

## EXTENDED HEALTH CARE - BENEFITS AT A GLANCE

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)	EXTENDED HEALTH CARE PLAN 3 (EHC Plan 3)
<b>SEMI-PRIVATE HOSPITAL Reimbursement</b> - Inside Canada <b>Daily Limit</b> <b>Overall Maximum</b>	100% Unlimited Unlimited	<b>No Semi-Private Hospital Coverage</b>	<b>No Semi-Private Hospital Coverage</b>
<b>PAY-DIRECT DRUG CARD FOR PRESCRIPTION DRUGS</b> (Drugs must have a Drug Identification Number – DIN)  <b>Deductible</b> - Retirees Age 65 & Over - Dependents Age 65 & Over - Retirees Under Age 65 - Dependents Under Age 65 - Family Maximum  <b>Reimbursement</b>  - Ontario Drug Benefit Program Deductible reimbursement - Ontario Drug Benefit Program Dispensing Fee reimbursement  <b>Maximum</b>	Nil Nil Nil Nil Nil  100% for generic drugs; 85% for all other eligible drugs  Yes Yes  Unlimited	Nil Nil Nil Nil Nil  100% for generic drugs; 85% for all other eligible drugs  Yes Yes  Unlimited	Nil Nil \$100 per calendar year \$100 per calendar year \$200 per calendar year  85% - mandatory generic drug substitution  No Yes  Unlimited

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<p><b>HEARING AIDS</b></p> <p><b>Reimbursement</b></p> <p><b>Maximum</b></p>	<p>100%</p> <p>\$3,000 per person every three benefit years</p>	<p>100%</p> <p>\$3,000 per person every three benefit years</p>	<p>100%</p> <p>\$1,500 per person every three benefit years</p> <p>Mandatory integration with Assistive Devices Program</p>
<p><b>VISION CARE</b></p> <p><b>Reimbursement</b></p> <p><b>Maximum</b></p> <ul style="list-style-type: none"> <li>- Adults</li> <li>- Dependent Children under 18</li> </ul> <p><b>Covered Expenses</b></p>	<p>100%</p> <p>\$300 per person every two benefit years</p> <p>\$300 per person each benefit year</p> <p>Lenses, frames, contacts and refractive surgery Repairs to eyeglasses and frames</p>	<p><b>No Coverage</b></p>	<p><b>No Coverage</b></p>

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<b>PARAMEDICAL COVERAGE</b>			
<b>Reimbursement of Practitioner</b>			
- Acupuncturist	85%	85%	<b>No Coverage</b>
- Audiologist	85%	85%	<b>No Coverage</b>
- Chiropractor	85%	85%	<b>No Coverage</b>
- Massage Therapist	85%	<b>50%</b>	<b>No Coverage</b>
- Naturopath	85%	85%	<b>No Coverage</b>
- Physiotherapist	85%	85%	85%
- Podiatrist or Chiropodist	85%	85%	<b>No Coverage</b>
- Psychologist	85%	85%	<b>No Coverage</b>
- Occupational Therapist	85%	85%	<b>No Coverage</b>
- Optometrist/Ophthalmologist	85%	85%	85%
- Osteopath	85%	85%	<b>No Coverage</b>
- Speech Therapist	85%	85%	<b>No Coverage</b>
<b>Maximum</b>	\$1,500 per person per calendar year for all practitioners combined <b>plus</b> reimbursement for Intra-Optic Lens following cataract surgery up to \$200 per eye lifetime per person	\$1,500 per person per calendar year for all practitioners combined <b>plus</b> reimbursement for Intra-Optic Lens following cataract surgery up to \$200 per eye lifetime per person	Physiotherapy up to \$500 per person per calendar year; Optometrist's/Ophthalmologist's services for one complete eye exam per person per calendar year <b>plus</b> reimbursement for Intra-Optic Lens following cataract surgery up to \$200 per eye lifetime per person

