

AMSC Retiree Health and Dental Plan

Effective November 1, 2017



The AMSC Retiree Health and Dental Plan, sponsored by the Alberta Retired Teachers' Association (ARTA), 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 enrol for coverage in this plan, please contact us. You will find our contact information on page 8 of this brochure or visit www.arta.net.

There are a number of voluntary benefit options available to you through the AMSC Retiree Health and Dental 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 November 1 every year.

To be eligible for coverage under the AMSC Retiree Health and Dental Plan, you must apply for and participate in all public provincial health and drug plans for which you are eligible, as the AMSC Retiree Health and Dental Plan'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 and therapeutic alternative reference pricing applies. See Plan Text for details.	\$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
Wheelchair and mobility scooter 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 year	\$2,000	\$2,000
Diabetic supplies	Included	Included
Insulin pump/transmitter maximum per four (4) 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 \$148/day	100% to \$148/day
Home care maximum 10 days after hospital stay	\$50/day	\$50/day
Emergency Travel Insurance	Not included	Not included
When can I change my coverage level?	<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	\$97.50	\$119.25
	Couple	\$190.00	\$233.50
	Family	\$230.50	\$282.75
\$2,000 drug maximum per calendar year	Single	\$135.75	\$157.50
	Couple	\$267.25	\$310.75
	Family	\$322.25	\$374.50



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 and therapeutic alternative reference pricing applies. See Plan Text for details.	\$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
Wheelchair and mobility scooter 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/transmitter maximum per four (4) consecutive calendar years	Included \$5,000	Included \$5,000
Private duty nursing maximum per three (3) consecutive calendar years	\$3,000	\$3,000
Ambulance (air and ground)	Included	Included
Private or semi-private hospital room	100% to \$148/day	100% to \$148/day
Home care maximum 10 days after hospital stay	\$50/day	\$50/day
Emergency Travel Insurance**	Included	Included
When can I change my coverage level?	<p>You may 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>Travel assistance for the Total Health and Ultimate Health plans is provided by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd. Total Health and Ultimate Health travel insurance is underwritten by CUMIS General Insurance Company, a member of the Co-operators group of companies.</p>		

		Total Health Monthly Premiums	Ultimate Health Monthly Premiums
UNDER AGE 75			
\$1,200 drug maximum per calendar year	Single	\$116.75	\$139.50
	Couple	\$228.50	\$273.75
	Family	\$272.75	\$327.00
\$2,000 drug maximum per calendar year	Single	\$154.75	\$176.50
	Couple	\$304.75	\$348.50
	Family	\$364.75	\$417.25
AGE 75 TO 84			
\$1,200 drug maximum per calendar year	Single	\$165.50	\$187.50
	Couple	\$325.25	\$369.25
	Family	\$392.25	\$445.00
\$2,000 drug maximum per calendar year	Single	\$207.50	\$228.75
	Couple	\$410.00	\$452.75
	Family	\$495.00	\$546.25
AGE 85+			
\$1,200 drug maximum per calendar year	Single	\$310.75	\$332.25
	Couple	\$615.25	\$658.25
	Family	\$746.25	\$797.75
\$2,000 drug maximum per calendar year	Single	\$361.00	\$383.00
	Couple	\$716.75	\$761.00
	Family	\$868.00	\$921.00

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 \$5 million per covered member
- 92 days of coverage per trip; unlimited number of trips
- Trip cancellation/interruption (\$10,000 per trip per insured)
- Return of excess baggage up to \$500
- Hospital accommodations and physicians' services
- Private duty nursing (\$5,000 per calendar year)
- Drug/diagnostic services/aids and appliances
- Paramedical services (three practitioners - \$250/year)
- Emergency transportation (ground and air)
- Return dependent children/animal companion/vehicle
- Repatriation of deceased member

Proof of date of departure and date of return to province of residence is required at the time of the 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. Once purchased, supplemental travel coverage automatically renews on November 1 of each year. Contact a benefit plan coordinator if you wish to remove travel coverage.

