

Benefit	AMA HBTf	ARTA - Health Wise Core	ARTA - Health Wise Plus	ARTA - Total Health	ARTA - Ultimate Health
Extended Health Care					
Co-insurance on EHC benefits	100%	80%, unless noted otherwise			
Deductible	None	None	None	None	None
Annual maximum	None, but \$2M lifetime	\$10,000	\$10,000	\$10,000	\$10,000
Prescription Drugs					
Coinsurance	70%	80%	80%	80%	80%
Maximum per calendar yr	\$750	\$1,200 or \$2,000	\$1,200 or \$2,000	\$1,200 or \$2,000	\$1,200 or \$2,000
Least cost alternative apply	Yes	Yes	Yes	Yes	Yes
Lifestyle drugs	No	No	50% to \$150/year	No	50% to \$150/year
Hospital - s/private and private	100%	100%	100%	100%	100%
Accidental Dental	\$2,000 per accident per participant	\$3500 per calendar year			
Ambulance	Ground	Ground and air	Ground and air	Ground and air	Ground and air
Breathing Monitor (CPAP)	\$1500 in a 5 year period	\$2,000 in a 5 year period	\$2,000 in a 5 year period	\$2,000 in a 5 year period	\$2,000 in a 5 year period
Hearing Aids	\$600 in a 5 year period	\$900 per 36 consecutive months	\$1100 per 36 consecutive months	\$900 per 36 consecutive months	\$1100 per 36 consecutive months
Insulin pump and transmitter	No	\$5,000/4 years	\$5,000/4 years	\$5,000/4 years	\$5,000/4 years
Paramedical					
Physiotherapist	\$40 per visit/ max \$480 per benefit year	\$1,000 combined all practitioners See paramedical practitioners covered below	\$1,200 combined See paramedical practitioners covered below	\$1,000 combined See paramedical practitioners covered below	\$1,200 combined See paramedical practitioners covered below
Speech language pathologist	\$40 per visit/ max \$480 per benefit year				
Chiroprapist/Podiatrist	\$40 per visit/ max \$480 per benefit year				
Psychologist	\$50 per visit/ max \$500 per benefit year				
Medical aids - canes, splints, braces, walkers, etc. - see detailed plan					
Diabetic Supplies	included Included in Prescription Drug benefit	Included \$1,750 per calendar year Manual - \$2,000 maximum per five consecutive years Electric - \$5,000 maximum per five consecutive years	Included \$1,750 per calendar year Manual - \$2,000 maximum per five consecutive years Electric - \$5,000 maximum per five consecutive years	Included \$1,750 per calendar year Manual - \$2,000 maximum per five consecutive years Electric - \$5,000 maximum per five consecutive years	Included \$1,750 per calendar year Manual - \$2,000 maximum per five consecutive years Electric - \$5,000 maximum per five consecutive years
Wheelchair	Manual - one in any three-year period	\$300 per three consecutive calendar years \$500 per three calendar years \$425 per 24 consecutive months	\$300 per three consecutive calendar years \$500 per three calendar years \$425 per 24 consecutive months	\$300 per three consecutive calendar years \$500 per three calendar years \$425 per 24 consecutive months	\$300 per three consecutive calendar years \$500 per three calendar years \$425 per 24 consecutive months
Foot Orthotics	\$200 per year	\$300 per three consecutive calendar years			
Orthopedic shoes	\$250 per year	\$500 per three calendar years			
Vision Care	No	\$425 per 24 consecutive months	\$550 per 24 consecutive months	\$425 per 24 consecutive months	\$550 per 24 consecutive months
Home nursing	\$15,000 in any three year period	\$3,000/year	\$3,000/year	\$3,000/year	\$3,000/year
Home care after hospital stay	No	\$50/day	\$50 day	\$50/day	\$50/day
Geriatric chair	No	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime	\$1,000 lifetime
Prescribed Health Education Program					
ARTACares	No	\$100/year Provided by Humanacare	\$100/year Provided by Humanacare	\$100/year	\$100/year
Emergency Travel	Yes	No	No	Yes	Yes
# of days per trip	60			92	92
Maximum	\$5M per incident			\$5M lifetime	\$5M lifetime
Supplemental days available	Yes			Yes	Yes
Termination age	75			None	None
Trip cancellation	No			\$10,000 per trip	\$10,000 per trip
Dental					
Diagnostic and preventative	80% coinsurance				
Periodontics	60% coinsurance				
Maximum per year	\$750				
Cost-Plus Plan					
	Yes	No	No	No	No
Expenses not covered by Alberta Blue Cross Core Plan may be claimed as a tax deductible business expense. No premium. \$25 administration fee per claim.					
ARTA Paramedical Providers: Chiropractor, Physiotherapist, Athletic Therapist, Massage Therapist, Psychologist/Master of Social Work/Registered Social Worker, Registered Clinical Counselor, Speech Therapist, Naturopath, Acupuncturist, Osteopath, Dietician/Nutritionist, Audiologist, Podiatrist/Chiropracist					

Note to reader - this is a high level comparison only and does not contain all details pertaining to the plans. The plan documents provided by each provider should be reviewed carefully before making a decision on coverage. The accuracy of this comparison is not guaranteed.