

YOUR PLAN CHECKLIST

For your reference, the checked boxes indicate the coverage in which you are participating.

Life Insurance

- Plan 2 – two times annual earnings to a maximum of \$600,000

Accidental Death and Dismemberment

- Plan 2 – two times annual earnings to a maximum of \$600,000

Extended Disability Benefits

- Plan D – 70% of monthly earnings to a maximum of \$17,500 and is a taxable benefit
- Plan E – 66 2/3% of the first \$2,500 of monthly earnings with 45% of the balance to a maximum benefit of \$11,792 and is a non-taxable benefit

Employee & Family Assistance Program

- Available for you and your dependants. Services include counselling (marital, depression, etc.), Life Balance Solutions (advice on parenting, elder care, finances, career, etc.) and health coaching (smoking cessation, nutrition, etc.)

Extended Health Care

- Plan 1 – 100% prescriptions least-cost alternative (LCA) and 100% all other eligible expenses to an unlimited overall maximum (see Benefit Handbook for individual provisions and maximums)
- Plan 2 – 80% prescriptions LCA (75% if no LCA available) and 100% all other eligible expenses to an unlimited overall maximum (see Benefit Handbook for individual provisions and maximums)
- Plan 5 – 90% prescriptions LCA and 100% all other eligible expenses to an unlimited overall maximum (see Benefit Handbook for individual provisions and maximums)

Dental Care

- Plan 1 – 100% basic treatments to a \$1,500 calendar year maximum per person (see Benefit Handbook for individual provisions and maximums)
- Plan 2 – 100% basic & 50% major treatments to a combined \$2,500 calendar year maximum per person (see Benefit Handbook for individual provisions and maximums)
- Plan 3 – 100% basic & 60% major treatments. \$2,500 maximum for major treatments per calendar year per person (see Benefit Handbook for individual provisions and maximums); 60% orthodontic treatments to a lifetime maximum of \$3,000 per person

Vision Care

- Plan 1 – 100% coverage to a \$150 maximum every 24 months from last date of service, eye exam included in that maximum up to \$50 every calendar year (see Benefit Handbook for individual provisions and maximums)
- Plan 2 – 100% coverage to a \$250 maximum every 24 months from last date of service, eye exam included in that maximum up to \$50 every calendar year (see Benefit Handbook for individual provisions and maximums)
- Plan 3 – 100% coverage to a \$350 maximum every 24 months from last date of service, eye exam included in that maximum up to \$50 every calendar year (see Benefit Handbook for individual provisions and maximums)

Spending Accounts

Spending Accounts are individual member accounts that provide benefit dollars (credits) for you to use to meet your benefit needs.

- Health Spending Account
- Wellness Spending Account

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Contact ASEBP

If you have any questions, contact an ASEBP Benefit Specialist:

780-431-4786 in Edmonton

Toll-Free: 1-877-431-4786

Email: benefits@asebp.ab.ca

Website: www.asebp.ab.ca

