

Summary of benefits for UNA members covered by the Provincial Agreement.

This chart is in two parts, the first covering employees of Alberta Health Services, Recovery Alberta, Primary Care Alberta, and Lamont Health, and the second covering employees of Covenant Health.

Benefits at a Glance

August 1, 2025

NOTE: This is a summary of benefits only and not intended to form part of the Collective Agreement. If there is a discrepancy between the Plan and this chart, the Plan governs.

1. HEALTH BENEFITS

HEALTH MAX	\$2,000,000
HEALTH YEAR	JAN
FULL DRUG PLAN	DIRECT BILL
DRUG CO-INSURANCE	80.00%
DISPENSING FEE CAP	N/A
LEAST COST ALTERNATIVE	YES
PRESCRIPTION SUBSTITUTION	YES
SPECIAL AUTHORIZATIONS	YES
ALLERGY SERUMS	INCLUDED
VACCINES	HEP AB (80%) SHINGLES (80%)
HOSPITAL PRIVATE	SEMI/PRIVATE
HOSPITAL CO-INSURANCE	100%
NURSING/AUX HOMES AMOUNT	\$1000/BENEFIT YR
NURSING/AUX HOMES CO-INSURANCE	100%
HOME NURSING CARE	\$10,000 PER PERSON IN 3 YR PERIOD
ACCIDENTAL DENTAL CO-INSURANCE	100%
ACCIDENTAL DENTAL AMOUNT	\$2000/ ACCIDENT
AMBULANCE CO-INSURANCE	GROUND 100%
DIABETIC SUPPLIES CO-INSURANCE	100%
DIABETIC EQUIPMENT INSULIN PUMP	1/5 YRS
GLUCOSE TRANSMITTERS	INCLUDED
GLUCOSE SENSORS	INCLUDED
BLOOD MONITORS	\$175/5 YRS
FLASH GLUCOSE MONITOR	1/PARTICIPANT/24 MONTHS
FLASH GLUCOSE SENSOR	30/PARTICIPANT/12 MONTHS
FOOT ORTHOTIC	\$500/2 YRS
FOOT ORTHOTIC CO-INSURANCE	100%
HEARING AIDS MAX	\$3000/5 YRS
HEARING AIDS CO-INS	100%
MASTECTOMY CO-INSURANCE	100%
MASTECTOMY PROSTHESIS MAX	\$200 SINGLE, \$400 DOUBLE/ 24 MONTHS
SUPPORTING BRA	2 PER YEAR MAXIMUM OF \$50 EACH
WIGS/HAIRPIECES	200/2YRS
MEDICAL AIDS CO-INSURANCE	100%
SPLINTS, TRUSSES, CASTS, CRUTCHES, CANES	INCLUDED
CERVICAL COLLARS & TRACTION KIDS	INCLUDED
SURGICAL STOCKINGS/COMPRESSION ARM SLEEVE	TIERED FEE GUIDE
STUMP SOCKS	6/BEN/YR
ILEOSTOMY & COLOSTOMY SUPPLIES	INCLUDED
URINARY KITS & CATHETERS	INCLUDED
MEDICAL DURABLE EQUIPMENT CO-INSURANCE	100%
HOSPITAL BEDS	INCLUDED
WHEELCHAIRS	INCLUDED
WALKERS	INCLUDED
CPAP MACHINE	INCLUDED
AEROCHAMBERS	\$40/24 MO
OXYGEN EQUIPMENT, SUPPLIES & ADMIN	INCLUDED
IRON LUNGS	INCLUDED