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 INSURANCE ANNUAL PREMIUM								
	UNDER AGE 75			AGE 75 TO 84			AGE 85+		
	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY	SINGLE	COUPLE	FAMILY
15 (107)	\$251	\$502	\$530	\$471	\$942	\$1,149	\$1,277	\$2,554	\$3,115
30 (122)	\$538	\$1,076	\$1,231	\$1,012	\$2,024	\$2,468	\$2,738	\$5,476	\$6,680
45 (137)	\$752	\$1,504	\$1,753	\$1,417	\$2,834	\$3,456	\$3,832	\$7,664	\$9,350
60 (152)	\$982	\$1,964	\$2,315	\$1,853	\$3,706	\$4,522	\$5,017	\$10,034	\$12,242
75 (167)	\$1,233	\$2,466	\$2,927	\$2,326	\$4,652	\$5,676	\$6,294	\$12,588	\$15,357
90 (182)	\$1,500	\$3,000	\$3,579	\$2,833	\$5,666	\$6,913	\$7,664	\$15,328	\$18,700
105 (197)	\$1,785	\$3,570	\$4,274	\$3,376	\$6,752	\$8,238	\$9,134	\$18,268	\$22,287
120 (212)	\$2,089	\$4,178	\$5,016	\$3,958	\$7,916	\$9,659	\$10,711	\$21,422	\$26,136

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 a \$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 anytime, 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	\$68.75	\$55.25	\$42.00
Couple	\$137.75	\$110.75	\$83.50
Family	\$164.00	\$131.50	\$99.50

The ARTA Retiree Benefits Plan acknowledges all applications received by email or fax. If you have not heard from us within five business days, please contact us at 1-855-212-2400.

Serving You

For benefits questions, your ARTA benefit plan coordinator team is your primary point of contact. Contact a coordinator when you have questions about your plan via phone, email or by visiting our office. The contact information for your benefit plan coordinator team is on page eight.

For Detailed Information, See the Plan Text

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

ARTA Retiree Benefits Plan Membership Requirements

To participate in the ARTA Retiree Benefits Plan, you must be:

- an affiliate member in good standing with ARTA,
- age 55 or older,
- a permanent resident of Canada, and
- enrolled in all provincial or territorial health care plans for which you are eligible (e.g., in Alberta, this would include Alberta Health Care and Alberta Coverage for Seniors, if you or your spouse are age 65 or older; in British Columbia, this would include the Medical Services Plan of BC and the BC Fair Pharmacare Plan).

Coverage is also available to the surviving spouse of an eligible member.

If you have membership eligibility questions, please contact the ARTA head office at 1-855-212-2400.

Dependants

This plan allows you the flexibility to choose single, couple or family coverage. Couple coverage may include you and your spouse, or you and a dependent child.

For more information, please refer to the dependant eligibility section in the Plan Text located at www.arta.net. You can find the Plan Text by clicking on Benefit Forms and Documents under the Retiree Benefits menu.

Enrolment

You are automatically eligible to enrol in an Extended Health Plan with emergency travel (Total or Ultimate Health plans), if the ARTA Retiree Benefits Plan receives your application within 60 days of termination from an employer-sponsored benefit plan (either as an employee or eligible dependant). After 60 days, applications require medical evidence of insurability and you may be turned down for coverage. Your ARTA Retiree Benefits Plan coverage starts the day after your current coverage terminates. **Premiums are payable from the date your ARTA Retiree Benefits Plan coverage begins, regardless of the date your application is received.**

If you wish to apply for Total or Ultimate Health more than 60 days after your employer-sponsored benefit plan terminates, you must complete a medical questionnaire to determine eligibility. Coverage will begin the date your application is approved. Please contact an ARTA benefit plan coordinator at 1-855-444-2782 to obtain an evidence of insurability form.

If you wish to enrol in a dental plan more than 60 days after your employer-sponsored benefit plan terminates, maximums will be pro-rated based on the current calendar year. For example, if you enrol in dental coverage in July, your maximums will be pro-rated by 50%, or \$400 of the \$800 maximum.

Your benefit package will be sent to you via mail. If you wish to have your benefits package sent by email, please indicate this on the form. Once you are successfully enrolled, your ID card will be available on the ARTA Members Health Care Account.

