

FLEXIBLE BENEFITS PLAN SUMMARY



HEALTH BENEFITS	BASIC	STANDARD	ENHANCED
PLAN PAYS (% of eligible expenses)	60%	80%	100%
MEMBER OUT-OF-POCKET MAXIMUM	\$750 single / \$1500 family		
HEALTH NON-DRUG			
PHYSICIAN SERVICES	IN CDA - (OUTSIDE PROVINCE)		
AMBULANCE	IN CDA Max Payable \$600 / Calendar Yr	IN CDA Max Payable \$800 / Calendar Yr	IN CDA Max Payable \$1,000 / Calendar Yr
AMBULANCE ATTENDANT	IN CDA Max Payable \$300 / Calendar Yr	IN CDA Max Payable \$400 / Calendar Yr	IN CDA Max Payable \$500 / Calendar Yr
PRIVATE DUTY NURSING (Focused)	IN CDA Max Payable \$6,000 / Calendar Yr	IN CDA Max Payable \$8,000 / Calendar Yr	IN CDA Max Payable \$10,000 / Calendar Yr
DIAGNOSTICS	IN CDA – COVERED		
OXYGEN	COVERED		
ACCIDENTAL DENTAL			
OSTOMY SUPPLIES			
TRACHEOTOMY SUPPLIES			
BURN PRESSURE GARMENTS			
MEDICAL SUPPLIES/EQUIPMENT (Including Insulin Pump)			
DIABETIC EQUIPMENT			
DIABETIC SUPPLIES	COVERED UNDER DRUGS		
SPEECH AIDS	Max Payable \$300 / LIFETIME	Max Payable \$400 / LIFETIME	Max Payable \$500 / LIFETIME
PROSTHETIC APPLIANCE REPAIRS	REPAIRS: Max Payable \$180 per Calendar Year	REPAIRS: Max Payable \$240 per Calendar Year	REPAIRS: Max Payable \$300 per Calendar Year
PROSTHETIC APPLIANCES	COVERED		
EQUIPMENT RENTAL	COVERED		
ORTHOPEDIC SUPPLIES and MOLDED ARCH SUPPORTS	NOT COVERED	SHOES/SUPPLIES - Max Payable \$250 / 2 Calendar Year DEP. CHILD - UNDER 21 - Max Payable \$250 / Calendar Year	
HEARING AIDS	Max Payable \$1,000 / Ear / 3 Calendar Years		
TENS MACHINES	NOT COVERED	COVERED	
PARAMEDICAL PRACTITIONERS			
CLINICAL PSYCHOLOGIST/ CLINICAL COUNSELLOR/PSYCHOTHERAPIST/ SOCIAL WORKER	Max Payable - \$2,500 / Calendar Year combined		
SPEECH THERAPIST	Max Payable - \$1,000 / Calendar Year		
OTHER PRACTITIONERS:	NOT COVERED	Max Payable - \$500 / PRACTITIONER \$1,000 OVERALL / Calendar Year	
- Physio/Athletic therapist			
- Acupuncturist			
- Chiropractor			
- Massage therapist (Physician written referral required)			
- Naturopath			
- Homeopath			
- Osteopath			
- Chiropodist/Podiatrist			
VISION:			
VISION CARE	NOT COVERED	COVERED (Healthwise)	
LENSES:		Fee guide amount @ 100%	
- Adults		4 Calendar Years (Waived for Lenses if there is a prescription change of ½ diopter or more)	
- Children		2 Calendar Years (Waived for Lenses if there is a prescription change of ½ diopter or more)	
FRAMES		Adults – Max Payable \$100 Per 4 Calendar Years Children under 19 - \$100 Max Payable Per 2 Calendar Years	
EYE EXAMS		Adults – Max Payable \$100 Per 2 Calendar Years Children under 19 - \$100 Max Payable Per Calendar Year	
HOSPITAL			
SEMI-PRIVATE ROOM	100% of Eligible Expenses		
PRIVATE ROOM	NOT COVERED	100% of Eligible Expenses	
TRAVEL	Travel Coverage ceases at Employee's age 75		
EMERGENCIES	100% of Eligible Expenses - (CAN ASSIST) Max payable 2 Million per person per Incident		
REFERRAL - OUTSIDE CANADA	100% of Eligible Expenses - Max Payable \$500,000 LIFETIME per person		

