

**ELCIC Group Services Inc - Extended Health Care Modules**

	Modules 2023		
	Blue	Green	Teal
<b>Premiums paid by:</b>	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
<b>Eligibility:</b>			
Rostered	at least 25% of YMPE* (hours criteria removed)	at least 25% YMPE (hours criteria removed)	at least 25% YMPE (hours criteria removed)
Non-Rostered			
<b>Drugs:</b>			
Deductible	none	none	none
Reimbursement	<b>60%</b>	<b>70%</b>	<b>80%</b>
Plan	<b>Mandatory Generic Drug Plan</b>	<b>Mandatory Generic Drug Plan</b>	<b>Mandatory Generic Drug Plan</b>
Drug card	yes	yes	yes
Maximum	\$1,000,000 per calendar year	\$1,000,000 per calendar year	\$1,000,000 per calendar year
<b>Health &amp; Vision:</b>			
Deductible	none	none	none
Reimbursement - Paramedical Services	<b>60%</b>	<b>70%</b>	<b>80%</b>
Paramedical Maximum (excluding counselling bundle below)	<b>\$300 per calendar year</b>	<b>\$400 per calendar year</b>	\$500 per calendar year
Psychologist/Marriage and Family Therapist/Social Worker Maximum	<b>\$3,000 per calendar year combined counselors</b>	<b>\$4,000 per calendar year combined counselors</b>	\$5,000 per calendar year combined counselors
Reimbursement - Medical Services & Supplies excluding insulin pumps	100%	100%	100%
Insulin pumps	50%	50%	50%
Medical Services & Supplies	various	various	various
Hospital coverage: semi or private	none	none	none
Reimbursement - Vision	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
Eye Glasses/Contacts	<b>none</b>	\$250 per 24 months	<b>\$400 per 24 months</b>
<b>Out of country travel:</b>			
eligibility	<b>all active plan members</b>	<b>all active plan members</b>	<b>all active plan members</b>
Reimbursement	100%	100%	100%
\$5,000,000 Lifetime maximum	yes	yes	yes
<b>Dental:</b>			
Deductible	<b>none</b>	<b>none</b>	<b>none</b>
Reimbursement - Basic	<b>60%</b>	<b>70%</b>	<b>80%</b>
Reimbursement - Major	50%	50%	50%
Reimbursement - Ortho	<b>none</b>	50%	50%
Annual Maximum Basic & Major	<b>\$1,000</b>	<b>\$1,500</b>	\$2,000
Lifetime Maximum for Ortho	<b>\$0</b>	<b>\$1,500</b>	\$2,000
<b>Health Care Spending Account:</b>			
Available	<b>yes</b>	<b>yes</b>	<b>yes</b>
frequency	<b>per calendar year</b>	<b>per calendar year</b>	<b>per calendar year</b>
Credit Amount	<b>single \$450 family \$900</b>	<b>single \$550 family \$1,100</b>	<b>single \$650 family \$1,300</b>