

# ELIGIBILITY & PLAN RATES

THE ASSOCIATION OF ENGINEERING  
TECHNOLOGY PROFESSIONALS  
OF ALBERTA (ASET)

## Membership Requirements

To participate in the ARTA Benefit Plans, you must be:

- An ASET member or employee in good standing for at least two (2) years
- An affiliate member in good standing with ARTA
- Enrolled in all provincial or territorial health care plans for which you are eligible

**NOTE:** Refer to [artabenefits.net](https://artabenefits.net) for specific membership requirements.

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

If you have membership eligibility questions, please contact the Member Support Centre at **1-855-444-ARTA (2782)**.

**ASET**



## MONTHLY PREMIUMS





|  | BUILD-YOUR-OWN PLANS |          |                                       |          |                   |          |   |            |
|--|----------------------|----------|---------------------------------------|----------|-------------------|----------|---|------------|
|  | HEALTH WISE™         |          | TOTAL HEALTH™<br>HEALTH WISE + TRAVEL |          | HEALTH WISE PLUS™ |          | ULTIMATE HEALTH™<br>HEALTH WISE PLUS + TRAVEL |            |
| Drug Maximum per Calendar Year                     | \$1,200              | \$2,000  | \$1,200                               | \$2,000  | \$1,200           | \$2,000  | \$1,200                                       | \$2,000    |
| Age restrictions<br>(based on primary plan member) | UNDER AGE 75         |          |                                       |          |                   |          |   |            |
| Single   | \$117.00             | \$162.75 | \$127.00                              | \$168.50 | \$143.00          | \$189.00 | \$152.25                                      | \$192.50   |
| Couple   | \$227.50             | \$320.50 | \$248.50                              | \$331.50 | \$280.25          | \$373.25 | \$298.25                                      | \$379.50   |
| Family   | \$276.50             | \$386.75 | \$296.75                              | \$397.00 | \$339.25          | \$449.25 | \$355.75                                      | \$454.25   |
| Age restrictions<br>(based on primary plan member) | AGE 75 TO 84         |          |                                       |          |                   |          |   |            |
| Single   | \$117.00             | \$162.75 | \$180.00                              | \$226.00 | \$143.00          | \$189.00 | \$204.50                                      | \$248.75   |
| Couple   | \$227.50             | \$320.50 | \$354.00                              | \$446.50 | \$280.25          | \$373.25 | \$402.00                                      | \$492.75   |
| Family   | \$276.50             | \$386.75 | \$427.00                              | \$539.00 | \$339.25          | \$449.25 | \$484.50                                      | \$594.50   |
| Age restrictions<br>(based on primary plan member) | AGE 85+              |          |                                       |          |                   |          |   |            |
| Single   | \$117.00             | \$162.75 | \$338.50                              | \$393.25 | \$143.00          | \$189.00 | \$361.50                                      | \$417.00   |
| Couple   | \$227.50             | \$320.50 | \$669.50                              | \$780.25 | \$280.25          | \$373.25 | \$716.25                                      | \$828.25   |
| Family   | \$276.50             | \$386.75 | \$812.25                              | \$944.75 | \$339.25          | \$449.25 | \$868.25                                      | \$1,002.50 |

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

## MONTHLY DENTAL PREMIUMS

|        | BUILD-YOUR-OWN PLANS |          |          |
|--------|----------------------|----------|----------|
|        | OPTION A             | OPTION B | OPTION C |
| Single | \$82.75              | \$66.50  | \$50.50  |
| Couple | \$165.50             | \$133.25 | \$100.50 |
| Family | \$197.25             | \$158.25 | \$119.50 |

**QUESTIONS?**  
Please contact the  
Member Support  
Centre at  
**1-855-444-ARTA  
(2782).**

| MONTHLY PREMIUMS                                   | INTRO PLAN  | COMPREHENSIVE PLANS  |   |  |
|--|---|--|---|--|
|  | <br>PRIMARY HEALTH | <br>CORE HEALTH | <br>ESSENTIAL HEALTH | <br>ENHANCED HEALTH |
| Drug Maximum per Calendar Year                     | Year 1: \$600<br>Year 2: \$900<br>Year 3+: \$1,200  | \$1,500  | \$2,500   | \$5,000  |
| Age restrictions<br>(based on primary plan member) | UNDER AGE 65  |  |   |  |
| Single   | \$194.75  | \$161.25   | \$184.25  | \$230.00   |
| Couple   | \$361.50  | \$320.25   | \$364.25  | \$455.00   |
| Family   | \$496.50  | \$381.00   | \$432.50  | \$541.25   |

## ARTA BENEFIT PLANS

### General Inquiries

1-855-212-2400  
780-822-2400  
[info@arta.net](mailto:info@arta.net)

### Benefit Specific Inquiries

1-855-444-ARTA(2782)  
780-989-8709

