,509	\$4,281
45 (137)	\$479	\$958	\$1,117	\$908	\$1,816	\$2,215	\$2,456	\$4,911	\$5,992
60 (152)	\$626	\$1,252	\$1,476	\$1,188	\$2,376	\$2,898	\$3,215	\$6,431	\$7,846
75 (167)	\$786	\$1,572	\$1,865	\$1,491	\$2,982	\$3,638	\$4,033	\$8,067	\$9,842
90 (182)	\$956	\$1,912	\$2,281	\$1,816	\$3,631	\$4,430	\$4,911	\$9,823	\$11,984
105 (197)	\$1,138	\$2,276	\$2,724	\$2,164	\$4,327	\$5,279	\$5,854	\$11,707	\$14,283
120 (212)	\$1,332	\$2,663	\$3,197	\$2,537	\$5,074	\$6,190	\$6,864	\$13,729	\$16,749

Dental Coverage Per insured person	OPTION A	OPTION B	OPTION C
Basic and preventative: unlimited annual maximum for examinations, x-rays, cleaning and polishing, fillings, extractions, etc. Some limitations may apply, such as one (1) recall exam per calendar year; eight (8) units scaling and/or root planing per calendar year; four (4) units of facility fees for surgical extracts per calendar year.	80%	80%	65%
Minor restorative: \$750 maximum per calendar year for minor restorative coverage. Examples include root canal treatment and periodontic treatments.	80%	80%	65%
Major restorative: \$800 maximum per calendar year for crowns, posts, inlays and onlays, and an \$800 maximum per calendar year for artificial teeth, implants, bridges and dentures.	50%	None	None
When can I change my coverage level?	You may upgrade your coverage at any time, but you must wait 24 months to lower or opt out of coverage.		

For complete plan details and benefit provisions, please refer to the Plan Text located online at www.arta.net. You can find the Plan Text by clicking on Benefits Forms & Documents under the Retiree Benefits menu.

Payment for dental plan expenses will be based on the current ARTA Dental Benefit List, updated January 1 of each year.

Monthly Dental Premiums	OPTION A	OPTION B	OPTION C
Single	\$59.50	\$48.00	\$36.25
Couple	\$119.25	\$95.75	\$72.25
Family	\$141.75	\$114.00	\$86.25

Stand Alone Annual Trip Cancellation/ Interruption Insurance

- Designed for ARTA members who have Extended Health Care coverage without a Trip Cancellation/ Interruption benefit (such as Health Wise and Health Wise Plus).
- Annual multi-trip coverage: no medical required, rates are pro-rated for the next renewal and paid monthly.
- Coverage up to \$6,000 per insured person per year; \$400 for lost or delayed baggage.
- Up to \$1,000 coverage for loss of, or damage to, your baggage and personal effects by reason of theft, burglary, fire, or transportation hazards during your covered trip.
- Coverage must be in place prior to booking a trip.

Stand Alone Annual Trip Cancellation/Interruption Insurance is available by contacting an ARTA Benefit Plan Coordinator at 1-855-444-2782.

Other ARTA-Sponsored Plans - TW Insurance

- Great discounts for ARTA members for:
 - Home insurance
 - Auto insurance
 - Term life insurance up to \$1,000,000 (medical required; must be under 70 years old at time of application)

Available by contacting TW Insurance Brokers at 1-855-894-2782 or visiting www.twinsurance.ca/arta.

Premium Payments

Bank deductions are withdrawn on the 10th of each month for coverage during the current month. For example, January 10th deductions are for January coverage.

The ARTA membership fee of \$4.17/month is added to your monthly benefits premium deduction.

Provincial Sales Tax is added to the premiums where required by law.

Important Information

If you apply within 60 days of losing your existing employer group coverage you do not have to provide medical evidence for insurability to enroll in the Total or Ultimate Health plans with travel insurance. After 60 days, applications require medical evidence of insurability and you may be declined coverage.

If there are any discrepancies between this document and the Plan Text, the Plan Text will prevail.

Serving You

Your ARTA Benefit Plan Coordinator team is your primary point of contact, providing you with accurate information about the ARTA Retiree Benefits Plan's comprehensive benefits coverage through phone conversations, emails and face-to-face interactions.

If you would like to contact an ARTA Benefit Plan Coordinator, our contact information is provided under ASEBP (ARTA's plan administrator), on the back of this brochure.

Accessing Your Benefits Online

We are pleased to offer you easy online access to your ARTA Retiree Benefits Plan through the online ARTA Members Health Care Account.

