	Modules		
	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
Eligibility:			
Rostered	at least 25% of YMPE*	at least 25% YMPE	at least 25% YMPE
Non-Rostered	(hours criteria removed)	(hours criteria removed)	(hours criteria removed)
Drugs:			
Deductible	none	none	none
Reimbursement	60%	70%	80%
Plan	Mandatory Generic Drug Plan	Mandatory Generic Drug Plan	Mandatory Generic Drug Plan
Drug card	yes	yes	yes
Maximum	\$1,000,000 per calendar year	\$1,000,000 per calendar year	\$1,000,000 per calendar year
Health & Vision:			
Deductible	none	none	none
Reimbursement - Paramedical Services	60%	70%	80%
Paramedical Maximum (excluding counselling bundle below)	\$300 per calendar year	\$400 per calendar year	\$500 per calendar year
Psychologist/Marriage and Family	\$3,000 per calendar year	\$4,000 per calendar year	\$5,000 per calendar year
Therapist/Social Worker Maximum	combined counselors	combined counselors	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	none	\$250 per 24 months	\$400 per 24 months
Out of country travel:			
eligibility	all active plan members	all active plan members	all active plan members
Reimbursement	100%	100%	100%
\$5,000,000 Lifetime maximum	yes	yes	yes
Dental:			
Deductible	none	none	none
Reimbursement - Basic	60%	70%	80%
Reimbursement - Major	50%	50%	50%
Reimbursement - Ortho	none	50%	50%
Annual Maximum Basic & Major	\$1,000	\$1,500	\$2,000
Lifetime Maximum for Ortho	\$0	\$1,500	\$2,000
Health Care Spending Account:			
Available	yes	yes	yes
frequency	per calendar year	per calendar year	per calendar year
Credit Amount	single \$450	single \$550	single \$650
Section of the sectio	family \$900	family \$1,100	family \$1,300