

# Benefits at-a-glance

City of Leduc  
Group 23689, section HDE  
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 insurance

<b>*Life</b>	Two times annual earnings to a maximum of \$500,000
<b>*Accidental death and dismemberment</b>	Equal to amount of life insurance
<b>*Optional life</b>	Contact your plan administrator for more coverage details
<b>*Optional critical illness</b>	Contact your plan administrator for more coverage details

## Disability insurance

<b>*Long term disability</b>	66.67% of monthly earnings to a maximum of \$10,000 per month <i>*May be subject to medical evidence. Please see your benefits booklet for more details.</i>
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## Prescription drugs

100% coverage, direct bill, generic pricing

## Extended health

	100% coverage		
<b>Ambulance services</b>	Up to the maximum as outlined in the schedule of ambulance fees	<b>**Covered practitioners</b>	<b>Per benefit year</b>
<b>Custom fitted braces</b>	Once per limb in a 24-month period	Psychologist/Social Worker/ Clinical Counsellor	\$2,000
<b>**Eye examinations</b>	One eye exam in a 24-month period between 19 and 64 years of age	<b>**Combined maximum of \$2,000 per benefit year for the following covered practitioners:</b>	
<b>Foot orthotics</b>	\$400 per benefit year	Acupuncturist	Included
<b>Hearing aids</b>	\$800 in a 5-year period	Audiologist	Included
<b>Home nursing care</b>	\$15,000 per benefit year	Chiropractor	Included
<b>Medical aids</b>	Refer to your benefits booklet for details	Dietician	Included
<b>Medical equipment</b>	Included	Massage Therapist	\$1,000
<b>Orthopaedic shoes</b>	1 pair to a maximum of \$400 per benefit year	Naturopath	Included
		Occupational Therapist	Included
		Osteopath	Included
		Physiotherapist	Included
		Podiatrist/Chiropodist	Included
		Speech Language Pathologist	Included

**\*\* Per visit maximums apply.**

## Dental benefits

<b>Basic</b>	100% coverage up to \$2,000 per participant per benefit year (combined with extensive and periodontic benefits)
<b>Periodontic</b>	100% coverage up to \$2,000 per participant per benefit year (combined with basic and extensive benefits)
<b>Extensive</b>	80% coverage up to \$2,000 per participant per benefit year (combined with basic and periodontic benefits)
<b>Orthodontic</b>	50% coverage up to \$3,000 lifetime maximum per dependent under 21 years of age

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 [www.ab.bluecross.ca](http://www.ab.bluecross.ca) 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.

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## Additional benefit(s)

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<b>Out of province/country emergency travel</b>	100% coverage, 90-days maximum duration per trip Please refer to your benefits booklet for limitations and exclusions
<b>Vision</b>	100% coverage up to a maximum of \$400 every 24 months
<b>Second Opinion</b>	Physician specialists second opinion coverage for qualifying conditions
<b>Balance</b>	Membership in the Balance wellness program
<b>Spending accounts</b>	Health and wellness credits up to the amount allocated by your employer