

Benefit Summary – C.A.W.

Health and Dental Care



Health Care

DEDUCTIBLE	\$10 PER PERSON; MAX. \$20 PER FAMILY PER YEAR
CO-INSURANCE	100% - CERTAIN LIMITS
LIFETIME MAXIMUM	\$50,000
BASIC HOSPITAL	100% SEMI -PRIVATE ROOM;
COORDINATION BETWEEN EMPS.	YES
VISION CARE:	VISION EXAM \$50/24 MONTHS, EYE GLASSES / CONTACTS \$225 EVERY 24 MONTHS
DRUGS	PRESCRIBED ONLY
REGISTERED NURSE	60% TO A MAX. OF \$30 PER DAY (NO LIMIT)
PARAMEDICAL SERVICES (DIFFERENCE BETWEEN PROVINCIAL MEDICARE & PLAN WILL BE PAID WHERE PERMITTED)	CHIROPRACTOR; OSTEOPATH; NATUROPATH; PODIATRIST \$50 PER VISIT; MAX. \$1000 PER PERSON/\$2000 PER FAMILY PER YEAR (\$100 FOR X-RAYS)
OUT-OF-COUNTRY:	SEMI-PRIVATE ROOM, MEDICAL EXPENSES INCLUDED, LIFETIME MAX \$25,000 CAN

PSYCHOLOGIST	50% OF FEE PER VISIT MAX \$750 PER PERSON/\$1,500 PER FAMILY /YEAR
SPEECH THERAPIST	ONLY IN AFTERMATH OF STROKE OR ACCIDENT
ORTHO PAEDIC SHOES	REDUCED BY COST OF ORDINARY SHOES; \$75 - MEN - \$68 WOMEN - \$36 CHILDREN
ORTHO APPLIANCES	100% - CERTAIN LIMITS
HEARING AIDS	\$750/5 CONSECUTIVE YEARS -
DIAGNOSTIC - X-RAYS - LAB. TESTS	100% - CERTAIN LIMITS
AMBULANCE	100% - CERTAIN LIMITS
THERAPEUTIC EQUIP.	100% - CERTAIN LIMITS
OXYGEN & ITS ADMIN.	100% - CERTAIN LIMITS

Dental Care

DEDUCTIBLE	\$25 PER PERSON; MAX. \$50 PER FAMILY PER YEAR
ANNUAL MAXIMUM	\$2,000
CARRY-OVER PROVISION	LAST 3 MONTHS
CO-INSURANCE:	PREVENTIVE SERVICES* 100% BASIC SERVICES** 90% MAJOR SERVICES 50%

ORTHODONTICS: CHILDREN UNDER AGE 21 ONLY - LIFETIME MAXIMUM PER CHILD	\$2,500
COORDINATION BETWEEN EMPS.	YES
FEE SCHEDULE	"CURRENT" IN PROVINCE OF RESIDENCE

* NO DEDUCTIBLE APPLIED TO PREVENTATIVE SERVICES

**BASIC SERVICES INCLUDE: PERIODONTICS, ENDODONTICS, RELINING, REBASING AND REPAIRS