



## SUMMARY OF BENEFITS

### Plan D – Grandfathered/Trustees Self Pay Plan

#### MEMBER LIFE INSURANCE

Plan	Description	Life Insurance Amount
D	Grandfathered Trustees Self Pay	\$125,000

#### MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT

Plan	Description	Life Insurance Amount
D	Grandfathered Trustees Self Pay	\$125,000

#### DEPENDENT LIFE INSURANCE

Plan	Description	Life Insurance Amount
D	Grandfathered Trustees Self Pay	Dependent Spouse - \$40,000 Dependent Child - \$10,000

#### EXTENDED HEALTH

Plan	Description	Amount
D	Grandfathered Trustees Self Pay	\$100,000 lifetime maximum per individual for all other benefits (including a \$10,000 lifetime maximum for private duty nursing) 100% reimbursement of all other eligible expenses 50% orthopaedic shoes that are not part of a brace

#### PRESCRIPTION DRUG

Plan	Description	Amount
D	Grandfathered Trustees Self Pay	100% of most drug expenses (based on a Managed Formulary and Lowest Cost Alternative pricing) 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
D	Grandfathered Trustees Self Pay	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
D	Grandfathered Trustees Self Pay	90% basic services, 80% major services to a combined annual maximum of \$4,500 80% for Dental Implant procedures to an annual maximum of \$3,000 75% for Orthodontic Services to a lifetime maximum of \$6,000 \$3,000 for Dentures per jaw (every 10 years) 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
D	Grandfathered Trustees Self Pay	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
D	Grandfathered Trustees Self Pay	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
D	Grandfathered Trustees Self Pay	<b>\$1,000 annually</b> 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.