

This document gives you an overview of your plan for your reference while you're waiting for your benefit booklet to be posted on the secure site for plan members. If there is a discrepancy between this overview and the booklet, the booklet will prevail.

EXTENDED HEALTHCARE BENEFIT

Note: Reasonable and Customary charges (R&C) determined by the insurer apply to all benefits if there is no maximum per day, per visit or per item

Deductible for drug expenses	Per single/family coverage type	\$ Single coverage/ \$ Per person	\$25
		\$ Family coverage/ \$ Maximum per family	\$25
Benefit termination	70 or retirement, whichever comes first		

Drugs

Eligible drug expenses	Drugs which by law require a prescription and Life sustaining drugs
Reimbursement	Generic drugs: 80% of the lowest priced equivalent drug available on the market
	Brand name drugs: 80% of the brand name drug if no equivalent drug is available on the market or 80% of the lowest priced equivalent drug available on the market
	Costco pharmacy - Percentage of reimbursement increased by 10%
Dispensing fee - Maximum eligible amount per drug delivered	Reasonable and Customary Charges

Paramedical Services	Reimbursement	Maximum
Acupuncture	80%	Maximum of \$300 per year
Chiropractor	80%	Maximum of \$300 per year
Chiropractor X-rays	80%	\$50 per year
Grouping - Massage therapist and others	80%	Overall maximum of \$300 per year
Naturopath	80%	Maximum of \$300 per year
Speech therapist	80%	Maximum of \$300 per year
Osteopath	80%	Maximum of \$300 per year
Osteopath X-rays	80%	\$50 per year
Grouping - Physical rehabilitation therapist and others	80%	Overall maximum of \$300 per year
Grouping - Podiatrist or chiropodist and others	80%	Overall maximum of \$300 per year
Podiatrist or chiropodist X-rays	80%	\$50 per year
Grouping - Psychologist and others	80%	Overall maximum of \$300 per year

Vision Care

Eye exam (adults)	80%	Up to a maximum of \$50 per period of 24 months for adults
Eye exam (children)	80%	Up to a maximum of \$50 per period of 12 months for children under age 18

Hospitalization

Short-term hospitalization	100%	R&C semi-private room with no limit in regards to the number of days
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Home Nursing Care

Home Nursing Care	80%	\$300 eligible per day, up to maximum payable of \$10,000 per 1 year
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Medical Equipment and Supplies

Orthopaedic shoes	80%	Adults:	Up to a maximum of \$500 per period of 1 year for adults
		Children:	Up to a maximum of \$500 per period of 1 year for children under age 18
Orthotics	80%	Adults:	Up to a maximum of \$350 per period of 1 year for adults
		Children:	Up to a maximum of \$350 per period of 1 year for children under age 18
Stock item footwear and modifications to orthopaedic shoes	80%	Adults:	Up to a maximum of \$500 per period of 1 year for adults
		Children:	Up to a maximum of \$500 per period of 1 year for children under age 18
External breast prosthesis and Surgical brassieres	80%	Up to a maximum of \$1,000 per period of 24 months. 2 brassieres per period of 1 year, up to the R&C charges	
External breast prosthesis	Covered - When required due to a mastectomy, up to the cost of external prostheses		
Surgical brassieres	Covered		
Hearing aids	80%	Up to a maximum of \$600 per period of 48 months	
Glucometer	80%	One monitor per period of 36 months, up to a maximum of \$300	
CPAP, oxygen, insulin pump, TENS nerve stimulators. Additional equipment may be included as stipulated by the insurer	80%	Up to a lifetime maximum of \$10,000	
Elastic support stockings	80%	3 pairs per period of 1 year, up to the R&C charges	

Travel insurance

Travel insurance	Covered, 100% reimbursement, no deductible	Up to a lifetime maximum of \$5 000 000 per covered person
Trip cancellation	Not covered	Not applicable

DENTAL CARE BENEFIT

Deductible	Per single/family coverage type	\$ Single coverage/\$ Per person	\$25
		\$ Family coverage/\$ Maximum per family	\$25
Benefit termination	70 or retirement, whichever comes first		
Services Types	Reimbursement	Maximum	
Preventive Services	80%	\$1,000 per year per person	
Basic Services	80%	Combined maximum with preventive care	
- Restorative services	80%	Combined maximum with preventive care	
- Endodontics	80%	Combined maximum with preventive care	
- Periodontics	80%	Combined maximum with preventive care	
- Maintenance of removal dentures	80%	Combined maximum with preventive care	
- Oral surgery	80%	Combined maximum with preventive care	
- Other services	80%	Combined maximum with preventive care	
Major Restorative Services	Not applicable	Not applicable	
Orthodontics	Not covered	Not applicable	

Fee guide

Fee guide year	Current year		
Eligible expenses based on	Fee Guide for General Practitioners (std)		
Provincial fee guide	Province of treatment		

Preventive Services

Preventive or recall examination	Covered	Once in any 9 month period
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	BASIC LIFE BENEFIT	OPTIONAL LIFE BENEFIT
Amount of insurance	\$10,000	Not applicable
Maximum without evidence of insurability	Not applicable	Evidence of insurability is required for all amounts unless specified otherwise
Maximum	Not applicable	Not applicable
Reduction	50% at age 65	Not applicable
Benefit termination	70 or retirement, whichever comes first	Not applicable
BASIC ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT		
Amount of insurance	Same as employee basic life	
Maximum	Not applicable	
Reduction	50% at age 65	
Benefit termination	70 or retirement, whichever comes first	

Note: Please contact our Customer Contact Centre at 1-800-263-1810 for additional information on the above benefits or regarding services or medical supplies not listed here.



Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.