

Corsana Classic Coverage

GROUP BENEFITS FOR PART-TIME & RETIRED EMPLOYEES



CLASSIC BENEFITS:

HEALTH AND DENTAL BENEFITS

- ☒ Extended Health Care
- ☒ Drug Plan (available only at Complete and Optimum coverage levels)
- ☒ Optional Dental Care

CLASSIC COVERAGE LEVELS

- ☒ Essential*
- ☒ Complete
- ☒ Optimum

OUT OF COUNTRY COVERAGE

Out of country coverage is available without medical evidence, has no pre-existing condition clause, offers 60-day per trip coverage with a maximum of \$1,000,000 per calendar year and 100% coinsurance. The coverage also includes trip cancellation coverage, up to a maximum of \$5000 of the total coverage maximum.

The plan has: No lifetime coverage maximum*, No deductibles, No upper age limit

*Regardless of your health or when you apply, if you are a part-time employee or retiree, you are GUARANTEED our Essential coverage. However, depending on your place of employment and when you apply, you may be GUARANTEED the additional coverage of the Complete level.

Applicants who submit Form 2 may be considered for the most extensive coverage—Optimum level—at no additional cost.



DESCRIPTION	COVERAGE LEVEL		
	Guaranteed		Not Guaranteed
	ESSENTIAL	COMPLETE	OPTIMUM
Coinsurance (Percentage the Insurer pays, subject to coverage maximums, applies to all categories of coverage unless otherwise specifically stated)	70%	80%	80%
Annual Plan Maximum	\$5,000	\$7,500	\$10,000
Prescription Drugs (Pay Direct Drug Card system) Benefits include drugs legally requiring a prescription, diabetic needles and syringes. Pay generic only unless otherwise indicated in the prescription. Benefits do not include smoking cessation products and medication for the treatment of obesity, erectile dysfunction and infertility.	Not applicable	\$2,500	Unlimited 90% Co-ins
Travel Benefit Emergency medical services out of province/ country (60 day/trip, per CALENDAR year) Trip Cancellation Insurance included UP TO a maximum of \$5000 of the \$1,000,000 total	\$1,000,000 100% Co-ins	\$1,000,000 100% Co-ins	\$1,000,000 100% Co-ins
Hospital Accommodations Semi private room in a public general hospital	Not applicable	7 day maximum 100% Co-ins	14 day maximum 100% Co-ins
Speech Therapist, Physiotherapist	\$400 per discipline	\$500 per discipline	\$500 per discipline
Psychologist, Master of Social Work	\$400 combined	\$500 combined	\$500 combined
Podiatrist, Chiropodist	\$400 combined	\$500 combined	\$500 combined
Registered Massage Therapist, Chiropractor, Osteopath, Naturopath, Acupuncturist, Dietician, Occupational Therapist	\$400 combined	\$500 combined	\$500 combined
Vision (maximums apply every 24 months based on date of first paid claim) Prescription eye glasses and/or contact lenses and/ or laser eye surgery Eye exams (applies only to adults ages 20 years—64 years inclusive)	100% Co-ins \$100 Exam not included	100% Co-ins \$200 Exam included in total	\$250 Exam included in total
Audio Hearing aids, repairs or replacement parts (maximums apply every 5 years based on date of first paid claim)	\$300	\$500	\$750
Accidental Dental accidental injury to natural teeth, submit accident report immediately	\$1,500	\$2,500	\$5,000
Medical Items: wheelchair, hospital bed, glucometer and lancets, orthotics, prosthetics, ventilator, pressure gradient stockings etc. Each individual item is scaled to usual and customary limits.	\$1,500	\$2,500	Unlimited
Emergency Transportation Land or air ambulance	Unlimited 80% Co-ins	Unlimited	Unlimited
Medical Alert Bracelets Maximums apply every 2 years based on date of first paid claim	\$50	\$50	\$50
Employee Assistance Program 3 sessions (telephonic / e-counseling/in-person) per person, per issue	Included	Included	Included

Classic Premium Guide: Rates are effective as of November 1, 2018

Classic						
	Essential Level Coverage			Complete and Optimum Level		
	Extended Health Care (NO drugs)	Extended Health Care including <u>Basic Dental</u>	Extended Health Care including <u>Enhanced Dental</u>	Extended Health Care (WITH drugs)	Extended Health Care including <u>Basic Dental</u>	Extended Health Care including <u>Enhanced Dental</u>
Single	\$65.10	\$118.83	\$142.19	\$122.53	\$176.26	\$199.62
Couple	\$128.13	\$224.71	\$265.27	\$239.07	\$335.65	\$376.21
Family	\$139.71	\$289.19	\$350.45	\$275.21	\$424.69	\$485.95