



FLEXIBLE BENEFITS PLAN SUMMARY HEALTH PROGRAM

IRVING GROUP FLEXIBLE BENEFITS PROGRAM: HOSPITAL, TRAVEL, HEALTH NON-DRUG, AND CRITICAL CONDITIONS	Module "A"	Module "B"	Module "C"
<i>PLAN PAYS (% of eligible expenses)</i>	65% (Health Non-Drug) 100% (Travel and Critical Conditions,)	80% (Health Non-Drug, Hospital) 100% (Travel and Critical Conditions)	100% (All Health Benefits)
<i>MEMBER DEDUCTIBLE</i>	\$100 single / \$200 family (Health Non-Drug)	\$50 single / \$100 family (Health Non-Drug)	None
<i>MEMBER OUT-OF-POCKET MAXIMUM</i>	\$200 single / \$400 family (Health Non-Drug)	None	None
HOSPITAL			
WARD	IN CDA – COVERED (by Provincial Health Plan)	IN CDA – COVERED (by Provincial Health Plan)	IN CDA – COVERED (by Provincial Health Plan)
SEMI-PRIVATE ROOM	NOT COVERED	COVERED	COVERED
PRIVATE ROOM	NOT COVERED	COVERED	COVERED
TRAVEL	Travel coverage Ceases at Employee's age 75		
EMERGENCIES	100% of Eligible Expenses - (CAN ASSIST) Max 2 Million / Incident	100% of Eligible Expenses - (CAN ASSIST) Max 2 Million / Incident	100% of Eligible Expenses - (CAN ASSIST) Max 2 Million / Incident
REFERRAL - OUTSIDE CANADA	Max Eligible Expense \$500,000 / LIFETIME / PERSON	Max Eligible Expense \$500,000 / LIFETIME / PERSON	Max Eligible Expense \$500,000 / LIFETIME / PERSON
HEALTH NON-DRUG			
PHYSICIAN SERVICES	IN CDA - (OUTSIDE PROVINCE)	IN CDA - (OUTSIDE PROVINCE)	IN CDA - (OUTSIDE PROVINCE)
AMBULANCE	IN CDA - Max Eligible Expense \$1000 / CAL YR.	IN CDA - Max Eligible Expense \$1000 / CAL. YR.	IN CDA - Max Eligible Expense \$1000 / CAL. YR.
AMBULANCE ATTENDANT	IN CDA - Max Eligible Expense \$500 / CAL. YR.	IN CDA - Max Eligible Expense \$500 / CAL. YR.	IN CDA - Max Eligible Expense \$500 / CAL. YR.
PRIVATE DUTY NURSING (Focused)	Max Eligible Expense \$10,000 / CAL YR	Max Eligible Expense \$10,000 / CAL YR	Max Eligible Expense \$10,000 / CAL YR
ACCIDENTAL DENTAL	COVERED	COVERED	COVERED
DIAGNOSTICS & X-RAYS	IN CDA	IN CDA	IN CDA
OXYGEN	IN CDA	IN CDA	IN CDA
OSTOMY SUPPLIES	COVERED	COVERED	COVERED
TRACHEOTOMY SUPPLIES	COVERED	COVERED	COVERED
BURN PRESSURE GARMENTS	COVERED	COVERED	COVERED
MEDICAL SUPPLIES / EQUIPMENT	COVERED	COVERED	COVERED
OTHER PRACTITIONERS:	Max Eligible Expense-\$500 / CAL. YR.	Max Eligible Expense-\$500 / PRAC \$1,500 OVERALL / CAL. YR.	Max Eligible Expense-\$500 / PRAC \$1,500 OVERALL / CAL. YR.
-SPEECH THERAPIST	COVERED	COVERED	COVERED
-CLINICAL PSYCHOLOGIST	COVERED	COVERED	COVERED
-PHYSIO/ATHLETIC THERAPIST (Managed Benefit)	NOT COVERED	COVERED	COVERED
-ACUPUNCTURIST	NOT COVERED	COVERED	COVERED
-CHIROPRACTOR (Managed Benefit)	NOT COVERED	COVERED	COVERED
-MASSAGE THERAPIST (Managed Benefit)	NOT COVERED	COVERED	COVERED
-NATUROPATH	NOT COVERED	COVERED	COVERED
-HOMEPATH	NOT COVERED	COVERED	COVERED
-OSTEOPATH	NOT COVERED	COVERED	COVERED
-PODIATRIST	NOT COVERED	COVERED	COVERED
DIABETIC SUPPLIES	COVERED	COVERED	COVERED
DIABETIC EQUIPMENT	Max Eligible Expense \$5,000 / 5 CAL YRS.	Max Eligible Expense \$5,000 / 5 CAL YRS.	Max Eligible Expense \$5,000 / 5 CAL YRS.
SPEECH AIDS	Max Eligible Expense \$500 / LIFETIME	Max Eligible Expense \$500 / LIFETIME	Max Eligible Expense \$500 / LIFETIME
PROSTHETIC APPLIANCES	COVERED	COVERED	COVERED
PROSTHETIC APPLIANCE REPAIRS	REPAIRS: Max Eligible Expense \$300 PER CAL YR	REPAIRS: Max Eligible Expense \$300 PER CAL YR	REPAIRS: Max Eligible Expense \$300 PER CAL YR
EQUIPMENT RENTAL	COVERED	COVERED	COVERED
ORTHOPEDIC SUPPLIES	NOT COVERED	SHOES/SUPPLIES - Max Eligible Expense \$200 / CAL YR	SHOES/SUPPLIES - Max Eligible Expense \$200 / CAL YR
	NOT COVERED	DEP. CHILD - UNDER 21 - Max Eligible Expense \$300 / CAL YR.	DEP. CHILD - UNDER 21 - Max Eligible Expense \$300 / CAL YR.
MOLDED ARCH SUPPORTS	NOT COVERED	INCL IN "ORTHOPEDIC SUPPLIES"	INCL IN "ORTHOPEDIC SUPPLIES"
HEARING AIDS	DEP. CHILD - Max Eligible Expense \$600 /Ear /3 CAL YRs. ADULTS (over 21) - Max Eligible Expense \$600 /3 CAL YRs.	DEP. CHILD - Max Eligible Expense \$600 /Ear /3 CAL YRs. ADULTS (over 21) - Max Eligible Expense \$600 / 3 CAL YRs.	DEP. CHILD - Max Eligible Expense \$600 /Ear /3 CAL YRs. ADULTS (over 21) - Max Eligible Expense \$600 / 3 CAL YRs.
TENS MACHINES	NOT COVERED	COVERED	COVERED
VISION CARE	NOT COVERED	COVERED (Healthwise)	COVERED (Healthwise)
LENSES:		Fee guide amount @ 100%	Fee guide amount @ 100%
ADULTS		4 Cal Yrs - Waived for "LENSES" (If there is a prescription change of ½ diopter or more)	4 Cal Yrs - Waived for "LENSES" (If there is a prescription change of ½ diopter or more)
CHILDREN		2 Cal Yrs - Waived for "LENSES" (If there is a prescription change of ½ diopter or more)	2 Cal Yrs - Waived for "LENSES" (If there is a prescription change of ½ diopter or more)
FRAMES AND EYE EXAMS		Max Eligible Expense \$200	Max Eligible Expense \$200
CRITICAL CONDITIONS INSURANCE	CC Coverage Ceases at Employee's age 65		
COVERAGE (Coverage ceases the earlier of retirement, termination of employment or age 65)	Employee - \$20,000 Spouse - \$4,000 Child - \$2,000	Employee - \$20,000 Spouse - \$4,000 Child - \$2,000	Employee - \$20,000 Spouse - \$4,000 Child - \$2,000

