## Benefits at-a-glance

Banff Centre Group 79321, section 2 Permanent Support Employees

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.

*Basic life	One times annual earnings to a maximum of \$500,000		
*AD&D	Equal to amount of life insurance		
*Optional life and optional AD&D	Contact your plan administrator for more coverage details		
*Optional dependent life	Contact your plan administrator for more coverage details		
Disability insurance ————			
*Long term disability	60% of the first \$2,500 and 40% the remainder of monthly earnings to a maximum of \$10,000 per month		
Prescription drugs ————	*May be subject to medical evidence. Please see	your benefits booklet for more deta	ils.
	80% coverage, direct bill, least cost alternati Cortisone shots – please contact Payroll befo		
Extended health —————			
	80% coverage, \$25 deductible under Single or Family Coverage to a combined maximum of \$50 under Family Coverage, deductible combined with Hospital, Extended Health an Vision Care Benefits		
Ambulance services	Up to the maximum as outlined in the schedule of ambulance fees	**Covered practitioners	Per benefit year
Diabetic Supplies	Please contact Payroll for details	Audiologist	\$500
**Eye examinations	<i>,</i>	Chiropractor	\$500
·	between 19 and 64 years of age to a maximum of \$65	***Massage Therapist Naturopath	\$500 \$500
		Osteopath	\$500
Foot orthotics	\$300 per benefit year	Physiotherapist/	7
Hearing aids	\$2,000 per ear in a 4-year period	Occupational Therapist/	
Home nursing care	\$15,000 per benefit year	Athletic Therapist	\$750
Medical aids	Refer to your benefits booklet for details	Podiatrist/Chiropodist	\$500
	Refer to your benefits booklet for details	Psychologist/ Master of Social Work	\$500
• •	\$250 per benefit year	Speech Language Pathologist	\$500
	oply. ***Physicians written order required and massage		
Dental benefits ————			
Basic	80% coverage up to \$2,000 per participant per benefit year (combined with extensive benefits)		
Extensive	75% coverage up to \$2,000 per participant per benefit year (combined with basic benefits)		
Orthodontic	50% coverage up to \$3,000 lifetime maximum	m per dependent child	
Additional benefit(s) ————			
Out of province/country emergency travel	100% coverage, 60-days maximum duration per trip Please refer to your benefits booklet for limitations and exclusions		
Vision waiting period of 2 years	100% coverage up to a maximum of \$400 ev		
from exact date of permanent or temporary employment	\$25 deductible under Single or Family Coverage to a combined maximum of \$50 under		