### ELIGIBILITY & PLAN RATES

TECHNOLOGY PROFESSIONALS SASKATCHEWAN (TPS)



## **Membership Requirements**

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

- A TPS 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 <sup>TM</sup> 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	\$124.75	\$174.25	\$137.75	\$183.75	\$152.75	\$202.00	\$165.25	\$209.75		
Couple	\$243.75	\$343.00	\$269.50	\$361.50	\$299.50	\$398.50	\$324.25	\$414.75		
Family	\$295.25	\$413.75	\$322.00	\$433.25	\$362.50	\$480.50	\$387.25	\$497.00		
Age restrictions (based on primary plan member)	AGE 75 TO 84									
Single	\$124.75	\$174.25	\$189.50	\$240.50	\$152.75	\$202.00	\$216.50	\$266.00		
Couple	\$243.75	\$343.00	\$372.50	\$475.00	\$299.50	\$398.50	\$425.75	\$527.00		
Family	\$295.25	\$413.75	\$449.00	\$573.50	\$362.50	\$480.50	\$513.25	\$635.25		
Age restrictions (based on primary plan member)	AGE 85+									
Single	\$124.75	\$174.25	\$347.25	\$408.25	\$152.75	\$202.00	\$373.50	\$435.00		
Couple	\$243.75	\$343.00	\$688.25	\$810.50	\$299.50	\$398.50	\$740.25	\$864.25		
Family	\$295.25	\$413.75	\$834.00	\$981.25	\$362.50	\$480.50	\$896.25	\$1,045.75		

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)	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		



**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