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<p><b>CUSTOM-MADE ORTHOPAEDIC SHOES OR ORTHOTICS</b></p> <p><b>Reimbursement</b></p> <p><b>Maximum</b></p> <p>Note: Covered if medically necessary for treatment of a foot condition.</p>	<p>85%</p> <p>3 pairs per person per year for dependents under age 8; 2 pairs per person per year for dependents age 8 but under age 18; 1 pair per person per year for all other covered individuals. Reimbursement is subject to reasonable and customary charges</p>	<p>85%</p> <p>3 pairs per person per year for dependents under age 8; 2 pairs per person per year for dependents age 8 but under age 18; 1 pair per person per year for all other covered individuals. Reimbursement is subject to reasonable and customary charges</p>	<p>85%</p> <p>Orthotics up to a maximum of \$600 per person once every two calendar years</p>
<p><b>PRIVATE DUTY NURSING</b> (predetermination of eligibility required)</p> <p><b>Reimbursement</b></p> <p><b>Maximum</b></p>	<p>85%</p> <p>\$25,000 per person per calendar year</p>	<p>85%</p> <p>\$25,000 per person per calendar year</p>	<p>85%</p> <p>\$10,000 per person per calendar year</p>

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<p><b>COMFORT &amp; CONVENIENCE ITEMS</b> (predetermination of eligibility required)</p> <p><b>Reimbursement</b></p> <p><b>Covered Expenses</b></p> <ul style="list-style-type: none"> <li>- elevated toilet seats; shower chairs; bed, bathtub and toilet rails; commodes</li> <li>- Outdoor wheelchair ramp once lifetime up to \$2,000</li> </ul>	<p>85%</p> <p>Included</p> <p>Included</p>	<p>85%</p> <p>Included</p> <p>Included</p>	<p>85%</p> <p>Included</p> <p>Included</p>
<p><b>MEDICAL SERVICES AND SUPPLIES</b></p> <p><b>Reimbursement</b></p> <p><b>Covered Expenses</b></p> <ul style="list-style-type: none"> <li>- Casts, splints, braces, crutches</li> <li>- Oxygen and its administration</li> <li>- Wheelchairs and other durable medical equipment rented for temporary therapeutic use as provided under the plan</li> </ul>	<p>85%</p> <p>Included</p>	<p>85%</p> <p>Included</p>	<p>85%</p> <p>Included</p>

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<b>DIABETIC AND COLOSTOMY SUPPLIES</b>  <b>Reimbursement</b>	85%	85%	85%
<b>PROSTHETIC EQUIPMENT</b>  <b>Reimbursement</b>  <b>Covered Expenses</b> <ul style="list-style-type: none"> <li>- Artificial eyes and limbs (excluding myoelectric appliances) including repairs and replacement when necessary</li> <li>- External breast prosthesis and surgical bras up to \$600 per person per year</li> </ul>	85%  Included	85%  Included	85%  Included
<b>AMBULANCE</b>  <b>Reimbursement</b>  <b>Covered Expenses</b> <ul style="list-style-type: none"> <li>- The amount over and above the provincial medicare plan for ground ambulance</li> </ul>	85%  Included	85%  Included	85%  Included

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<b>ALL OTHER COVERED HEALTH EXPENSES</b>			
<b>Reimbursement</b>	85%	85%	85%
<b>Covered Expenses</b> - Dental services due to an accident	Included	Included	Included
<b>OUT-OF-COUNTRY/PROVINCE EMERGENCY HEALTH SERVICES</b>	<b>No Coverage</b>	<b>No Coverage</b>	<b>No Coverage</b>

**NOTE:**

1. If you do not elect coverage under any of the extended health care plans at your retirement date, the extended health care plans are no longer available to you at any future date with one exception. If you decline/waive the extended health care coverage at retirement because you are covered under your spouse's/partner's employer's group plan, you may join the Colleges' benefit plan within 31 days of losing the coverage under your spouse's/partner's plan. Proof of the loss of coverage will be required by your college benefits plan administrator.

You may view a copy of this benefit information on the web at [www.thecouncil.ca](http://www.thecouncil.ca) under the "Benefits" section.