

# FLEXIBLE BENEFITS PLAN SUMMARY



## HEALTH BENEFITS

	BASIC	STANDARD	ENHANCED
<b>PLAN PAYS</b> (% of eligible expenses)	60%	80%	100%
<b>MEMBER OUT-OF-POCKET MAXIMUM</b>	\$750 single / \$1500 family		
<b>HEALTH NON-DRUG</b>			
<b>PHYSICIAN SERVICES</b>	IN CDA - (OUTSIDE PROVINCE)		
<b>AMBULANCE</b>	IN CDA Max Payable \$600 / Calendar Yr	IN CDA Max Payable \$800 / Calendar Yr	IN CDA Max Payable \$1,000 / Calendar Yr
<b>AMBULANCE ATTENDANT</b>	IN CDA Max Payable \$300 /Calendar Yr	IN CDA Max Payable \$400 / Calendar Yr	IN CDA Max Payable \$500 / Calendar Yr
<b>PRIVATE DUTY NURSING (Focused)</b>	IN CDA Max Payable \$6,000 / Calendar Yr	IN CDA Max Payable \$8,000 / Calendar Yr	IN CDA Max Payable \$10,000 / Calendar Yr
<b>DIAGNOSTICS</b>	IN CDA – COVERED		
<b>OXYGEN</b>	COVERED		
<b>ACCIDENTAL DENTAL</b>			
<b>OSTOMY SUPPLIES</b>			
<b>TRACHEOTOMY SUPPLIES</b>			
<b>BURN PRESSURE GARMENTS</b>			
<b>MEDICAL SUPPLIES/EQUIPMENT</b> (Including Insulin Pump)			
<b>DIABETIC EQUIPMENT</b> (Including CGM Transmitters)	Max Payable \$250 / Calendar Year		
<b>DIABETIC SUPPLIES</b>	COVERED UNDER DRUGS		
<b>SPEECH AIDS</b>	Max Payable \$300 / LIFETIME	Max Payable \$400 / LIFETIME	Max Payable \$500 / LIFETIME
<b>PROSTHETIC APPLIANCE REPAIRS</b>	REPAIRS: Max Payable \$180 per Calendar Year	REPAIRS: Max Payable \$240 per Calendar Year	REPAIRS: Max Payable \$300 per Calendar Year
<b>PROSTHETIC APPLIANCES</b>	COVERED		
<b>EQUIPMENT RENTAL</b>	COVERED		
<b>ORTHOPEDIC SUPPLIES and MOLDED ARCH SUPPORTS</b>	NOT COVERED	SHOES/SUPPLIES - Max Payable \$250 / 2 Calendar Year DEP. CHILD - UNDER 21 - Max Payable \$250 / Calendar Year	
<b>HEARING AIDS</b>	Max Payable \$500 /Ear /3 Calendar Years		
<b>TENS MACHINES</b>	NOT COVERED	COVERED	
<b>PARAMEDICAL PRACTITIONERS</b>			
<b>CLINICAL PSYCHOLOGIST/ CLINICAL COUNSELLOR/PSYCHOTHERAPIST/ SOCIAL WORKER</b>	Max Payable - \$1,500 / Calendar Year combined		
<b>SPEECH THERAPIST</b>	Max Payable - \$1,000 / Calendar Year		
<b>OTHER PRACTITIONERS:</b>	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			
<b>VISION:</b>			
<b>VISION CARE</b>	NOT COVERED	COVERED (Healthwise)	
<b>LENSES:</b>		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)	
<b>FRAMES</b>		Adults – Max Payable \$100 Per 4 Calendar Years Children under 19 - \$100 Max Payable Per 2 Calendar Years	
<b>EYE EXAMS</b>	Adults – Max Payable \$100 Per 2 Calendar Years Children under 19 - \$100 Max Payable Per Calendar Year		
<b>HOSPITAL</b>			
<b>SEMI-PRIVATE ROOM</b>	100% of Eligible Expenses		
<b>PRIVATE ROOM</b>	NOT COVERED	100% of Eligible Expenses	
<b>TRAVEL</b>	Travel Coverage ceases at Employee's age 75		
<b>EMERGENCIES</b>	100% of Eligible Expenses - (CAN ASSIST) Max payable 2 Million per person per Incident		
<b>REFERRAL - OUTSIDE CANADA</b>	100% of Eligible Expenses - Max Payable \$500,000 LIFETIME per person		

