

# Benefits at-a-glance

Explore Edmonton Corporation  
Group 84813, section HH  
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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>          | One times annual earnings to a maximum of \$300,000                                            |
| <b>Dependent life</b> | \$10,000 for spouse, \$5,000 for each child                                                    |
| <b>*Optional life</b> | Contact your plan administrator for more coverage details                                      |
|                       | <i>*May be subject to medical evidence. Please see your benefits booklet for more details.</i> |

## Prescription drugs

65% coverage, direct bill, generic pricing

## Extended health

|                                                   |                                                                 |                                    |                        |
|---------------------------------------------------|-----------------------------------------------------------------|------------------------------------|------------------------|
|                                                   | <b>Core Benefits - Medical Services</b>                         |                                    |                        |
|                                                   | 65% coverage                                                    |                                    |                        |
| <b>Ambulance services</b>                         | Up to the maximum as outlined in the schedule of ambulance fees |                                    |                        |
| <b>Home nursing care</b>                          | \$10,000 per benefit year                                       |                                    |                        |
|                                                   | <b>Core Benefits - Medical Supplies and Equipment</b>           |                                    |                        |
|                                                   | 65% coverage                                                    |                                    |                        |
| <b>Custom fitted/custom made braces</b>           | Once per limb in a 24-month period                              |                                    |                        |
| <b>Foot orthotics</b>                             | \$400 in a 2-year period                                        |                                    |                        |
| <b>Hearing aids</b>                               | \$500 in a 4-year period                                        |                                    |                        |
| <b>Medical aids</b>                               | Refer to your benefits booklet for details                      |                                    |                        |
| <b>Medical equipment</b>                          | \$5,000 per benefit year                                        |                                    |                        |
| <b>Orthopaedic shoes</b>                          | \$250 per benefit year                                          |                                    |                        |
|                                                   | <b>Enhanced Benefits - Other</b>                                |                                    |                        |
|                                                   | 65% coverage                                                    |                                    |                        |
| <b>Diagnostic Services and Laboratory Testing</b> | \$2,000 per benefit year                                        |                                    |                        |
|                                                   | <b>Enhanced Benefits -Paramedical Services**</b>                |                                    |                        |
|                                                   | 65% coverage                                                    |                                    |                        |
| <b>Psychologist/Social Worker</b>                 | \$500 per benefit year                                          | <b>Naturopath</b>                  | \$300 per benefit year |
| <b>Massage Therapist</b>                          | \$300 per benefit year                                          | <b>Occupational Therapist</b>      | \$300 per benefit year |
| <b>Acupuncturist</b>                              | \$300 per benefit year                                          | <b>Osteopath</b>                   | \$300 per benefit year |
| <b>Athletic Therapist</b>                         | \$300 per benefit year                                          | <b>Podiatrist/Chiropodist</b>      | \$300 per benefit year |
| <b>Chiropractor</b>                               | \$300 per benefit year                                          | <b>Speech Language Pathologist</b> | \$300 per benefit year |
| <b>Physiotherapist</b>                            | \$300 per benefit year                                          |                                    |                        |

*\*\*Per visit maximums apply.*

## Dental benefits

**Basic** 65% coverage up to \$2,000 per participant per benefit year

## Additional benefit(s)

|                                                 |                                                                                                                          |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Out of province/country emergency travel</b> | 100% coverage, 60-days maximum duration per trip<br>Please refer to your benefits booklet for limitations and exclusions |
| <b>Balance</b>                                  | Membership in the Balance wellness program                                                                               |

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.