

benefit summary

Your Health Your Life Your Money



health benefits

	core	enhanced	premium
pay direct drug coverage			
reimbursement Centric pharmacies all other pharmacies	100%	100%	100%
- acute drugs - maintenance drugs	50% 50%	80% 50%	80% 80%
dispensing fee Centric pharmacies all other pharmacies	covered not covered	covered \$5 cap	covered \$10 cap
fertility drugs	no coverage	no coverage	\$10,000 per lifetime
smoking cessation drugs	no coverage	\$300 per lifetime	\$300 per lifetime
anti-obesity drugs	no coverage	\$500 per lifetime	\$500 per lifetime
vaccines	no coverage	included	included
healthcare			
reimbursement Lifemark provider non-Lifemark provider	100% 50%	100% 80%	100% 80%
hospital coverage	ward	ward	semi-private
paramedical practitioners	no coverage	\$300 per practitioner \$1,000 combined per year	\$500 per practitioner \$1,500 combined per year
vision care	no coverage	\$200 per 24 months	\$300 per 24 months
eye exams	no coverage	one per 24 months	one per 24 months
private duty nursing	no coverage	\$10,000 per year	\$10,000 per year
orthotics & orthopaedic shoes	no coverage	\$300 per 3 years combined	\$300 per year combined
hearing aids	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
medical services & supplies	included	included	included
emergency out of country - trip duration	\$2,000,000 per incident 60 days	\$2,000,000 per incident 60 days	\$2,000,000 per incident 60 days

covered paramedical practitioners

Acupuncture, chiropodist/podiatrist, chiropractor, massage therapist, naturopath, occupational therapist, osteopath, physiotherapy (Lifemark provider only), psychologist, speech therapist.

medical services & supplies

Includes but is not limited to ambulance transportation, breathing apparatus, diabetic equipment, diagnostic testing, compression hose, medical equipment rental, etc.

dental			
	core	enhanced	premium
basic services reimbursement maximum	50% \$1,000 per year	80% \$1,500 per year*	100% \$2,500 per year*
major services reimbursement maximum	no coverage	50% \$1,500 per year*	50% \$2,500per year*
orthodontics (dependent children) reimbursement maximum	no coverage	no coverage	50% \$2,000 per lifetime
fee guide	current	current	current
recall cleanings & exams	one every 12 months	one every 9 months	one every 6 months
scaling (1 unit = 15 minutes)	6 units per year	8 units per year	10 units per year

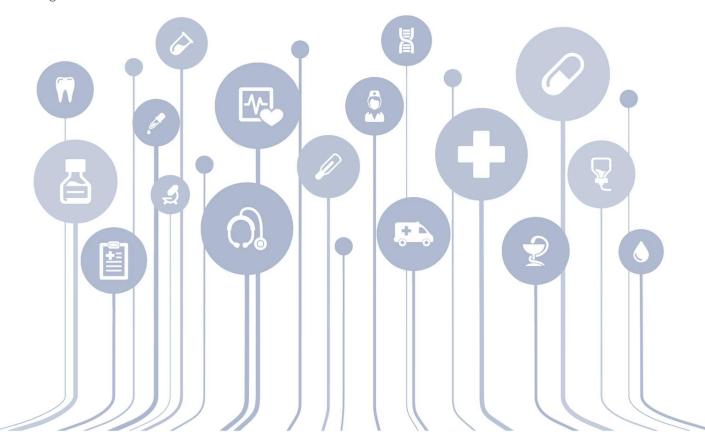
^{*}basic services and major services subject to a combined maximum

basic dental services

Basic dental expenses include, but not limited to, exams and cleaning, x-rays, fillings, endodontics (root canal), periodontics (scaling and/or root planning), denture repair, and rebase or reline.

major dental services

Major restorative expenses, including inlays, onlays and crowns, complete and partial dentures, and bridgework.



life & AD&D

life insurance & AD&D

dependent life insurance

optional life insurance

1x annual earnings to a maximum of \$500,000

\$10,000 spouse \$5,000 child

units of \$10,000 to a maximum of \$500,000 for both you and your spouse

critical illness

benefit schedule

\$10,000 for you \$5,000 for your spouse \$5,000 for your child(ren)

benefit conditions

no pre-existing condition clause no survival period no 90 day cancer exclusion includes a second event benefit

voluntary benefits

\$15,000 or \$30,000 without evidence of insurability \$50,000 or \$100,000 with evidence of insurability

long term disability

benefit schedule

67% of the first \$4,000 of monthly earnings, plus 50% of the next

\$3,500 and 44% of the remainder

maximum

taxability

\$10,000 per month

elimination period

112 days

definition of disability

2 year own occupation; any occupation thereafter

non-taxable

Please note that the information provided is only a highlight of the new benefits program. Further benefit details and inclusions can be found on the Medavie Blue Cross member website after January 1st.



