		Plan 1A*	F	Plan 1	*		Plan 2		P	lan 65	+)
ນ ວາ	Life Insurance	\$10,000		\$10,000			Х			Χ		De
ช ม	Long Term Disability	\$1,000/month		\$1,000/month			Χ			Χ		Deduc Co-ins
5	Accidental Death, Disease &	\$25,000		\$25,000			Х			Х		Fee G
	Dismemberment COVERAGE LEVEL	†GUARANTEED	†GUARA	ANTEED	MEDICAL QUESTIONS ASKED	†GUARA	ANTEED	MEDICAL QUESTIONS ASKED	†GUAI	RANTEED	MEDICAL QUESTIONS ASKED	Note: otherv
	COVERAGE LEVEL	100/11/11/1222	Essential	Complete		Essential	Complete		Essential	Complete	Optimum	
	Co-insurance	N/A	70%	80%	100%	70%	80%	100%	70%	80%	80%	Yea
	Annual Plan Maximum	N/A	\$5,000	N/A	N/A	\$5,000	N/A	N/A	\$5,000	\$7,500	\$10,000	
	Prescription Drugs	Х	\$750	\$1,000	\$10,000 90%	\$750	\$1,000	\$10,000 90%	Х	\$2,500	Unlimited 90%	
	Out of Country Travel	X	\$1,000,000 100%	\$1,000,000 100%	\$1,000,000	\$1,000,000 100%	\$1,000,000 100%	\$1,000,000	\$1,000,000 100%	\$1,000,000 100%	\$1,000,000 100%	
	Trip Cancellation	X	Х	X	X	X	X	X	\$5,000 100%	\$5,000 100%	\$5,000 100%	
	Hospital Accommodations	X	Х	\$3,000 100%	\$5,000	Х	\$3,000 100%	\$5,000	Х	7 Day Maximum 100%	14 Day Maximum 100%	E
	Private Duty Nursing	X	\$2,500	\$5,000	\$5,000	\$2,500	\$5,000	\$5,000	\$1,500	\$2,500	\$5,000	
	Psychologist/ Master of Social Work	X	\$300 combined	\$400 combined 100%	\$500 combined	\$300 combined	\$400 combined 100%	\$500 combined	\$400 combined	\$500 combined	\$500 combined	
	Speech Therapist	X	\$300	\$400 100%	\$500	\$300	\$400 100%	\$500	\$400	\$500	\$500	
5	Physiotherapist	X	\$300	\$400	\$500	\$300	\$400	\$500	\$400	\$500	\$500	
	Podiatrist/Chiropodist	X	\$300 combined	\$400 combined 100%	\$500 combined	\$300 combined	\$400 combined 100%	\$500 combined	\$400 combined	\$500 combined	\$500 combined	
5	Massage/Chiropractor/ Osteopath/Naturopath/ Acupuncturist/Dietician/ Occupational Therapist	Х	\$300 combined	\$400 combined	\$500 combined	\$300 combined	\$400 combined	\$500 combined	\$400 combined	\$500 combined	\$500 combined	
	Vision	X	\$100 \$65 Exam 100%	\$150 \$65 Exam 100%	\$250 Exam Incld. in Total	\$100 \$65 Exam 100%	\$150 \$65 Exam 100%	\$250 Exam Incld. in Total	\$100 Exam Not Incld. 100%	\$200 Exam Incld. in Total 100%	\$250 Exam Incld. in Total 100%	
	Audio	Х	\$300	\$400 100%	\$600	\$300	\$400 100%	\$600	\$300	\$500	\$750	
	Accidental Dental	X	\$1,500	\$2,500 100%	\$2,500	\$1,500	\$2,500 100%	\$2,500	\$1,500	\$2,500	\$5,000	D
	Medical Items	X	\$1,250	\$2,500	\$5,000	\$1,250	\$2,500	\$5,000	\$1,500	\$2,500	Unlimited	Cro on
	Emergency Transportation	Х	Unlimited	Unlimited 100%	Unlimited	Unlimited	Unlimited 100%	Unlimited	Unlimited 80%	Unlimited	Unlimited	Brid
	Medical Alert Bracelets	Х	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
	Employee Assistance Program	* If you qualify for Plan 1A or Plan 1 you	Included	Included	Included	Included	Included	Included	Included	Included	Included	

Dental Coverage

ental care coverage is optional coverage which is available as an add-on to any plan

Deductible: There is no deductible.

Basic

o-insurance: Percentage of an eligible claim the insurer pays.

Fee Guide: Coverage follows the current fee guide.

Note: Coverage maximums stated below are per benefit year, unless otherwise specified and apply to each subscriber and insured dependant.