1. HEALTH BENEFITS

JOINT INJECTABLE MATERIAL	INCLUDED
BRACES	INCLUDED
ARTIFICIAL EYES & LIMBS	INCLUDED
BLOOD/BLOOD PLASMA	INCLUDED
LAB SERVICES	INCLUDED
X-RAY	INCLUDED
RADIUM & RADIOACTIVE ISOTOPES	INCLUDED
ORTHO SHOES PER YEAR	1 PAIR/BEN YR
ORTHO SHOES CO-INS	100%
PARAMEDICAL PRACTITIONER COVERAGE	
PSYCHOLOGIST/MASTER OF SOCIAL WORK	PSYCHOLOGIST/MSW ADDICTIONS COUNSELLOR
P/S AMOUNT PER VISIT	NO CAP PER VISIT
P/S MAX PER BENEFIT YEAR	\$3000 YR
P/S CO-INSURANCE	100%
SPEECH PATHOLOGIST PER VISIT	\$35
SPEECH MAX/BENEFIT YEAR	20 VISITS
SPEECH CO-INSURANCE	100%
MASSAGE THERAPIST PER VISIT	NO PER VISIT LIMIT
MASSAGE MAX/BENEFIT YEAR	\$1000 YR
MASSAGE CO-INSURANCE	100%
MASSAGE PRESC	NOT REQUIRED
CHIROPRACTOR PER VISIT	\$35
CHIRO MAX/BENEFIT YEAR	20 VISITS
CHIRO CO-INSURANCE	100%
PODIATRIST PER VISIT	\$35
PODIATRIST MAX/BENEFIT YEAR	20 VISITS
PODIATRIST CO-INSURANCE	100%
OT/PHYSIO PER VISIT	\$50
OT/PHYSIO MAX/BENEFIT YEAR	20 VISITS
PHYSIO CO-INSURANCE	100%
OSTEOPATH PER VISIT	\$35
OSTEOPATH MAX/BENEFIT YEAR	20 VISITS
OSTEOPATH CO-INSURANCE	100%
MAXIMUM AGE	RETIREMENT
VISION	
VISION CARE (INCLUSIVE OF COVERAGE FOR ELECTIVE CORRECTIVE LASER EYE SURGERY)	INCLUDED
EYE EXAM MAX	1 USUAL & CUSTOMARY
EYE EXAMS FREQUENCY	12 MO
VISION AMOUNT	\$600
VISION FREQUENCY	2 CALENDAR YRS
VISION CO-INSURANCE	100%
OUTSIDE CANADA	
OUT OF COUNTRY PLAN	UNLIMITED
OUT OF COUNTRY MAX	\$2,000,000
OUT OF COUNTRY PARTICIPATION	MANDATORY
MAXIMUM AGE OUT OF COUNTRY	RETIREMENT
SURVIVOR BENEFITS	
SURVIVOR BENEFITS	12 MONTHS

2. DENTAL BENEFITS INCLUSIVE OF BUT NOT LIMITED TO THE FOLLOWING

DENTAL FEE GUIDE	U & C
DENTAL YEAR	JANUARY
CHILD AGE	UNDER 20
DENTAL BASIC	80%
DENTAL MAJOR	50%
DENTAL ORTHO	50%
DENTAL MAJOR MAX	3000
DENTAL ORTHO MAX	3000
MAXIMUM AGE	RETIREMENT

DENTAL - BASIC	
DIAGNOSTIC - COMPLETE EXAM	1 PER LIFETIME/DENTIST
DIAGNOSTIC - LIMITED EXAM	6 MO
DIAGNOSTICS - X-RAY BITEWING	6 MO
DIAGNOSTIC - X-RAY PANORAMIC	24 MO
*PREVENTATIVE - SCALING	N/A
PREVENTATIVE - POLISHING	6 MO
PREVENTATIVE - TOPICAL FLUORIDE	6 MO
PREVENTATIVE - SPACE MAINTAINERS	INCLUDED
PREVENTATIVE - PIT & FISSURE SEALANTS	INCLUDED
PREVENTATIVE - ORAL HYGIENE	EXCLUDED
RESTORATIVE - RESTORATIONS	INCLUDED
ENDO - ROOT CANAL THERAPY	1/TOOTH/24 MO
PERIO - BASIC SCALING & ROOT	18/12 MO
DENTURE - COMPLETE OR PARTIAL	1 PER 5 YRS, EXTENSIVE
DENTURES - REBASING & RESETING	24 MO, BASIC

