

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)
<p>SEMI-PRIVATE HOSPITAL Reimbursement - In Canada Daily Limit Overall Maximum</p>	<p>100% Unlimited Unlimited</p>	<p>No Semi-Private Hospital Coverage</p>
<p>PAY-DIRECT DRUG CARD FOR PRESCRIPTION DRUGS (Drugs must have a Drug Identification Number – DIN)</p> <p>Deductible</p> <p>Reimbursement</p> <ul style="list-style-type: none"> - Ontario Drug Benefit Program Deductible reimbursement - Ontario Drug Benefit Program Dispensing Fee reimbursement <p>Maximum – Annually per covered individual</p>	<p>Nil</p> <p>100% for generic drugs; 85% for brand name and all other eligible drugs</p> <p>Yes Yes</p> <p>\$100,000</p>	<p>Nil</p> <p>75% for generic drugs; 60% for brand name and all other eligible drugs</p> <p>Yes Yes</p> <p>\$100,000</p>

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<p>HEARING AIDS</p> <p>Reimbursement</p> <p>Maximum</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>VISION CARE</p> <p>Reimbursement</p> <p>Maximum</p> <ul style="list-style-type: none"> - Adults - Dependent Children under 18 <p>Covered Expenses</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</p> <p>Repairs to eyeglasses and frames</p>	<p>No Coverage</p>

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<p>CATARACT LENSES</p> <p>CUSTOM-MADE ORTHOPAEDIC SHOES OR ORTHOTICS</p> <p>Reimbursement</p> <p>Maximum</p> <p>Note: Must be medically necessary for treatment of a foot condition.</p>	<p>85% reimbursement Maximum \$950 per eye; per Lifetime</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% reimbursement Maximum \$200 per eye; per Lifetime</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>PRIVATE DUTY NURSING (predetermination of eligibility required)</p> <p>Reimbursement</p> <p>Maximum</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>

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<p>COMFORT & CONVENIENCE ITEMS (predetermination of eligibility required)</p> <p>Reimbursement</p> <p>Covered Expenses</p> <ul style="list-style-type: none"> - Elevated toilet seats; shower chairs, bed, bathtub and toilet rails, commodes - Outdoor wheelchair ramp, once lifetime up to \$2,000 	<p>85%</p> <p>Included</p> <p>Included</p>	<p>85%</p> <p>Included</p> <p>Included</p>
<p>MEDICAL SERVICES AND SUPPLIES</p> <p>Reimbursement</p> <p>Covered Expenses</p> <ul style="list-style-type: none"> - Casts, splints, braces, crutches - Oxygen and its administration - Walkers - Wheelchairs and other durable medical equipment rented for temporary therapeutic use as provided under the plan 	<p>85%</p> <p>Included</p> <p>Walkers - \$150/5 years Scooter or Electric Wheelchair to Maximum \$6,000 every 5 years</p>	<p>85%</p> <p>Included</p> <p>Manual Wheelchair only</p>
<p>DIABETIC AND COLOSTOMY SUPPLIES</p> <p>Reimbursement</p>	<p>85%</p>	<p>85%</p>

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<p>PROSTHETIC EQUIPMENT</p> <p>Reimbursement</p> <p>Covered Expenses</p> <ul style="list-style-type: none"> - Artificial eyes and limbs (excluding myoelectric appliances) including repairs and replacement when necessary - External breast prosthesis and surgical bras up to \$600 per person per year 	<p>85%</p> <p>Included</p>	<p>85%</p> <p>Included</p>
<p>AMBULANCE</p> <p>Reimbursement</p> <p>Covered Expenses</p> <ul style="list-style-type: none"> - The amount over and above the provincial Medicare plan for ground ambulance - For transportation in a licensed air ambulance, the plan will reimburse up to a maximum of what would have been payable for a local land ambulance 	<p>85%</p> <p>Included</p>	<p>85%</p> <p>Included</p>

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<p>ALL OTHER COVERED HEALTH EXPENSES</p> <p>Reimbursement</p> <p>Covered Expenses</p> <ul style="list-style-type: none"> - Accidental dental, laboratory fees, miscellaneous services and supplies 	<p>85%</p> <p>Included</p>	<p>85%</p> <p>Included</p>
<p>BEST DOCTORS[®]</p>	<p>Best Doctors[®] is a medical diagnosis service to help you feel more certain about a medical diagnosis or treatment.</p> <p>You can call toll-free or send an email to connect with a leading specialist for a second opinion. A Registered Nurse becomes your personal health ambassador to provide support, resources and answer questions.</p>	
<p>OUT-OF-COUNTRY/PROVINCE EMERGENCY HEALTH SERVICES</p>	<p>No Coverage</p>	

NOTE:

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 have waived the dental or extended health plan coverage because you are covered under the employer's group plan of your Spouse/Partner, you may join the College's retirees benefit plan within 31 days of completely losing access to the coverage under your Spouse's/Partner's plan. If there is access to retiree benefits plan through your Spouse/Partner's Plan, this would not constitute a loss of access to coverage. Proof of the loss of coverage will be required by your College Benefits Administrator.

You may view a copy of this benefit information on the web at www.thecouncil.ca under the "Benefits" section.