To register for an account, simply visit www.arta.net, click on the Members Health Care Account Login button on the top of the home page, then click Register and follow the steps to create an account

The ARTA Members Health Care Account provides you with access to a variety of self-serve features, such as printing your ARTA Benefits ID card, updating your banking information and address. You can also view claims history and your coverage details.

How to Make a Claim

Claim reimbursement is paid directly into your bank account.

DIRECT BILL OR ELECTRONIC CLAIMS SUBMISSION:

Claims can be submitted directly online to the ARTA Retiree Benefits Plan from a health care professional. Check with your health care professional to ensure they offer direct billing services.

PAPER CLAIMS:

If your health care professional does not offer direct billing services, there is the traditional method where original receipts are submitted with the applicable claim form.

You can opt to have your health care professional paid directly by your ARTA Retiree Benefits Plan. Simply complete the section titled Assignment of Benefits on your ARTA claim form and attach the original invoice from your health care professional.

For assigned and traditional claims, please mail forms to the address on the claim form.

PERSONAL USE PREMIUM CALCULATION WORKSHEET

This worksheet can be used to assist you in calculating your personal premium amount for the benefits in which you wish to enroll. This may be helpful when completing the application form and is for your **personal use only**. After your application is approved, a *Benefit Confirmation* letter will be sent to your attention outlining the actual premium being charged for your benefits.

BENEFIT	PLAN	DRUG MAX.	COVERAGE LEVEL	MONTHLY COST
Extended Health Care (Select one only)	<input type="checkbox"/> Health Wise	<input type="checkbox"/> \$1200 <input type="checkbox"/> \$2000	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	\$ _____ (A)
	<input type="checkbox"/> Health Wise Plus	<input type="checkbox"/> \$1200 <input type="checkbox"/> \$2000	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
	<input type="checkbox"/> Total Health	<input type="checkbox"/> \$1200 <input type="checkbox"/> \$2000	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
	<input type="checkbox"/> Ultimate Health	<input type="checkbox"/> \$1200 <input type="checkbox"/> \$2000	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
Dental (Select one only)	<input type="checkbox"/> Option A		<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	\$ _____ (B)
	<input type="checkbox"/> Option B		<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
	<input type="checkbox"/> Option C		<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	
ARTA Membership Fee (\$50/12) \$ 4.17 (C) Monthly Cost (A+B+C) \$ _____ (D) Sales tax applies to members living in Ontario (8%) and Quebec (9%).				

SUPPLEMENTARY TRAVEL (Calculations for a single trip beyond 92 days)				
Tentative Travel Dates	Total # of Days	Coverage Level	Cost	Monthly Cost
Departure: _____ Return: _____		<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	_____/12 =	\$ _____ (E)
Note: To make the cost of purchasing supplemental travel coverage more manageable, premium payments are amortized over the policy year. However, if you purchase your Supplementary Travel Insurance after September 1, you may have an initial lump sum payment which covers premiums from September to the month in which you purchased your coverage, with the remaining premiums being amortized over the rest of the policy year.				
Calculate first month's premium:				
September to _____ = _____ # of months X \$ _____ =				\$ _____ (F)
(month requested)				(monthly cost line E above)
First Month's Premium (D+F): \$ _____ Ongoing Monthly Premium (D+E): \$ _____ Sales tax applies to members living in Ontario (8%) and Quebec (9%).				

CONTACT INFORMATION

For ARTA membership inquiries, please contact:



ALBERTA RETIRED TEACHERS' ASSOCIATION

Room 409, Barnett House
11010 142 Street NW
Edmonton, Alberta T5N 2R1
780-822-2400
Toll-free (Canada only): 1-855-212-2400
Fax: 780-447-0613
Email: info@arta.net
www.arta.net

For ARTA Retiree Benefits Plan coverage and claims, please contact:



ASEBP ARTA'S PLAN ADMINISTRATOR

Suite 700 Weber Centre
5555 Calgary Trail
Edmonton, AB T6H 5P9
Phone: 780-989-8709
Administration toll-free: 1-855-444-ARTA (2782)
Claims Toll-free: 1-855-444-ARTA (2782)
Email: arta@asebp.ab.ca
www.asebp.ab.ca

For emergency travel assistance and travel claims, please contact:



AXA ASSISTANCE ARTA'S EMERGENCY TRAVEL ASSISTANCE PROVIDER

Toll-free in Canada/U.S.: 1-888-996-9003
From any other country, call collect: 1-514-285-0142
www.axa-assistance.ca

For home, auto and life insurance, please contact:



TW INSURANCE BROKERS ARTA-SPONSORED HOME AND AUTO INSURANCE

Phone: 1-855-TW4-ARTA (894-2782)
www.twinsurance.ca

