





## Comprehensive Plans

EHC, Dental, and Emergency Travel Coverage Included

MONTHLY PREMIUMS	COMPREHENSIVE PLANS			
	 PRIMARY HEALTH	 CORE HEALTH	 ESSENTIAL HEALTH	 ENHANCED HEALTH
Drug Maximum per Calendar Year	Year 1: \$600 Year 2: \$900 Year 3+: \$1,200	\$1,500	\$2,500	\$5,000
Age restrictions (based on primary plan member)	UNDER AGE 65			
Single	\$213.75	\$177.00	\$202.00	\$252.25
Couple	\$396.50	\$351.25	\$399.50	\$499.25
Family	\$544.75	\$418.00	\$474.50	\$593.75

### ARTA Affiliate Membership

In order to participate in the ARTA Benefit Plans, you must be an ARTA Member. Affiliate membership fees are \$50 per year, automatically withdrawn at \$4.17 per month along with your monthly health benefit premiums.

## QUESTIONS?

Contact our Member Support Centre at 1-855-444-ARTA (2782) or [info@arta.net](mailto:info@arta.net).

**ARTA**  
BENEFIT PLANS  
[artabenefits.net](http://artabenefits.net)

## Eligibility & Plan Rates

ALBERTA MUNICIPALITIES

**ARTA**  
BENEFIT PLANS



 **Alberta Municipalities**  
Strength  
In Members

## Membership Requirements

To participate in the ARTA Benefit Plans, you must:

- Have participated in an Alberta Municipalities group benefits plan for **at least two (2) years**
- Be an affiliate member in good standing with ARTA
- Be a permanent resident of Canada
- Be enrolled in all provincial or territorial health care plans for which you are eligible

Please refer to [artabenefits.net](http://artabenefits.net) for specific membership requirements. Coverage is also available to the surviving spouse of an eligible member.

# Build-Your-Own Plans

## Step 1: Choose the Health Benefit Plan to Suit Your Lifestyle (With or Without Emergency Travel Coverage)

BUILD-YOUR-OWN PLANS - WITH EMERGENCY TRAVEL COVERAGE					
MONTHLY PREMIUMS	TOTAL HEALTH		ULTIMATE HEALTH		COMPLETE HEALTH*
	Drug Maximum per Calendar Year	\$1,200	\$2,000	\$1,200	\$2,000
Age restrictions (based on primary plan member)	UNDER AGE 75				
Single	\$135.75	\$180.00	\$162.50	\$205.50	\$138.25
Couple	\$265.50	\$354.00	\$318.50	\$405.25	\$273.75
Family	\$317.00	\$424.00	\$380.00	\$485.25	\$326.25
Age restrictions (based on primary plan member)	AGE 75 TO 84				
Single	\$192.25	\$241.25	\$218.50	\$265.75	\$199.75
Couple	\$378.00	\$476.75	\$429.25	\$526.25	\$394.75
Family	\$456.00	\$575.75	\$517.50	\$635.00	\$475.00
Age restrictions (based on primary plan member)	AGE 85+				
Single	\$361.50	\$420.00	\$386.00	\$445.25	\$380.50
Couple	\$715.00	\$833.25	\$765.00	\$884.50	\$753.75
Family	\$867.50	\$1,009.00	\$927.25	\$1,070.75	\$914.50

Premium increases based on age group are related to increased emergency travel risk.

\*Complete Health is only available to those living within the ARTARx pharmacy service zone. Please visit [artabenefits.net/artarx](http://artabenefits.net/artarx) to check your eligibility.

Rates effective November 1, 2024 - October 31, 2025.

BUILD-YOUR-OWN PLANS - WITHOUT EMERGENCY TRAVEL COVERAGE					
MONTHLY PREMIUMS	HEALTH WISE		HEALTH WISE PLUS		HEALTH WISE Rx*
	Drug Maximum per Calendar Year	\$1,200	\$2,000	\$1,200	\$2,000
Single	\$127.50	\$177.25	\$155.75	\$205.75	\$123.75
Couple	\$247.75	\$349.00	\$305.25	\$406.50	\$246.25
Family	\$301.00	\$421.25	\$369.50	\$489.25	\$302.75

\*Health Wise Rx is only available to those living with the ARTARx pharmacy service zone. Please visit [artabenefits.net/artarx](http://artabenefits.net/artarx) to check your eligibility.

## Step 2: Choose Your Dental Plan (Optional)

BUILD-YOUR-OWN PLANS - DENTAL OPTIONS			
MONTHLY DENTAL PREMIUMS	OPTION A	OPTION B	OPTION C
Single	\$99.50	\$80.00	\$60.75
Couple	\$199.00	\$160.25	\$121.00
Family	\$237.25	\$190.25	\$143.75