

Corsana Prime Coverage

GROUP BENEFITS FOR PART-TIME & RETIRED EMPLOYEES



What health benefits do I get with the Prime health plan?

The schedule below describes the extended health care and prescription drug coverage for the Prime health plan.

PLEASE NOTE:

- ☒ There is no lifetime maximum with these plans
- ☒ Coverage maximums per year are noted below.
- ☒ Coverage maximums are per benefit year (unless stated otherwise) and apply to each plan subscriber and insured dependent.
- ☒ You are not required to pay any deductible.

Qualified applicants who submit Form 2 may be considered for the Optimum level of health coverage at no additional charge.

PRIME PLAN BENEFITS:

- ☒ Extended Health Care
- ☒ OPTIONAL Dental Care

Regardless of when you apply, your coverage will be GUARANTEED.

Applicants who submit a completed Form 2, Statement of Health, will be considered for our Optimum level of coverage, more extensive coverage, 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%	100%
Annual Plan Maximum	\$5,000	Not applicable	Not applicable
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.	\$750	\$1,000	\$10,000 90% Co-ins
Travel Benefit Emergency medical services out of province/ country (60 day/trip, per CALENDAR year)	\$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	\$3,000 100% Co-ins	\$5,000
Private Duty Nursing Services of an R.N or R.P.N or L.P.N	\$2,500	\$5,000	\$5,000
Speech Therapist	\$300	\$400 100% Co-ins	\$500
Physiotherapist	\$300	\$400	\$500
Psychologist, Master of Social Work	\$300 combined	\$400 combined 100% Co-ins	\$500 combined
Podiatrist, Chiropodist	\$300 combined	\$400 combined 100% Co-ins	\$500 combined
Registered Massage Therapist, Chiropractor, Osteopath, Naturopath, Acupuncturist, Dietitian, Occupational Therapist	\$300 combined	\$400 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 \$65 Exam	100% Co-ins \$150 \$65 Exam	\$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	\$400 100% Co-ins	\$600
Accidental Dental accidental injury to natural teeth, submit accident report immediately	\$1,500	\$2,500 100% Co-ins	\$2,500
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.	\$1,250	\$2,500	\$5,000
Emergency Transportation Land or air ambulance	Unlimited	Unlimited 100% Co-ins	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

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

Prime			
	Extended Health Care Coverage (NO dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$106.13	\$154.21	\$175.11
Couple	\$203.91	\$289.29	\$326.71
Family	\$246.05	\$377.36	\$434.43