DENTAL - EXTENSIVE	
CROWNS	1/5 YR (PER TOOTH)
FIXED BRIDGES	1/5 YR (PER TOOTH)
INLAYS/ONLAYS	1/5 YR (PER TOOTH)
PROCESSED VENEERS	1/5 YR (PER TOOTH)
POSTS & CORES	1/5 YR (PER TOOTH)
GOLD FOIL RESTORATIONS	1/5 YR (PER TOOTH)
BRUXISM APP,TMJ	1/3 YRS
IMPLANTS	1/5 YRS (PER TOOTH)
BRIDGE REPAIRS	INCLUDED
ORTHODONTICS	
DENTAL ADULT ORTHO	YES
ORTHO - HABIT BREAKING	INCLUDED
ORTHO - FIXED OR REMOVABLE	INCLUDED

SURVIVOR BENEFITS	
SURVIVOR BENEFITS	12 MONTHS

3. SHORT TERM DISABILITY

BENEFIT (% OF BASIC PAY)	66.67%
MAXIMUM - WEEKLY	\$1,539
ELIMINATION PERIOD (DAYS)	7 (NONE IF ABSENCE DUE TO INJURY OR HOSPITALIZATION)
RE-OCCURRENCE CLAUSE (WEEKS)	2
DURATION (WEEKS)	24
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

4. LONG TERM DISABILITY

BENEFIT MAXIMUM	\$12,000
OVERALL MAXIMUM	
BENEFIT (% OF BASIC PAY)	66.67%
ROUND TO NEXT HIGHEST \$1	YES
ALL SOURCE MAXIMUM	85%
ELIMINATION PERIOD	24 WEEKS

4. LONG TERM DISABILITY

1ST 2 YRS	OWN OCC
AFTER 2 YRS	ANY OCC
EMPLOYER COST SHARE	75%
BASIC EARNINGS	YES
TERMINATION AGE	65
RE-OCCURRENCE CLAUSE (MONTHS)	6
LIFE WAIVER OF PREMIUM	YES

5. LIFE INSURANCE

BASIC LIFE	
BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

ADDITIONAL BASIC	
BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS	\$500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

OPTIONAL LIFE	
UNITS OF \$10,000 - ADULTS	YES
UNITS OF \$5,000 - CHILD	YES
EMPLOYEE MAXIMUM	250,000
SPOUSE MAXIMUM	250,000
CHILD MAXIMUM	25,000
MEDICAL EVIDENCE	\$20,000 EVIDENCE FREE UPON ENROLMENT (EMPLOYEE ONLY)
TERMINATION AGE EMPLOYEE	EMPLOYEE AGE 70
TERMINATION AGE SPOUSE	EARLIER OF SPOUSE OR EMPLOYEE AGE 70
EMPLOYER COST SHARE	0
DEPENDENT LIFE PACKAGE	
SPOUSE	\$25,000
CHILD	\$10,000
TERMINATION AGE	EMPLOYEE AGE 70

6. ACCIDENTAL DEATH AND DISMEMBERMENT

BASIC	
BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

ADDITIONAL BASIC	
BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS	500,000
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	75%

LOSS SCHEDULE	
FOR LOSS OF:	
LIFE	100%
FOR LOSS OF OR LOSS OF USE OF:	
BOTH HANDS OR BOTH FEET	100%
SIGHT OF BOTH EYES	100%
ONE HAND AND ONE FOOT	100%

6. ACCIDENTAL DEATH AND DISMEMBERMENT

ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	80%
EITHER HAND OR FOOT	75%
SIGHT OF ONE EYE	75%
SPEECH OR HEARING IN BOTH EARS	75%
THUMB AND INDEX FINGER OF THE SAME HAND	40%
FOUR FINGERS OF THE SAME HAND	40%
HEARING ONE EAR	40%
ALL TOES OF ONE FOOT	33.33%

FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
ONE ARM & ONE LEG; SAME SIDE (HEMIPLEGIA)	200%