1:70% Year 2+:80%	Year 1: 80% Year 2+: 80%

Enhanced

Overall Coverage Maximums

	Basic	Enhanced
Year 1	\$500	\$700
Year 2	\$750	\$850
Year 3	\$1000	\$1000

Endodontic and Periodontal Services

|

Major Restorative Services

(available ONLY after the 36th consecutive month of dental coverage

Not Included

50%

Summary of Eligible Services

Recall Examinations Once Every 9 Months
Fillings, Cleanings, Scalings, Examinations and Polishing
Extractions

Endodontic Treatment (root canal therapy)
Periodontal Treatment (diseased bones and gums)
Standard Services
General Anesthetic

Major Restorative Services

(ENHANCED Dental Care Only)

Dentures: standard dentures including complete, immediate, transitional and partial dentures.

Crowns: standard onlays or crown restorations (paid to full metal on molar) to restore diseased or accidentally injured natural teeth.

Bridges: standard bridges, including pontics, abutment retainers/
crowns (paid to full metal on molar) on natural teeth

Repair: standard repair or re-cementing of crowns, onlays and bridge work on natural teeth.

^{*} If you qualify for Plan 1A or Plan 1 you have the option to apply for Optional Life Insurance and/or Employee Long Term Disability
† GUARANTEED - 60 day window conditions may apply

Additional, Optional and Excess Coverage

Employees have the opportunity to apply for a variety of additional and excess coverage options. This coverage is medically underwritten and impacts the total monthly premium.

See coverage options below and refer to worksheet request form for optional coverage (form 4)

Optional Additional Life Insurance

- Employee
- Convertible
- Available in units of \$10,000
- Available to a maximum of \$500,000

Optional Life Insurance

- Spouse and/or Child
- Spouse convertible, child non-convertible
- Spouse: Available in units of \$10,000 to a maximum of \$500,000
- Child: Available in units of \$5,000 to a maximum of \$50,000

Long Term Disability Income

- Employee only
- Available in units of \$100
- Available up to a total of 65% of your salary to a maximum benefit of \$5,000 a month (this maximum includes the \$1,000 Basic Coverage which is offered in Plan 1a and Plan 1)

Maximums: There is no lifetime maximum. Annual maximums, where applicable.

CO INSURANCE: Percentage the Insurer pays, subject to coverage maximums, applies to all catagories of coverage unless otherwise specifically stated.

Deductible: There is no deductible.

NOTE: Coverage maximums stated are per benefit year, unless otherwise specified, and apply to each employee and insured dependant. Complete Form 2, included in this enrollment kit, when applying for Optimum Level of Health Care Coverage.

Details:

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.

Out of Country Travel: Emergency medical services up to 60 days for each trip; dollar maximum is per CALENDAR year regardless of the number of trips

Trip Cancellation: Per covered person per trip included in the overall maximum out of country

Hospital Accommodations: Semi private room in a public general hospital

Private Duty Nursing: Services of an R.N or R.P.N or L.P.N

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)

Audio: Hearing aids, repairs or replacement parts (maximums apply every 5 years based on date of first paid claim)

Accidental Dental: Accidental injury to natural teeth. Submit accident report immediately

Medical Items: Includes items such as wheelchair, hospital bed, glucometer and lancets, orthotics, prosthetics, ventilator, pressure gradient stocking etc. Each individual item is scaled to usual customary limits.

Emergency Transportation: Land or air ambulance

Medical Alert Bracelets: Maximums apply every 2 years based on date of first paid claim

Employee Assistance Program: 3 sessions (telephonic/e-counseling/in-person) per person, per issue

Premium Guide

Rates Effective November 1st, 2017 for Residents of Ontario

Plan 1

	Extended Health Care Coverage (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$127.51	\$175.04	\$191.91
Couple	\$225.16	\$309.56	\$339.80
Family	\$267.34	\$397.13	\$443.22

Employee Life, ADD&D and Long Term Disability are included in Plan 1.

Plan 2

	Extended Health Care Coverage (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$106.03	\$153.56	\$170.43
Couple	\$203.68	\$288.08	\$318.32
Family	\$245.86	\$375.65	\$421.74

Plan 1A

Employee Life, Accidental Death, Disease & Dismemberment, Long Term Disability and Employee & Family Assistance Program

\$31.99

65+ Essential Level Coverage (no drugs)

	Extended Health Care (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$66.15	\$118.18	\$139.97
Couple	\$130.36	\$223.90	\$261.70
Family	\$140.61	\$285.38	\$342.43

65+ Complete and Optimum Level Coverage (with drugs)

	Extended Health Care (No Dental)	Extended Health Care including Basic Dental	Extended Health Care including Enhanced Dental
Single	\$120.61	\$172.64	\$194.43
Couple	\$235.52	\$329.06	\$366.86
Family	\$269.09	\$413.86	\$470.91