

Benefit Plan Changes – Comparison of Plans

	CORE	OPTIONAL	NEW ACTIVE PLAN Effective Jan. 1, 2022	
DRUGS	Deductible (annual)	\$250 per single / family Drugs and Medical	\$50 per single / family Medical only	\$250 per single / family Drugs and Medical
	Drug Reimbursement %	80% generic or brand	100% generic or 90% brand	80%
	Formulary	Open (coverage based on lower cost drug)	Open (coverage based on lower cost drug)	Managed (New prescriptions only)
	Other	Includes PocketPills Mandatory Generic Substitution	Includes PocketPills Mandatory Generic Substitution	Include PocketPills Mandatory Generic Substitution
	Out of Pocket Maximum	\$1,000 for drugs and medical	\$1,000 for drugs and medical	\$1,000 for drugs ONLY
	HEALTH	Orthopedic Shoes	50% Reimbursement level; 2 pairs per calendar year	80% Reimbursement level; 2 pairs per calendar year
VISION		Eye Exams	\$100 per person per 24 months	Included in Vision max
	Vision Reimbursement %	No Coverage	100%	100%
	Vision – Maximum	No Coverage	\$200 per person per 24 months	\$100 per person per 24 months
OUT OF COUNTRY	Emergency Maximum	\$500,000 Lifetime	\$500,000 Lifetime	\$5,000,000 Lifetime
	Annual reinstatement	annual reinstatement of \$5,000 once lifetime maximum is reached	annual reinstatement of \$5,000 once lifetime maximum is reached	N/A
	Referral Maximum	N/A	N/A	\$50,000 annual with pre-approval

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PARAMEDICAL PRACTITIONERS	PARAMEDICAL PRACTITIONERS			
	Acupuncture*	\$500 per year	\$750 per year	\$500 per year (all practitioners combined)
	Chiropractor	\$500 per year	\$750 per year	
	Massage Therapist*	\$500 per year	\$750 per year	
	Naturopath	\$500 per year	\$750 per year	
	Osteopath	\$500 per year	\$750 per year	
	Physiotherapy*	\$500 per year	\$750 per year	
	Speech Therapist*	\$500 per year	\$750 per year	
	Mental Health*	\$3,000 per year	\$5,000 per year	\$3,000 per year
	Included providers	Psychologist Master of Social Work Mind Beacon	Psychologist Master of Social Work Mind Beacon	Psychologist Master of Social Work Mind Beacon Counsellor Psychotherapist Psychoanalyst
Doctors Note	*Required	*Required	Not Required	
DENTAL	Annual Deductible	\$75 per family (Preventative); \$250 per family (Basic and Major)	\$50 per family (Basic and Major)	\$75 per family (Preventative); \$250 per family (Basic and Major)
	Reimbursement %:			
	Preventative	80%	100%	80%
	Basic	80%	80%	80%
	Major	50%	50%	50%
	Orthodontics	No Coverage	50%	No Coverage
	Annual Maximum (Preventive, Basic, Major)	\$1,500 per year combined	\$3,500 per year combined	\$1,500 per year combined
Annual Maximum (Orthodontics)	N/A	\$2,000 lifetime	No Coverage	