

## Drug

Direct bill or reimbursement

**80% coverage:**

**Least Cost Alternative (LCA) pricing**

**Allergy serums, insulin and diabetic supplies**

**Blood testing monitor**

Up to a maximum of \$150 once in any five-year period.

**\$1,000 maximum per participant, per year.**

## Extended Health

**100% coverage:** (except where indicated)

**Ground and air ambulance**

**Semi-private/Private hospital room**

**Psychologist**  
Up to \$90 per visit to a maximum of \$750 per year.

**Physiotherapist**  
Up to \$45 per visit to a maximum of \$300 per year.

**Chiropractor**  
Up to \$30 per visit to a maximum of \$300 per year.

**Podiatrist / Chiropodist**  
Up to \$30 per visit to a maximum of \$300 per year.

**Foot orthotics**  
Up to a maximum of \$200 per year.

**Eye exams**  
Up to a maximum of \$60 every 24 months.

**Speech language pathologist**  
Up to \$60 per visit to a maximum of \$500 per year.

**Osteopath**  
Up to \$35 per visit to a maximum of \$300 per year.

**Accidental dental care**  
Up to a maximum of \$2,000 per accident.

**Diagnostic services**  
Up to a maximum of \$150 per year.

**Home nursing**  
Up to a maximum of \$10,000 per year.

**Long term care**  
Up to a maximum of \$1,000 per year.

**Hearing aids**  
Up to a maximum of \$750 per four-year period.

**Orthopaedic shoes**  
Up to a maximum of \$250 per year.

**Medical aids**

**Custom fitted braces**  
Once in a 24-month period.

**Prosthetic equipment**  
**Manual wheelchairs**  
One per three-year period.

**Manual hospital beds**  
Up to a lifetime maximum of \$1,500.

**Oxygen**  
Up to a maximum of \$2,500 per year.

**Ileostomy, colostomy, catheters and supplemental supplies**  
Up to a maximum of \$1,200 per year.

## Dental

**100% coverage:**

**New patient exam**  
Once in any five-year period.

**Recall exam**  
Once in any 12-month period.

**X-ray**  
Once in any 12-month period.

**Polishing**  
Once in any 12-month period.

**Fluoride**  
Once in any 12-month period under age 19.

**Scaling and root planing**  
Up to four time units in a 12-month period.

**\$1,000 maximum per participant, per year, for all dental benefits.**

**Limited, specific and emergency exams**  
Once in any 12-month period.

**Fillings**  
One per tooth surface in any 24-month period.

**Root canals**  
One per tooth in any 24-month period.

**Extractions**  
**Partial & complete dentures**  
Once in any five-year period.

**Denture repairs**  
One service per denture in any 24-month period.

**50% coverage:**

**Periodontics**  
Scaling and root planing in excess of four time units.

## Out-of-Province Emergency Travel

Covering up to 30 days of travel per trip with up to \$5,000,000 in emergency medical benefits.

## Life Insurance

**Term life insurance**  
Flat amount of \$25,000.

**Accidental death and dismemberment (AD&D)**  
Flat amount of \$25,000.

## Second Opinion

Provides plan members and eligible dependents with serious medical conditions access to independent medical reviews, diagnoses and treatment recommendations by medical specialists.

## Balance™

Balance is a wellness program that rewards employees for taking control of their health. It offers expert recommended tools and a variety of prizes to encourage healthy living.