EFFECTIVE DATE OF COVERAGE IF YOU ARE TRAVELLING

If you are not in your province of residence on the date your coverage is effective, the 92-day emergency travel coverage begins the date you left your province of residence. For example, if your coverage is effective May 1 but you left for Mexico on April 1, your 92 days start on April 1 and you will have emergency travel coverage until July 2.

You are welcome to purchase supplemental travel insurance. See page four for details.

Coverage for extended health (not including emergency travel) and dental begins on the date you return to your province of residence.



Premium Payments

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

Provincial sales tax is added to your premiums where required by law.

ACCESSING YOUR BENEFITS ONLINE

To register for an ARTA Members Health Care Account, visit www.arta.net and click on the Members Health Care Account button on the top of the home page. Click Register and follow the simple steps.

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, as well as the ability to view your claims history or confirm if a drug is covered.

Claim Payments

Claim payments will be made directly to your bank account. All benefit reimbursement is subject to Alberta pricing.

DIRECT BILL OR ELECTRONIC CLAIMS SUBMISSION

Most health care professionals offer direct billing services to the ARTA Retiree Benefits Plan.

PAPER CLAIMS

You may submit receipts with the applicable claim form to the ARTA Retiree Benefits Plan for reimbursement. Please submit claims within one year of the date of service or purchase.

ASSIGNMENT OF BENEFITS

You also have the option to have your health care professional reimbursed directly from the ARTA Retiree Benefits Plan when you submit receipts with the applicable claim form.

Please mail original claim forms and receipts to the address listed on the form.

Plan Renewal

The ARTA Retiree Benefits Plan monthly premium rates are subject to change on November 1 each year. You will receive advance notice of any changes to rates or benefits.

Coverage Termination

Coverage terminates for you and your dependants on the last day of the month following:

- the date you request,

- the date you no longer make payments,
- the date you are no longer eligible for coverage,
- the date you are no longer an ARTA member,
- the date of your death,
- the date you are no longer a resident of Canada, or
- the date you enter the armed forces of any country.

ARTA-Sponsored Plans: TW Insurance

Great discounts are available for ARTA Retiree Benefits Plan members!

- Home insurance
- Auto insurance
- Four great options for life insurance, up to \$1,000,000 for you or your family, including your grandchildren

Please contact TW Insurance Brokers at 1-855-894-2782 or visit www.twinsurance.ca/arta.

Stand Alone Annual Trip Cancellation/ Interruption Insurance

This insurance is designed for ARTA Retiree Benefits Plan members with 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**

Contact your ARTA benefit plan coordinator at 1-855-444-2782 for more information.

Important Information

The Plan Text will prevail for discrepancies between this document and the Plan Text.

CONTACT INFORMATION



AMSC RETIREE HEALTH AND DENTAL PLAN, SPONSORED BY ARTA

300, 8616 51 Avenue
Edmonton, Alberta T6E 6E6
780-409-9472
Email: benefits@amsc.ca



For ARTA membership inquiries, please contact:



ALBERTA RETIRED TEACHERS' ASSOCIATION

11835 149 Street NW
Edmonton, Alberta T5L 2J1
780-822-2400
Toll-free (Canada only): 1-855-212-2400
Email: info@arta.net
www.arta.net

For AMSC Retiree Benefits Plan coverage and claims, please contact an ARTA Benefit Plan Coordinator at:



ASEBP: ARTA'S PLAN ADMINISTRATOR

Allendale Centre East
Suite 301, 6104-104 Street NW
Edmonton, AB T6H 2K7
Phone: 780-989-8709
Administration toll-free: 1-855-444-ARTA (2782)
Claims toll-free: 1-855-444-ARTA (2782)
Email: arta@asebp.ca
www.asebp.ca

For emergency travel assistance and travel claims, please contact:



ALLIANZ GLOBAL ASSISTANCE ARTA'S EMERGENCY TRAVEL ASSISTANCE PROVIDER

Toll-free in Canada/U.S.: 1-844-996-9003
From any other country, call collect: 1-519-342-0142
www.allianz-assistance.ca

For home, auto and life insurance, please contact:



TW INSURANCE BROKERS: ARTA-SPONSORED HOME & AUTO INSURANCE

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