7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

EMPLOYEE UNITS OF	25,000
EMPLOYEE MAXIMUM BENEFITS	350,000
SPOUSE - UNITS OF \$25,000	N/A
SPOUSE MAXIMUM	50% OF EE AMOUNT
CHILD - UNITS OF \$25,000	N/A
CHILD MAXIMUM	25% OF EE AMOUNT
TERMINATION AGE	RETIREMENT
EMPLOYER COST SHARE	0%
EMPLOYEE - LOSS SCHEDULE AS OUTLINED BELOW	SAME

7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

FAMILY - LOSS SCHEDULE AS OUTLINED BELOW EXCEPT	SAME
SPOUSE, BUT NO DEPENDENT CHILDREN	50%
SPOUSE, WITH DEPENDENT CHILDREN	50%
EACH CHILD, WITH A SPOUSE	20%
EACH CHILD, WITHOUT A SPOUSE	20%

LOSS SCHEDULE

FOR LOSS OF:

LIFE	100%
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FOR LOSS OF OR LOSS OF USE OF:

BOTH HANDS OR BOTH FEET	100%
SIGHT OR BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	75%
EITHER HAND OR FOOT	66.67%
SIGHT OF ONE EYE	66.67%
SPEECH OR HEARING IN BOTH EARS	66.67%
THUMB AND INDEX FINGER OF THE SAME HAND	33.33%
FOUR FINGERS OF THE SAME HAND	33.33%
HEARING ONE EAR	16.67%
ALL TOES OF ONE FOOT	12.50%

FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
SIDE OF THE BODY (HEMIPLEGIA)	200%

8. ALBERTA HEALTH CARE INSURANCE PLAN

Benefits at a Glance Covenant UNA Health Benefits

June 1, 2025

NOTE: This is a summary of benefits only and not intended to form part of the Collective Agreement. If there is a discrepancy between the Plan and this chart, the Plan governs.

1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
HEALTH MAX	\$2,000,000
HEALTH YEAR	APR
FULL DRUG PLAN	DIRECT BILL
DRUG CO-INSURANCE	80.00%
DESPENSING FEE CAP	\$0.00
LEAST COST ALTERNATIVE	YES
PRESCRIPTION SUBSTITUTION	YES
ALLERGY SERUMS	INCLUDED
VACCINES	VACCINES 100%
FERTILITY PRODUCTS	INCLUDED
CONTRACEPTIVE PRODUCTS	INCLUDED
SMOKING CESSATION	INCLUDED - NO MAX
HOSPITAL PRIVATE	SEMI/PRIVATE
HOSPITAL CO-INSURANCE	100%
NURSING/AUX HOMES AMOUNT	\$1000/BEN/YR
HOME NURSING CARE	\$10,000/BENEFIT YR/PARTICIPANT
ACCIDENTAL DENTAL COINSURANCE	100%
ACCIDENTAL DENTAL AMOUNT	\$1500/ ACCIDENT
AMBULANCE CO-INSURANCE	100%
DIABETIC SUPPLIES CO-INSURANCE	100%
DIABETIC EQUIPMENT INSULIN PUMP	1/5 YRS
GLUCOSE TRANSMITTERS	INCLUDED
GLUCOSE SENSORS	INCLUDED

1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
BLOOD MONITORS	175/5 YRS
FLASH GLUCOSE MONITORS	1/PARTICIPANT/24 MONTHS
FLASH GLUCOSE SENSOR	30/PARTICIPANT/12 MONTHS
FOOT ORTHOTIC	\$500/2 YRS
FOOT ORTHOTIC CO-INS	100%
HEARING AIDS MAX	\$3000/5 YRS
HEARING AIDS CO-INS	100%
HOME NURSING CARE	\$10,000/ BENEFIT YR/PARTICIPANT
MASTECTOMY CO-INSURANCE	100%
MASTECTOMY MAX	\$200 SINGLE, \$400 DOUBLE/ 24 MONTHS
SUPPORTING BRA	2 PER BEN YR - \$50 EACH MAX
WIGS/HAIRPIECES	\$200/2 YRS
MEDICAL AIDS CO-INSURANCE	100%
SPLINTS, TRUSSES, CASTS, CRUTCHES, CANES	INCLUDED
CERVICAL COLLARS & TRACTION KIDS	INCLUDED
SURGICAL STOCKINGS AND COMPRESSION GARMENTS	TIERED FEE GUIDE
STUMP SOCKS	6/BEN/YR
ILEOSTOMY & COLOSTOMY SUPPLIES	INCLUDED
URINARY KITS & CATHETERS	INCLUDED
MEDICAL DURABLE EQUIPMENT CO-INSURANCE	100%
HOSPITAL BEDS	INCLUDED
WHEELCHAIRS	INCLUDED
WALKERS	INCLUDED