FLEXIBLE BENEFITS PLAN SUMMARY



DRUG BENEFITS

	BASIC	STANDARD	ENHANCED
PLAN PAYS	Tier 1 – 60% Tier 2 – 40%	Tier 1 – 85% Tier 2 – 60%	Tier 1 – 100% Tier 2 – 70%
DISPENSING FEE	Dispensing fee covered up to a maximum of \$8.00		
MEMBER OUT-OF-POCKET MAXIMUM (amount of eligible expense not paid)	Annual maximum of \$500 single / \$1,000 family (some exceptions apply)		
DRUG LIST – RX CHOICES	<p>TIER 1: First-line therapy used to care for serious medical conditions and generally more cost effective. This tier covers approximately 90% of drugs and includes many generic and brand name products. Medications on this tier follow widely accepted treatment guidelines for many acute and chronic conditions. Diabetic supplies (including glucose monitoring systems) are included in Tier 1 coverage. Vaccines that are not covered by provincial programs are included in Tier 1 at a Max Payable of \$700 / 5 Calendar Years.</p> <p>TIER 2: The drugs selected for the Second Tier may not be the first step in therapy, are generally for less serious medical conditions and/or have lower cost therapeutic alternatives available on the First Tier.</p>		
DRUG MANAGEMENT	<p>Maximum Allowable Cost (MAC): Reimbursement at the most cost effective drug price (reference drug) in a therapeutic category. MAC will apply to 2 drug categories prescribed to treat Gastrointestinal (PPI's) and High Blood Pressure (ACE's) conditions. The plan pays at the Tier 1 level based on the reference drug for each category.</p> <p>Specialty Drugs: Eligible high cost drugs (annual cost of \$10,000 or more) require prior and/or ongoing authorization by Medavie Blue Cross in order to qualify for reimbursement. The reimbursement criteria are established by Medavie Blue Cross and may include required participation in a related Patient Support Program.</p>		

DENTAL BENEFITS

	BASIC	STANDARD	ENHANCED
FEE GUIDE - General Practitioner & Specialist			
CORE, PREVENTATIVE AND RESTORATIVE			
PLAN PAYS (% of eligible expenses. All noted limits are maximum reimbursed amounts)	60%	80%	100%
MAXIMUM PER PERSON	Reimbursed up to \$1,500 per Calendar Year combined with Major	Reimbursed up to \$2,000 per Calendar Year	No Maximum
COMPLETE EXAMINATIONS	One Every 5 Calendar Years		
RECALL EXAMINATIONS	One recall per calendar year over 19, Two recalls per calendar year under 19		Two recalls per calendar year over & under 19
EMERGENCY EXAMINATIONS	One per Calendar Year		
X-RAYS: - Bitewings and/or Periapical - Complete Series & Panorex	Up to Four per Calendar Year Covered under Major Benefits		
FLUORIDE TREATMENTS	One per Calendar Year - under age 19		
PIT & FISSURE SEALANTS	Bicuspid & Molars - under 19		
PERIODONTIC and ENDODONTIC SERVICES and ORAL SURGERY	Covered		
MINOR RESTORATIVE SVC'S (fillings)	Not Covered	Covered	
EXTRACTIONS/ERUPTED TEETH		Covered	
POLISHING (1 unit = 15 minutes)		Two Units per Calendar Year - over 19, One Unit per Calendar Year - under 19	
SCALING (cleaning 1 unit = 15 minutes)		Six Units per Calendar Year	Ten Units per Calendar Year
MAJOR RESTORATIVE			
PLAN PAYS	60%	60%	70%
MAXIMUM PER PERSON	Reimbursed up to \$1,500 per Calendar Year combined with Core	Reimbursed up to \$1,500 per Calendar Year	Reimbursed up to \$2,000 per Calendar Year
PROSTHODONTIC SERVICES	Covered		
DENTURES REMOVABLE	Covered		
BRIDGE & CROWNS	Covered		
INLAYS & ONLAYS	Covered		
ORTHODONTICS	Orthodontic Braces		
PLAN PAYS	50%		
MAXIMUM PER PERSON	Reimbursement up to \$2,500 lifetime		

CRITICAL CONDITIONS INSURANCE

	BASIC	STANDARD	ENHANCED
COVERAGE	Employee - \$20,000, Spouse - \$4,000, Each Child - \$2,000 Must select family health coverage to cover spouse and children. Coverage ceases at Employee's age 65		

Every effort has been made to ensure that the contents of this summary comparison are accurate; however, the nature of a summary makes the inclusion of all of the governing terms and conditions impractical. These details are found in the official plan document, Schedule of Benefits, which is prepared and administered by Medavie Blue Cross. (Updated September 19, 2022 – Effective January 1, 2023)

