

HEALTH BENEFITS

Deductible: \$15 per Employee per calendar year

Overall Maximum: \$20,000 Lifetime for EHS & Drug per covered person (does not apply to Hospital coverage)

Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible applies:
Prescription Drugs - Pay Direct Drug Card		0%	Yes
- Fertility drugs	\$5000 per lifetime		
- Smoking cessation drugs	\$400 per lifetime		
- Erectile dysfunction drugs	\$1,000 per calendar year		
- All other covered drugs	Unlimited		
Hospital Accomodation		0%	No
- Public general hospital	Reasonable & customary charges for the cost of a semi-private room		
- Convalescent, rehabilitation or psychiatry hospital	\$20 per day combined		
Medical Items and Services		20%	Yes
- Footwear	Reasonable and customary charges		
--- custom made orthopaedic boots or shoes, modifications or adjustments supplies			
--- custom made foot orthotics	\$400 per calendar year		
- Optometric Eye Exams	\$75 ever 2 consecutive calendar years	20%	Yes
- Other items and services - See the Description of Benefits section of your benefit plan booklet for details	Reasonable and customary charges	20%	Yes
Emergency Transportation	80% coverage, \$1,000 per calendar year land and air	20%	Yes
Private Duty Nursing in the Home	\$10,000 per calendar year RN, RNA, CAN	20%	Yes
Professional Services	\$250 per calendar year for all practitioners combined	20%	Yes
- Chiropractor			
- Chiropodist or Podiatrist			
- Registered Massage Therapist (Physician (M.D.) recommendation required)			
- Naturopath			
- Osteopath			
- Physiotherapist			
- Psychologist			
Accidental Dental	Usual and Customary fee of the current Dental Association Fee Guide	20%	Yes
Vision		0%	Yes

- prescription eye glasses or contact lenses, or medically necessary contact lenses or laser eye surgery	\$150 every 24 consecutive months based on date of first paid claim (every 12 months for dependent children under age 18)		
TRAVEL BENEFITS			
Deductible: Does not apply Overall Maximum: Does not apply			
Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible applies:
Maximum Number of Days per Trip	90 days	There is no co-pay for the Travel Benefit	No
Emergency Services	\$5,000,000 per covered person per disability or medical event		
Referral Services	\$50,000 per covered person per disability or medical event		
DENTAL BENEFITS			
Deductible: \$50 per employee per calendar year Overall Maximum: \$1,000 per covered person per calendar year Fee Guide: The current Provincial Dental Association Fee Guide for General or Specialist Practitioners in the province where you reside			
Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible applies:
Basic Services	See Overall Maximum above	20%	Yes
Recall Exams	1 per 6 consecutive months		
Comprehensive Basic Services	See Overall Maximum above	20%	Yes