



SUMMARY OF BENEFITS

Plan E – Actives Self Pay (Full)

MEMBER LIFE INSURANCE

Plan	Description	Life Insurance Amount
E	Full Self Pay to Age 64	\$125,000
	Full Self Pay to Age 69	\$50,000
	Full Self Pay Age 70 - 74	\$25,000

MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT

Plan	Description	Life Insurance Amount
E	Full Self Pay to Age 64	\$125,000
	Full Self Pay to Age 69	\$50,000
	Full Self Pay Age 70 - 74	\$25,000

DEPENDENT LIFE INSURANCE

Plan	Description	Life Insurance Amount
E	Full Self Pay to Age 64	Dependent Spouse - \$40,000 Dependent Child - \$10,000
	Full Self Pay to Age 69	Dependent Spouse - \$40,000 Dependent Child - \$10,000
	Full Self Pay Age 70 - 74	Dependent Spouse - \$15,000 Dependent Child - \$2,500

EXTENDED HEALTH CARE

Plan	Description	Amount
E	Full Self Pay to Age 69	\$100,000 lifetime maximum per individual for all other benefits (including a \$10,000 lifetime maximum for private duty nursing)
	Full Self Pay Age 70 - 74	100% reimbursement of all other eligible expenses 50% orthopaedic shoes that are not part of a brace

PRESCRIPTION DRUG

Plan	Description	Amount
E	Full Self Pay to Age 69	100% of most drug expenses (based on a Managed Formulary and Lowest Cost Alternative pricing)
	Full Self Pay Age 70 - 74	90% of erectile dysfunction drug expenses up to \$750 calendar year \$350 per calendar year for Epipen injections \$1,000 per lifetime for smoke cessation products \$4 per prescription drug dispensing fee deductible

VISION

Plan	Description	Amount
E	Full Self Pay to Age 69 Full Self Pay Age 70 - 74	100% of eyeglass frames and lenses or contact lenses, eye examinations, safety glasses for members Eyeglass frames and lenses or contact lenses up to a total maximum of \$600 every 2 calendar years from the last date of service from the last date of service (12-month period from the last date of service for persons under 18 years of age); \$450 every 2 calendar years for prescription safety glasses for Members only. 50% laser eye surgery expenses to a lifetime maximum of \$1,000 Eye examinations – \$125 maximum once every 2 calendar years (or every year for insured individuals under age 18)

DENTAL

Plan	Description	Amount
E	Full Self Pay to Age 69 Full Self Pay Age 70 - 74	90% basic services, 80% major services to a combined annual maximum of \$4,500 No coverage for Dental Implants No coverage for Orthodontic Services Based on the current Dental Fee Schedule for your province of residence. Specialist's fees are covered when recommended by a Physician or Dentist.

MEMBER ASSISTANCE PROGRAM

Plan	Description	Amount
E	Full Self Pay to Age 69 Full Self Pay Age 70 - 74	You and your family members are each eligible for up to 12 hours of personal counselling per year plus 2 hours of financial or legal consultation. Coverage terminates the date your Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet

TRAVEL AND ACCIDENT INSURANCE

Plan	Description	Amount
E	Full Self Pay to Age 69 Full Self Pay Age 70 - 74	100% of eligible expenses and eligible services are covered Overall Maximum of \$5,000,000 per insured person, per trip Coverage is limited to 90 days from the date the insured individual leaves the province of residence. Coverage is limited to 60 days for those 70 - 75. However, any member working in the United States while maintaining their provincial health care coverage as well as the required number of hours in their Hour Bank Account may be covered for a period of up to 12 months. Coverage terminates the date your Supplementary Health coverage terminates.

HEALTH SPENDING ACCOUNT

Plan	Description	Amount
E	Full Self Pay to Age 69 Full Self Pay Age 70 - 74	\$1,000 annually Coverage terminates the date your Supplementary Health coverage terminates The amount of the deposit is determined by the Board of Trustees on an annual basis when it is prudent for the plan to do so.