

# ELIGIBILITY & PLAN RATES

CERTIFIED TECHNICIANS AND  
TECHNOLOGISTS ASSOCIATION OF  
MANITOBA (CTTAM)

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

## Membership Requirements

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

- A CTTAM member 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](http://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)**.



## 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   | \$150.50             | \$210.00 | \$150.50                              | \$200.75   | \$184.25          | \$243.75 | \$179.25                                      | \$229.50   |
| Couple   | \$294.00             | \$414.00 | \$294.50                              | \$395.50   | \$362.25          | \$481.00 | \$352.25                                      | \$453.00   |
| Family   | \$356.75             | \$499.00 | \$351.75                              | \$473.50   | \$438.00          | \$579.75 | \$421.00                                      | \$542.75   |
| Age restrictions<br>(based on primary plan member) | AGE 75 TO 84         |          |                                       |            |                   |          |   |            |
| Single   | \$150.50             | \$210.00 | \$209.00                              | \$264.25   | \$184.25          | \$243.75 | \$237.50                                      | \$292.50   |
| Couple   | \$294.00             | \$414.00 | \$410.25                              | \$522.50   | \$362.25          | \$481.00 | \$468.25                                      | \$578.75   |
| Family   | \$356.75             | \$499.00 | \$494.25                              | \$630.25   | \$438.00          | \$579.75 | \$564.25                                      | \$698.25   |
| Age restrictions<br>(based on primary plan member) | AGE 85+              |          |                                       |            |                   |          |   |            |
| Single   | \$150.50             | \$210.00 | \$382.75                              | \$450.00   | \$184.25          | \$243.75 | \$411.25                                      | \$479.50   |
| Couple   | \$294.00             | \$414.00 | \$757.00                              | \$892.50   | \$362.25          | \$481.00 | \$814.50                                      | \$951.50   |
| Family   | \$356.75             | \$499.00 | \$917.50                              | \$1,080.50 | \$438.00          | \$579.75 | \$987.50                                      | \$1,150.75 |

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 | \$73.50              | \$59.50  | \$44.75  |
| Couple | \$147.75             | \$118.25 | \$89.25  |
| Family | \$175.50             | \$141.25 | \$107.00 |

**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   | \$189.00  | \$156.75   | \$178.50  | \$223.00   |
| Couple   | \$351.25  | \$311.25   | \$353.75  | \$441.25   |
| Family   | \$481.75  | \$369.50   | \$420.00  | \$525.25   |

## **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