1. HEALTH BENEFITS

SUPPLEMENTARY HEALTH	COVENANT PLAN
CPAP MACHINE	INCLUDED
AEROCHAMBERS	\$40/24 MO
OXYGEN EQUIPMENT, SUPPLIES & ADMIN	INCLUDED
IRON LUNGS	INCLUDED
BRACES	INCLUDED
ARTIFICIAL EYES & LIMBS	INCLUDED
BLOOD/BLOOD PLASMA	INCLUDED
LAB SERVICES	INCLUDED
X-RAY	INCLUDED
RADIUM & RADIOACTIVE ISOTOPES	INCLUDED
ORTHO SHOES PER YEAR	1 PAIR/BEN YR/MAX \$1500
ORTHO SHOES CO-INS	100%
PARAMEDICAL COVERAGE	
PSYCHOLOGIST/MASTER OF SOCIAL WORK (ADDICTIONS COUNSELLOR - COVENANT ADDED JAN 1,2014)	PSYCHOLOGIST/MS/ ADDICTIONS COUNSELLOR
P/S AMOUNT PER VISIT	NO CAP PER VISIT
P/S MAX PER BENEFIT YEAR	\$3000 YR
P/S CO-INSURANCE	100%
SPEECH PATHOLOGIST PER VISIT	\$35
SPEECH MAX/BENEFIT YEAR	20 VISITS
SPEECH CO-INSURANCE	100%
MASSAGE THERAPIST PER VISIT	NO PER VISIT LIMIT
MASSAGE MAX/BENEFIT YEAR	\$1000 YR
MASSAGE CO-INSRUANCE	100%
MASSAGE PRESC	NOT REQUIRED
CHIROPRACTOR PER VISIT	\$35
CHIRO MAX/BENEFIT YEAR	20 VISITS
CHIRO CO-INSURANCE	100%
PODIATRIS/CHIROPIDIST PER VISIT	\$35
PODIATRIST/CHIROPIDIST MAX/BENEFIT YEAR	20 VISITS
PODIATRIST/CHIROPIDIST CO-INSURANCE	100%
OT/PHYSIO/ACUPUNCTURIST PER VISIT	\$50
OT/PHYSIO MAX/BENEFIT YEAR	20 VISITS
PHYSIO CO-INSURANCE	100%
OSTEOPATH PER VISIT	\$35
OSTEOPATH MAX/BENEFIT YEAR	20 VISITS
OSTEOPATH CO-INSURANCE	100%
NATUROPATH PER VISIT	N/A
NATUROPATH MAX	N/A
NATUROPATH CO-INSURANCE	N/A
MAXIMUM AGE	RETIREMENT
VISION	
VISION CARE	INCLUDED
EYE EXAM MAX	1 U & C
EYE EXAMS FREQUENCY	12 MO
VISION AMOUNT	\$600
VISION FREQUENCY	2 CAL YRS
VISION CO-INSURANCE	100%
OUTSIDE CANADA	
OUT OF COUNTRY PLAN	90 DAYS
OUT OF COUNTRY MAX	\$5,000,000
OUT OF COUNTRY PARTICIPATION	MANDATORY
MAXIMUM AGE OUT OF COUNTRY	AGE 70 AFTER 70 IS VOLUNTARY PARTICIPATION AND COVERAGE IS 30 DAYS
SURVIVOR BENEFITS	6 MONTHS

2. DENTAL BENEFITS

DENTAL FEE GUIDE	U & C
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2. DENTAL BENEFITS

