

Health Insurance

Basic Health (Executives)

The insurer will cover 100% of the cost of the above medicines and supplies.

Eligible expenses for the dispensing fee are limited to \$5.00 for each prescription or refill.

Basic Medical coverage provides you and your dependents with reimbursement of primary health needs, including most prescription drug expenses, emergency out-of-country medical coverage, travel assistance and a number of other medical services and supplies. In summary:

- cost of drugs and supplies that are prescribed in writing by a doctor or dentist and are obtained from a pharmacist
- medication listed in the Federal or Provincial Drug Schedules which has a Drug Identification Number (DIN) and requires a prescription
- injectable drugs and vitamins, insulin and allergy extracts with a DIN
- preparations and compounds of which at least one ingredient is an eligible drug under this benefit
- diabetic supplies
- drugs for the treatment of infertility up to a lifetime maximum of \$2,000 for each person
- smoking cessation products that legally require a prescription to a lifetime maximum of \$500 per person
- vaccines and compound serums that require a prescription
- intrauterine devices (IUDs)
- colostomy supplies
- varicose vein injections, if medically necessary

Medical Services and Equipment - The insurer will cover 100% of the costs for the medical services listed below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order):

- semi-private hospital coverage
- convalescent hospital up to \$20 per day up to a maximum of 180 days
- emergency medical services while you are outside the province where you live
- referred services for treatment outside the province where you live
- private duty nurse services when medically necessary up to a maximum of \$25,000 per person during any 3 consecutive benefit years
- transportation in a licensed ambulance if necessary
- transportation in a licensed air ambulance if necessary
- laboratory tests performed by a commercial laboratory
- dental accident

- services of a licensed optometrist or ophthalmologist up to a maximum of \$100 per person in a benefit year
- wigs following chemotherapy up to a maximum of \$500 per person every 5 consecutive years
- equipment rental or purchase that is used for temporary therapeutic use
- cast, splints, trusses, braces or crutches
- breast prostheses required as a result of surgery up to 2 prostheses per person in any 36 months
- surgical brassieres required as a result of surgery up to 2 brassieres per person in any 36 months
- artificial limbs and eyes
- stump socks up to a maximum of 5 pairs per person in a benefit year
- elastic support stockings up to a maximum of 2 pairs per person in a benefit year
- custom made orthotic inserts for shoes when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of \$500 per person every 3 years
- custom made orthopedic shoes or modifications when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of \$1,000 per person every 3 years
- hearing aids prescribed by an ear, nose and throat specialist, up to a maximum of \$500 per person over a period of five benefit years
- radiotherapy or coagulotherapy
- oxygen, plasma and blood transfusions
- glucometer up to a maximum of \$700 per lifetime per person
- contact lenses, eye glasses or laser eye correction surgery to a maximum of \$500 in any 24 month period for any other person

The insurer will cover 100% of the costs for the paramedical specialists listed below. The maximum amount payable for each category of paramedical specialist is \$500 per person in a benefit year.

- licensed massage therapists, when ordered by a doctor
- licensed speech therapists, physiotherapists, naturopaths
- licensed osteopaths, chiropractors, podiatrists/chiropodists, including a maximum of one x-ray examination per specialty each benefit year

The insurer will cover 100% of the costs for psychologist, psychotherapist or social worker to a maximum amount of \$1,000 per person in a benefit year.

The insurer will not pay for the cost of services rendered by a podiatrist in Ontario unless they are performed after the provincial Medicare plan has paid its annual maximum benefit.

Please see your Employee Benefits Booklet for details of coverage and for information on what is not covered by your insurer.

Decline Coverage

If you have medical coverage elsewhere (i.e., under your spouse's plan), you may decline Health Insurance. You will be required to provide evidence of such other source of coverage.