FLEXIBLE BENEFITS PLAN SUMMARY

DRUG PROGRAM

IRVING GROUP FLEXIBLE BENEFITS PROGRAM: DRUG BENEFITS	Module "A"	Module "B"	Module "C"
MEMBER CO-PAYMENT	Dispensing fee plus mark-up with no maximum per item.	Dispensing fee plus mark-up to \$15 maximum per item.	Dispensing fee plus mark-up to \$15 maximum per item.
MEMBER OUT-OF-POCKET MAXIMUM	Annual maximum of - \$350 single - \$700 family	None	None
DRUG LIST	Medically necessary, acute and maintenance drugs (FLX list)	Same as Module A - except list includes certain "lifestyle drug" categories (e.g., oral contraceptives, fertility, ED treatments, antiviral, etc.-MA list)	Same as Module B - except list includes certain prescription cough/cold and prescription antihistamines (CM list)
DRUG ACCESS	Healthwise model with many drugs available only through special authorization process* (for details see the Special Authorization Drug list summary)	Healthwise model with many drugs available only through special authorization process* (for details see the Lifestyle Drug list summary)	Traditional model with no special authorization required; (some exceptions apply*)

*Certain eligible drugs require prior or ongoing authorization by Medavie Blue Cross to qualify for reimbursement. The criteria to be met for Special Authorization are established by Medavie Blue Cross and may include required participation in a related Patient Support Program.

