

Plan Design Summary

Prescription Drugs	Option 1	Option 2	Option 3
Coverage (Co-Pay*)	75% (25%)	85% (15%)	100% (0%)
Per prescription deductible	\$12.00	\$11.00	\$10.00
Direct bill or reimbursement	Direct bill drug card	Direct bill drug card	Direct bill drug card
Generic/brand name drugs	Doctor's Choice, No Substitution	Doctor's Choice, No Substitution	Doctor's Choice, No Substitution
Smoking cessation	\$300 lifetime maximum	\$500 lifetime maximum	\$500 lifetime maximum
Drug maximum	Unlimited	Unlimited	Unlimited
Compounds	Included	Included	Included
Medical Services and Supplies			
Medical Expenses			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Ambulance	Yes	Yes	Yes
Hospital room	Semi-private	Semi-private	Private/Semi-private
Private Duty Nursing Care	\$5,000 per benefit year	\$7,500 per benefit year	\$10,000 per benefit year
Dental accident	Yes	Yes	Yes
Hearing aids	\$750 every 5 years	\$750 every 5 years	\$1,000 every 5 years
Medical Cannabis	\$5,000 every calendar year	\$5,000 every calendar year	\$5,000 every calendar year
All Other Medical Expenses			
Coverage (Co-Pay)	80% (20%)	85% (15%)	90% (0%)
Custom orthotics & custom orthopedic shoes	\$300 per benefit year	\$400 per benefit year	\$500 per benefit year
Travel			
Out of country emergency	100% to lifetime maximum \$5,000,000	100% to lifetime maximum \$5,000,000	100% to lifetime maximum \$5,000,000
Trip duration	90 days	90 days	90 days
Out of country referral	50% to lifetime maximum \$50,000	50% to lifetime maximum \$50,000	50% to lifetime maximum \$50,000
Travel assistance	Yes	Yes	Yes
Termination	Retirement	Retirement	Retirement
New Mental Health Offering (for you and your covered dependents)	Included (People Connect)	Included (People Connect)	Included (People Connect)

*Co-pay represents the portion you will be required to pay.

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Paramedicals And Vision	Option 1	Option 2	Option 3
All Other Expenses			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Paramedical Practitioners	<p><i>*New* \$750 per year Psychologist/ Counsellor/social worker</i></p> <p>\$500 per year per practitioner <i>Dietician Speech therapist</i></p> <p>\$400 per year per practitioner <i>Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist</i></p> <p>\$200 per year per practitioner <i>Chiropractor Massage therapy Physiotherapy</i></p>	<p><i>*New* \$750 per year Psychologist/ Counsellor/social worker</i></p> <p>\$500 per year per practitioner <i>Dietician Speech therapist</i></p> <p>\$500 per year per practitioner <i>Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist</i></p> <p>\$300 per year per practitioner at \$75 per visit maximum <i>Chiropractor Massage therapy Physiotherapy</i></p>	<p><i>*New* \$1,000 per year Psychologist/ Counsellor/social worker</i></p> <p>\$700 per year per practitioner <i>Dietician Speech therapist</i></p> <p>\$600 per year per practitioner <i>Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist</i></p> <p>\$500 per year per practitioner at \$85 per visit maximum <i>Chiropractor Massage therapy Physiotherapy</i></p>
Vision			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Eye exams	<i>*New* Reasonable and Customary Amount per 24 months adult per 12 months child</i>	<i>*New* Reasonable and Customary Amount per 24 months adult per 12 months child</i>	<i>*New* Reasonable and Customary Amount per 24 months adult per 12 months child</i>
Glasses and Contacts	Excluded	\$150 per 24 months adult \$150 per 12 months child	\$250 per 24 months adult \$250 per 12 months child
Dental Care	Option 1	Option 2	Option 3
Services			
Basic Coverage (Co-Pay)	75% (25%)	85% (15%)	90% (10%)
Comprehensive Basic Coverage (Co-Pay)	75% (25%)	80% (20%)	90% (10%)
Major Coverage (Co-Pay)	70% (30%)	50% (50%)	50% (50%)
Combined Maximum	\$3,000	\$2,500	\$2,000
Orthodontics	70% coverage (30% co-pay) to lifetime maximum of \$3,000 (children under 19 years of age only)	50% coverage (50% co-pay) to lifetime maximum of \$2,500 (children under 19 years of age only)	Excluded
Recall Exam	1 every 9 months (adult) 1 every 6 months (child)	1 every 6 months (adult) 1 every 6 months (child)	1 every 6 months (adult) 1 every 6 months (child)
Termination	Retirement	Retirement	Retirement