# Benefits at-a-glance

City of Leduc Group 23689, section EO Issue date: January 2025

This is a summary of your Alberta Blue Cross group benefits including those benefits you may have opted out of. For a more detailed explanation of your coverage, please refer to your benefits booklet.

Life	insi	ıran	CP

\*Life \$30,000

\*Accidental death and Equal to amount of life insurance

dismemberment

\*Optional life Contact your plan administrator for more coverage details

\*Optional critical illness Contact your plan administrator for more coverage details

\*May be subject to medical evidence. Please see your benefits booklet for more details.

## **Prescription drugs**

100% coverage, direct bill, generic pricing

#### **Extended health**

100% coverage

**Ambulance services** Up to the maximum as outlined in the

schedule of ambulance fees

Custom fitted braces Once per limb in a 24-month period

\*\*Eye examinations One eye exam in a 24-month period

between 19 and 64 years of age

Foot orthotics \$400 per benefit year

Hearing aids \$800 in a 5-year period

Home nursing care \$15,000 per benefit year

Medical aids Refer to your benefits booklet for details

Medical equipment Included

Orthopaedic shoes 1 pair to a maximum of \$400 per benefit

year

\*\*Covered practitioners Per benefit year

Psychologist/Social Worker/

Clinical Counsellor \$2,000

\*\*Combined maximum of \$2,000 per benefit

year for the following covered practitioners:

Acupuncturist Included Audiologist Included

Chiropractor Included Dietician Included

Massage Therapist \$1,000

Naturopath Included

Occupational Therapist Included

Osteopath Included

Physiotherapist Included

Podiatrist/Chiropodist Included

Speech Language Pathologist Included

\*\* Per visit maximums apply.

#### **Dental benefits**

Basic 100% coverage up to \$2,000 per participant per benefit year

(combined with extensive and periodontic benefits)

**Periodontic** 100% coverage up to \$2,000 per participant per benefit year

(combined with basic and extensive benefits)

**Extensive** 80% coverage up to \$2,000 per participant per benefit year

(combined with basic and periodontic benefits)

Orthodontic 50% coverage up to \$3,000 lifetime maximum per dependent under 21 years of age

### Additional benefit(s)

Out of province/country 100% coverage, 90-days maximum duration per trip

emergency travel Please refer to your benefits booklet for limitations and exclusions

Vision 100% coverage up to a maximum of \$400 every 24 months

Second Opinion Physician specialists second opinion coverage for qualifying conditions

**Balance** Membership in the Balance wellness program

**Spending accounts** Health and wellness credits up to the amount allocated by your employer

This benefit summary is a guide and not intended to be a complete outline of your benefits. For a more detailed outline of your benefits, please sign in to the Alberta Blue Cross member web site through <a href="https://www.ab.bluecross.ca">www.ab.bluecross.ca</a> to refer to your benefits booklet. In the event of a discrepancy between this benefit summary and the group contract, the group contract shall be considered correct. Customer Service call centre 780-498-8000 or toll free 1-800-661-6995.