

The choices – Overview of Health / Dental Coverage

	choice 1	choice 2	choice 3
HEALTH			
Prescription Drugs	100% Teva 70% Other Mandatory Generic	100% Teva 80% Other Mandatory Generic	100% Teva 90% Other Mandatory Generic
Annual Health Deductible	Drug Deductible \$500 Single \$1000 Family	Health Deductible* \$25 Single \$50 Family	N/A
Out-of-Pocket Drug Maximum	\$1,500/year/person	\$1,500/year/person	\$1,500/year/person
Hospital	No coverage	Semi Private – Daily max \$250	Semi Private or Private – Daily max \$275
Private Duty Nursing	\$10,000/3 years	\$15,000/3 years	\$25,000/3 years
Paramedical	No coverage	80% \$750/year/combined Acupuncturist Chiropractor Chiropractor Naturopath Osteopath Podiatrist Speech Therapist	90% \$1,000/year/combined Acupuncturist Chiropractor Chiropractor Naturopath Osteopath Podiatrist Speech Therapist Massage Therapist
Virtual Healthcare	100%	100%	100%
Physiotherapist	No coverage	100% – \$1,000/year	100% – \$1,000/year
Mental Health Care	100% – \$1,500/year	100% – \$1,500/year	100% – \$1,500/year
Vision Care	No coverage	100% – \$300/24 months	100% – \$350/24 months
Eye Exams	No coverage	100% – \$50/24 months	100% – \$80/24 months
Appliances, Health Services and Supplies	No coverage	80%	90%
DENTAL			
Basic/Minor Restorative	No coverage	80%	90%
Major Restorative	No coverage	50%	50%
Orthodontia	No coverage	50%	50%
Dental Plan Maximums	N/A	\$2,000/year Basic, Minor and Major combined Ortho – \$1,500 lifetime max	\$2,500/year Basic, Minor and Major combined Ortho – \$2,500 lifetime max
Dental Fee Guide	N/A	Current	Current
HCSA/FITNESS ACCOUNT			
HCSA/Fitness Account	\$1,000/year Single \$2,500/year Family	\$400/year Single \$1,000/year Family	\$200/year Fitness Account
Employee Contributions for Health and Dental	N/A	\$115/year Single \$350/year Family	\$315/year Single \$765/year Family

*Not applicable to Drugs and Hospital