# FLEXIBLE BENEFITS PLAN SUMMARY



## DRUG BENEFITS

	BASIC	STANDARD	ENHANCED
<b>PLAN PAYS</b>	Tier 1 – 60% Tier 2 – 40%	Tier 1 – 85% Tier 2 – 60%	Tier 1 – 100% Tier 2 – 70%
<b>DISPENSING FEE</b>	Dispensing fee covered up to a maximum of \$8.00		
<b>MEMBER OUT-OF-POCKET MAXIMUM</b> (amount of eligible expense not paid)	Annual maximum of \$500 single / \$1,000 family (some exceptions apply)		
<b>DRUG LIST – RX CHOICES</b>	<p><b>TIER 1:</b> 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 are included in Tier 1 coverage.</p> <p><b>TIER 2:</b> 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>		
<b>DRUG MANAGEMENT</b>	<p><b>Maximum Allowable Cost (MAC):</b> Reimbursement at the most cost effective drug price (reference drug) in a therapeutic category. MAC will apply to 3 drug categories prescribed to treat Gastrointestinal (PPI's), High Cholesterol (Statin'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><b>Specialty Drugs:</b> 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
<b>FEE GUIDE - General Practitioner &amp; Specialist</b>			
<b>CORE, PREVENTATIVE AND RESTORATIVE</b>			
<b>PLAN PAYS</b> (% of eligible expenses. All noted limits are maximum reimbursed amounts)	60%	80%	100%
<b>MAXIMUM PER PERSON</b>	Reimbursed up to \$1,500 per Calendar Year combined with Major	Reimbursed up to \$2,000 per Calendar Year	No Maximum
<b>COMPLETE EXAMINATIONS</b>	One Every 5 Calendar Years		
<b>RECALL EXAMINATIONS</b>	One recall per calendar year over 19, Two recalls per calendar year under 19		Two recalls per calendar year over & under 19
<b>EMERGENCY EXAMINATIONS</b>	One per Calendar Year		
<b>X-RAYS:</b> - Bitewings and/or Periapical - Complete Series & Panorex	Up to Four per Calendar Year Covered under Major Benefits		
<b>FLUORIDE TREATMENTS</b>	One per Calendar Year - under age 19		
<b>PIT &amp; FISSURE SEALANTS</b>	Bicuspid & Molars - under 19		
<b>PERIODONTIC and ENDODONTIC SERVICES and ORAL SURGERY</b>	Covered		
<b>MINOR RESTORATIVE SVC'S</b> (fillings)	Not Covered	Covered	
<b>EXTRACTIONS/ERUPTED TEETH</b>		Covered	
<b>POLISHING</b> (1 unit = 15 minutes)		Two Units per Calendar Year - over 19, One Unit per Calendar Year - under 19	
<b>SCALING</b> (cleaning 1 unit = 15 minutes)		Six Units per Calendar Year	Ten Units per Calendar Year
<b>MAJOR RESTORATIVE</b>			
<b>PLAN PAYS</b>	60%	60%	70%
<b>MAXIMUM PER PERSON</b>	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
<b>PROSTHODONTIC SERVICES</b>	Covered		
<b>DENTURES REMOVABLE</b>	Covered		
<b>BRIDGE &amp; CROWNS</b>	Covered		
<b>INLAYS &amp; ONLAYS</b>	Covered		
<b>ORTHODONTICS</b>	<b>Orthodontic Braces</b>		
<b>PLAN PAYS</b>	50%		
<b>MAXIMUM PER PERSON</b>	Reimbursement up to \$2,500 lifetime		

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 25, 2019 – Effective January 1, 2020)