

HEALTH AND DENTAL BENEFIT SUMMARY

BILLING DIVISION: 2 – FACULTY/LIBRARIANS (LUFA)

Your benefit plan is intended to supplement your provincial health insurance plan. Complete benefit details are provided in the Description of Benefits section of your benefit plan booklet. Be sure to read those pages carefully – they show the conditions, limitations and exclusions that may apply to the benefits. For now, here is a summary of eligible benefits:

HEALTH BENEFITS			
Deductible: Does not apply			
Overall Maximum: \$500,000 Lifetime combined with EHS & Drug & Hospital per covered person			
Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible applies:
Prescription Drugs – Pay Direct Drug Card <ul style="list-style-type: none"> • Fertility drugs • Smoking cessation drugs • Erectile dysfunction drugs • All other covered drugs 	\$5,000 per lifetime \$400 per lifetime \$1,000 per calendar year Unlimited	<ul style="list-style-type: none"> • 10% of the ingredient drug cost plus • you pay any prescription drug dispensing fee charge in excess of \$10 	No
Hospital Accommodation <ul style="list-style-type: none"> • Public general hospital • Convalescent, rehabilitation or psychiatry hospital 	Reasonable & customary charges for the cost of a semi-private room \$20 per day combined	0%	No
Medical Items and Services <ul style="list-style-type: none"> • Footwear <ul style="list-style-type: none"> – custom made orthopaedic boots or shoes, custom made foot orthotics, modifications or adjustments supplies • Optometric Eye Exams • Other items and services – See the Description of Benefits section of your benefit plan booklet for details 	\$400 per calendar year \$75 every 24 consecutive months Reasonable and customary charges	20%	No
Emergency Transportation	80% coverage, \$1,000 per calendar year land and air	20%	No
Private Duty Nursing in the Home	\$5,000 per calendar year RN, RNA, CAN	20%	No

Professional Services <ul style="list-style-type: none"> • Chiropractor • Chiropracist or Podiatrist • Registered Massage Therapist (Physician (M.D.) recommendation required) • Naturopath • Osteopath • Physiotherapist • Psychologist 	\$350 per practitioner per calendar year	20%	No
Accidental Dental	Usual and Customary fee of the current Dental Association Fee Guide	20%	No
Vision <ul style="list-style-type: none"> • prescription eye glasses or contact lenses, or medically necessary contact lenses or laser eye surgery 	\$150 every 24 consecutive months based on date of first paid claim (every 12 months for dependent children under age 18)	0%	No

TRAVEL BENEFITS
Deductible: Does not apply
Overall Maximum: Does not apply

Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible Applies:
Maximum Number of Days per Trip	90 days	There is no co-pay for the Travel Benefit	No
Emergency Services	\$5, 000,000 per covered person per disability or medical event		
Referral Services	\$50,000 per covered person per disability or medical event		

DENTAL BENEFITS
Deductible: Does not apply
Overall Maximum: \$2,500 per covered person per calendar year excluding Major Services
Major Services Maximum: \$2,500 per covered person per calendar year
Fee Guide: The current Provincial Dental Association Fee Guide for General or Specialist Practitioners in the province where you reside

Your plan covers:	Plan Maximums:	Your Co-pay:	Deductible applies:
Basic Services	See Overall Maximum above	0%	No
Recall Exams	1 per 9 consecutive months (1 per 6 months age 17 & under)		
Comprehensive Basic Services	See Overall Maximum above	0%	No
Major Services	See Overall Maximum above	0%	No