### ELIGIBILITY & PLAN RATES

TECHNOLOGY PROFESSIONALS CANADA - TECHNOVA



## **Membership Requirements**

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

- A TechNova 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** 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)**.



	BUILD-YOUR-OWN PLANS									
MONTHLY PREMIUMS	HEALTH WISE™		TOTAL HEALTH™ HEALTH WISE + TRAVEL		HEALTH WISE PLUS™		ULTIMATE HEALTH™ 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 (based on primary plan member)	UNDER AGE 75									
Single	\$128.25	\$178.75	\$137.00	\$182.25	\$157.00	\$207.50	\$162.50	\$208.00		
Couple	\$250.00	\$352.00	\$267.25	\$358.75	\$307.75	\$409.50	\$319.50	\$410.50		
Family	\$303.50	\$424.25	\$319.50	\$429.25	\$372.50	\$493.50	\$381.75	\$491.75		
Age restrictions (based on primary plan member)	AGE 75 TO 84									
Single	\$128.25	\$178.75	\$191.00	\$240.75	\$157.00	\$207.50	\$217.25	\$266.00		
Couple	\$250.00	\$352.00	\$375.25	\$476.00	\$307.75	\$409.50	\$427.50	\$527.25		
Family	\$303.50	\$424.25	\$452.25	\$574.75	\$372.50	\$493.50	\$515.00	\$635.75		
Age restrictions (based on primary plan member)	AGE 85+									
Single	\$128.25	\$178.75	\$352.50	\$413.00	\$157.00	\$207.50	\$378.25	\$439.75		
Couple	\$250.00	\$352.00	\$697.50	\$819.50	\$307.75	\$409.50	\$749.75	\$872.50		
Family	\$303.50	\$424.25	\$845.50	\$992.00	\$372.50	\$493.50	\$908.25	\$1,055.25		

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

	BUILD-YOUR-OWN PLANS				
MONTHLY DENTAL PREMIUMS	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		

	INTRO PLAN	COMPREHENSIVE PLANS				
MONTHLY PREMIUMS	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)						
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		



**General Inquiries** 

1-855-212-2400 780-822-2400 info@arta.net

#### **Benefit Specific Inquiries**

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

artabenefits.net