DENTAL PROGRAM

IRVING GROUP FLEXIBLE BENEFITS PROGRAM: DENTAL PROGRAM	Module "A"	Module "B"	Module "C"
COVERAGE TYPE	Healthwise	Healthwise	Healthwise
<i>Fee Guide</i>	General Practitioner & Specialist	General Practitioner & Specialist	General Practitioner & Specialist
<i>Procedures</i> Plan Pays (% of eligible expenses. All noted limits are maximum reimbursed amounts) Complete Examinations Recall Examinations Emergency Examinations X-Rays: Bitewings and/or Periapical Complete Series & Panorex Fluoride Treatments Pit & Fissure Sealants Restorative Svc's (fillings) Extractions/Erupted teeth Polishing: 1 Unit of polishing = 15 Min. Scaling: (cleaning) 1 Unit of scaling = 15 Min.	No Coverage	Core/Preventive 80% One Every 5 Cal Yrs. Two Recalls Cal Yr. under 19 One Recall / Cal Yr. over 19 One per Cal. Yr Up to Four per Cal. Yr Covered under Major Benefits One / Cal Yr. - under age 19 Bicuspids & Molars - under 19 Covered Covered One Unit / Cal Yr - under 19 Two Units / Cal Yr - over 19 Three Units / Cal Yr - under 19 Four Units / Cal Yr - over 19	Core/Preventive 100% One Every 5 Cal Yrs. Two Recalls / Cal Yr. under 19 One Recall / Cal Yr. over 19 One per Cal. Yr Up to Four per Cal. Yr Covered under Major Benefits One / Cal Yr. - under age 19 Bicuspids & Molars - under 19 Covered Covered One Unit / Cal Yr - under 19 Two Units / Cal Yr - over 19 Three Units / Cal Yr - under 19 Four Units / Cal Yr - over 19
<i>Procedures</i> Plan Pays Maximum Per Person Including - Additional Scaling	Periodontal Services 70% Reimbursed up to \$2,450 Per 5 Cal Yrs. 8 Units per Cal yr.	Periodontal Services 70% Reimbursed up to \$2,450 Per 5 Cal Yrs. 8 Units per Cal yr.	Periodontal Services 70% Reimbursed up to \$2,450 Per 5 Cal Yrs. 8 Units per Cal yr.
<i>Procedures</i> Plan Pays Maximum Per Person Oral Surgeon - Specialist Major Surgical (Impacted teeth) Endodontist - Specialists Root Canal Therapy Prostodontics: Specialist Repairs (Minor) Dentures Removable *Bridges & Crowns *Inlays & Onlays	Major Restorative 70% Reimbursed up to \$1,500 per Cal Yr. Covered Covered Covered Covered Covered Covered Covered *Special Authorization *Special Authorization	Major Restorative 70% Reimbursed up to \$1,500 per Cal Yr. Covered Covered Covered Covered Covered Covered Covered *Special Authorization *Special Authorization	Major Restorative 70% Reimbursed up to \$1,500 per Cal Yr. Covered Covered Covered Covered Covered Covered Covered *Special Authorization *Special Authorization
<i>Procedures</i> Plan Pays Maximum Per Person	Orthodontic - Braces 50% Reimbursement up to \$2,000 lifetime	Orthodontic - Braces 50% Reimbursement up to \$2,000 lifetime	Orthodontic - Braces 50% Reimbursement up to \$2,000 lifetime

*At the present time, Special Authorization for dental does not apply to members in Western Canada.

Every effort has been made to ensure that the contents of this summary comparison are accurate; however, the nature of a summary makes the inclusion of all of the governing terms and conditions impractical. These details are found in the official plan document, Schedule of Benefits, which is prepared and administered by Medavie Blue Cross.

(Updated September 19, 2022 – Effective January 1, 2023)