











 Participation is o Choice of Level Premiums are co 	1 or Level 2	
Benefit	Level 1	Level 2
Prescription Drugs	No coverage	90% reimbursement
Paramedical Services	No coverage	100% reimbursement; \$800 per calendar year, combined maximum
Medical Services	No coverage	100% reimbursement; subject to Internal maximums
Vision Care	No coverage	100% reimbursement; \$400 per 24 month period
Emergency Travel	No coverage	100% reimbursement; 30 day trip limit
Health Spending Account*	\$2,100 annually	\$0
Biweekly Deposit Rates*	n/a	Single: \$50.10 City / \$4.80 Elected Official Family: \$100.20 City / \$9.60 Elected Official
*2019 amounts		

_evel 1, Leve				evel 2		
Level 1			2 and L			1.202
No coverage	90% reimbursement			100% reimbursement		
No coverage	80% reimbursement (excludes dental implants)			80% reimbursement (includes dental implants)		
No coverage	\$1,500 per year			\$1,750 per year		
No coverage	50% reimbursement (dependents under 21 years)			50% reimbursement (includes adult coverage)		
n/a	\$2,000 lifetime		\$2,500 lifetime			
\$1,100 annually	\$0			\$0		
n/a		City	Elected		City	Elected
			Official			- in a last
	Are cost sha Level 1 No coverage No coverage No coverage No coverage n/a \$1,100 annually	Are cost shared for Level 1 Level 1 No coverage 90% rein (excludes) No coverage 80% rein (excludes) No coverage \$1,500 p No coverage 50% rein (depende) n/a \$2,000 lift \$1,100 annually \$0	Are cost shared for Level 2 Level 1 Level 2 No coverage 90% reimbursement (excludes dental imp) No coverage \$1,500 per year No coverage \$0% reimbursement (excludes dental imp) No coverage \$1,500 per year No coverage \$0% reimbursement (dependents under 2) n/a \$2,000 lifetime \$1,100 annually \$0	Level 1Level 2No coverage90% reimbursementNo coverage80% reimbursement (excludes dental implants)No coverage\$1,500 per yearNo coverage50% reimbursement (dependents under 21 years)n/a\$2,000 lifetime\$1,100 annually\$0	are cost shared for Level 2 and Level 3Level 1Level 2Level 3No coverage90% reimbursement100% reimNo coverage80% reimbursement (excludes dental implants)80% reimbursement (includes dental implants)No coverage\$1,500 per year\$1,750 perNo coverage\$0% reimbursement (dependents under 21 years)50% reimbursement (includes aN/a\$2,000 lifetime\$2,500 lifetime\$1,100 annually\$0\$0	are cost shared for Level 2 and Level 3Level 1Level 2Level 3No coverage90% reimbursement100% reimbursementNo coverage80% reimbursement (excludes dental implants)60% reimbursement (includes dental implants)No coverage\$1,500 per year\$1,750 per yearNo coverage50% reimbursement (dependents under 21 years)50% reimbursement (includes adult covera \$1,100 annually\$0\$0\$0



































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Calga	ry 戀	Group	Benefits u	Jpon D	eparture						
Ē	Extended Health Care										
ě	 Participation is optional 										
	 Includes: Prescription Drugs: 80% reimbursement Hospital and Health services: 100% reimbursement Paramedical: \$300 per year combined services Vision Care: \$200 every 24 months Out of Province Emergency Medical Travel (30 day trip) Overall Maximum: \$30,000 per year 										
 Premiums are cost shared 50/50 											
	Month	ly deposi	t rates (2019):								
			Single		amily						
	-	City	Elected Official	City	Elected Official						
	EHC	\$44.52	\$44.52	\$89.14	\$89.14						
Elected Officia	es Companyation	Benefits Pensi	on and Other Remuneration	CCRC2019-1537		25					