DENTAL YEAR	APR
CHILD AGE	UNDER 19
DENTAL BASIC	80%
DENTAL MAJOR	50%
DENTAL ORTHO	50%
DENTAL MAJOR MAX	3000
DENTAL ORTHO MAX	3000/LIFETIME
MAXIMUM AGE	RETIREMENT OR TERMINATION
DENTAL - BASIC	
DIAGNOSTIC - COMPLETE EXAM	1 PER LIFETIME/HEALTH CARE PROF
DIAGNOSTIC - LIMITED EXAM	6 MO
DIAGNOSTICS - X-RAY BITEWING	6 MO
DIAGNOSTIC - X-RAY PANORAMIC	24 MO
PREVENTATIVE - POLISHING	6 MO
PREVENTATIVE - TOPICAL FLOURIDE	6 MO
PREVENTATIVE - SPACE MAINTAINERS	INCLUDED
PREVENTATIVE - PIT & FISSURE SEALANTS	INCLUDED
PREVENTATIVE - ORAL HYGIENE INSTRUCTION	EXCLUDED
RESTORATIVE - RESTORATIONS (FILLINGS)	INCLUDED
ENDO - ROOT CANAL THERAPY	1/TOOTH/24 MO
PERIO - BASIC SCALING & ROOT PLANNING	18/12 MO
DENTURE - COMPLETE OR PARTIAL	1/5 YRS, EXTENSIVE
DENTURES - REBASING & RESETTING	24 MO, BASIC
DENTAL - EXTENSIVE	
CROWNS	1/5 YR
FIXED BRIDGES	1/5 YR
INLAYS/ONLAYS	1/5 YRS
PROCESSED VENEERS	1/5 YR
POSTS & CORES	3/5 YR
GOLD FOIL RESTORATIONS	1/5 YR
BRUXISM APP, MOUTH GUARD, TMJ	1/3 YRS NO OTC MOUTHGAURD
IMPLANTS	INCLUDED (1/5 YRS)
BRIDGE REPAIRS	INCLUDED
ORTHODONTICS	
DENTAL ADULT ORTHO	YES
ORTHO - HABIT BREAKING APPLIANCES	INLCUDED
ORTHO - FIXED OR REMOVABLE APPLIANCES	INLCUDED
SURVIVOR BENEFITS	
SURVIVOR BENEFITS	6 MONTHS
3. SHORT TERM DISABILITY	
PLAN	YES
BENEFIT (% OF BASIC PAY)	66.67%
MAXIMUM - WEEKLY	\$1,539
ELIMINATION PERIOD (DAYS)	7
RE-OCCURRENCE CLAUSE (WEEKS)	2
DURATION (WEEKS)	24
TERMINATION AGE	RETIREMENT OR TERMINATION
EMPLOYER COST SHARE	75%
4. LONG TERM DISABILITY	
BENEFIT MAXIMUM	\$12,000
OVERALL MAXIMUM	
BENEFIT (% OF BASIC PAY)	66.67%
ROUND TO NEXT HIGHEST \$1	YES
ALL SOURCE MAXIMUM	85%
ELIMINATION PERIOD	24 WEEKS
1ST 2 YRS	OWN OCC

4. LONG TERM DISABILITY

AFTER 2 YRS	ANY OCC
EMPLOYER COST SHARE	75%
BASIC EARNINGS	YES
TERMINATION AGE	65
RE-OCCURRENCE CLAUSE (MONTHS)	6
LIFE WAIVER OF PREMIUM	YES

5. LIFE INSURANCE

BASIC LIFE	
BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS - COMBINED WITH OPTIONAL	\$500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

ADDITIONAL BASIC (OPTIONAL LIFE)

BENEFIT - ANNUAL BASIC EARNINGS	1X
ROUND TO NEXT HIGHER \$1,000	YES
MAXIMUM BENEFITS - COMBINED WITH BASIC	\$500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

OPTIONAL LIFE (VOLUNTARY LIFE AND SPOUSE)

