

ELCIC Group Services Inc - Extended Health & Dental

	New Design 2021			Current Design
	Blue	Green	Teal	
Premiums paid by:	100% Employer paid	payment of additional cost to be determined at the local level	payment of additional cost to be determined at the local level	100% Employer paid
Eligibility:				
Rostered	at least 25% of YMPE* (hours criteria removed)	at least 25% YMPE (hours criteria removed)	at least 25% YMPE (hours criteria removed)	at least 25% of YMPE
Non-Rostered				at least 25% of YMPE and minimum of 20 hours per week
Drugs:				
Deductible	none	none	none	none
Reimbursement	60%	70%	80%	80% until out of pocket max (\$250) is reached – 100% thereafter
Plan	Mandatory Generic Drug Plan	Mandatory Generic Drug Plan	Mandatory Generic Drug Plan	ManuScript Generic Drug Card Plan 2
Drug card	yes	yes	yes	yes
Maximum	\$1,000,000 per calendar year	\$1,000,000 per calendar year	\$1,000,000 per calendar year	\$1,000,000 per calendar year
Health & Vision:				
Deductible	none	none	none	none
Reimbursement - Paramedical Services	60%	70%	80%	100%
Paramedical Maximum (excluding counselling bundle below)	\$300 per calendar year	\$400 per calendar year	\$500 per calendar year	\$500 per calendar year
Psychologist/Marriage and Family Therapist/Social Worker Maximum	\$3,000 per calendar year combined counselors	\$4,000 per calendar year combined counselors	\$5,000 per calendar year combined counselors	\$5,000 per calendar year combined counselors
Reimbursement - Medical Services & Supplies excluding insulin pumps	100%	100%	100%	100%
Insulin pumps	50%	50%	50%	50%
Medical Services & Supplies	various	various	various	various
Hospital coverage: semi or private	none	none	none	none
Reimbursement - Vision	100%	100%	100%	100%
Eye Exams	<18 once every 12 months 18+ once every 24 months	<18 once every 12 months 18+ once every 24 months	<18 once every 12 months 18+ once every 24 months	<18 once every 12 months 18+ once every 24 months
Eye Glasses/Contacts	none	\$250 per 24 months	\$400 per 24 months	\$250 per 24 months
Out of country travel:				
eligibility	all active plan members	all active plan members	all active plan members	under age 65
Reimbursement	100%	100%	100%	100%
\$5,000,000 Lifetime maximum	yes	yes	yes	yes
Dental:				
Deductible	none	none	none	Single \$25 / Family \$50
Reimbursement - Basic	60%	70%	80%	100%
Reimbursement - Major	50%	50%	50%	50%
Reimbursement - Ortho	none	50%	50%	50%
Annual Maximum Basic & Major	\$1,000	\$1,500	\$2,000	\$2,000
Lifetime Maximum for Ortho	\$0	\$1,500	\$2,000	\$2,000
Health Care Spending Account:				
Available	yes	yes	yes	no
frequency	per calendar year	per calendar year	per calendar year	
Credit Amount	single \$200 family \$400	single \$300 family \$600	single \$400 family \$800	\$0
Lifestyle Spending Account:				
Available	yes	yes	yes	no
frequency	per calendar year	per calendar year	per calendar year	
frequency	annual	annual	annual	
Credit Amount	single \$250 family \$500 (taxable benefit on usage)	single \$250 family \$500 (taxable benefit on usage)	single \$250 family \$500 (taxable benefit on usage)	\$0