UNITS OF \$10,000 - ADULTS	YES
EMPLOYEE MAXIMUM	200000
SPOUSE MAXIMUM	200,000
MEDICAL EVIDENCE	ENTIRE BENEFIT REQUIRES MEDICAL EVIDENCE
TERMINATION AGE EMPLOYEE	EMPLOYEE AGE 70 OR RETIREMENT
TERMINATION AGE SPOUSE	SPOUSE AGE 70
EMPLOYER COST SHARE	N/A

DEPENDENT LIFE PACKAGE

SPOUSE	10,000
CHILD	5,000
TERMINATION AGE	EMPLOYEE AGE 70
EMPLOYER COST SHARE	0

6. ACCIDENTAL DEATH AND DISMEMBERMENT

BASIC	
BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS - COMBINED WITH OPTIONAL	500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

ADDITIONAL BASIC (OPTIONAL AD&D)

BENEFIT - ANNUAL BASIC EARNINGS	1X
MAXIMUM BENEFITS - COMBINED WITH OPTIONAL	500,000
TERMINATION AGE	RETIREMENT OR 80
EMPLOYER COST SHARE	75%

LOSS SCHEDULE

FOR LOSS OF:	
LIFE	100%
FOR LOSS OF OR LOSS OF USE OF:	
BOTH HANDS OR BOTH FEET	100%
SIGHT OF BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	80%
EITHER HAND OR FOOT	75%
SIGHT OF ONE EYE	75%

6. ACCIDENTAL DEATH AND DISMEMBERMENT

SPEECH OR HEARING IN BOTH EARS	75%
THUMB AND INDEX FINGER OF THE SAME HAND	40%
FOUR FINGERS OF THE SAME HAND	40%
HEARING ONE EAR	40%
ALL TOES OF ONE FOOT	33.33%

FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
ONE ARM & ONE LEG; SAME SIDE (HEMIPLEGIA)	200%

7. VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

OPTIONAL AD&D	
EMPLOYEE UNITS	10,000
EMPLOYEE MAXIMUM BENEFITS	350,000
SPOUSE - UNITS OF \$10,000	N/A
SPOUSE MAXIMUM	50% OF EE AMOUNT
CHILD - UNITS OF \$10,000	N/A
CHILD MAXIMUM	20% OF THE EE AMOUNT
TERMINATION AGE	RETIREMENT OR TERMINATION
EMPLOYER COST SHARE	0%

LOSS SCHEDULE

EMPLOYEE - LOSS SCHEDULE AS OUTLINED BELOW	SAME
FAMILY - LOSS SCHEDULE AS OUTLINED BELOW EXCEPT	SAME
SPOUSE, BUT NO DEPENDENT CHILDREN	50%
SPOUSE, WITH DEPENDENT CHILDREN	50%
EACH CHILD, WITH A SPOUSE	20%
EACH CHILD, WITHOUT A SPOUSE	20%

FOR LOSS OF:

LIFE	100%
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FOR LOSS OF OR LOSS OF USE OF:

BOTH HANDS OR BOTH FEET	100%
SIGHT OR BOTH EYES	100%
ONE HAND AND ONE FOOT	100%
ONE HAND OR FOOT AND SIGHT OF ONE EYE	100%
SPEECH AND HEARING IN BOTH EARS	100%
ONE LEG OR ONE ARM	75%
EITHER HAND OR FOOT	66.67%
SIGHT OF ONE EYE	66.67%
SPEECH OR HEARING IN BOTH EARS	66.67%
THUMB AND INDEX FINGER OF THE SAME HAND	33.33%
FOUR FINGERS OF THE SAME HAND	33.33%
HEARING ONE EAR	33.33%
ALL TOES OF ONE FOOT	25%

FOR TOTAL AND IRREVERSIBLE PARALYSIS OF:

ALL FOUR LIMBS (QUADRIPLEGIA)	200%
BOTH LOWER LIMBS (PARAPLEGIA)	200%
SIDE OF THE BODY (HEMIPLEGIA)	200%

8. ALBERTA HEALTH CARE INSURANCE PLAN