

# Colleges of Applied Arts and Technology

## 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)
<b>SEMI-PRIVATE HOSPITAL Reimbursement</b> - In Canada <b>Daily Limit</b> <b>Overall Maximum</b>	100% Unlimited Unlimited	<b>No Semi-Private Hospital Coverage</b>
<b>PAY-DIRECT DRUG CARD FOR PRESCRIPTION DRUGS</b> <b>(Drugs must have a Drug Identification Number – DIN)</b>  <b>Deductible</b>  <b>Prior Authorization Drugs</b>  <b>Reimbursement</b> Drug substitution limit: Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that “no substitution” for the prescribed drug may be made  - Ontario Drug Benefit Program Deductible reimbursement - Ontario Drug Benefit Program Dispensing Fee reimbursement  <b>Maximum</b> – Annually per covered individual	Nil  Included  100% for generic drugs; 85% for brand name and all other eligible drugs.  Yes Yes  \$100,000	Nil  Included  75% for generic drugs; 60% for brand name and all other eligible drugs.  Yes Yes  \$100,000

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<b>HEARING AIDS</b>		
<b>Reimbursement</b>	100%	100%
<b>Maximum</b>	\$3,000 per person every three benefit years	\$3,000 per person every three benefit years
<b>VISION CARE</b>		
<b>Reimbursement</b>	100%	<b>No Coverage</b>
<b>Maximum</b>		
- Adults	\$300 per person every two benefit years	
- Dependent Children under 18	\$300 per person each benefit year	
<b>Covered Expenses</b>	Lenses, frames, contacts and refractive surgery  Repairs to eyeglasses and frames	

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<b>PARAMEDICAL COVERAGE</b>		
<b>Reimbursement of Practitioner</b>		
- Acupuncturist	85%	65%
- Audiologist	85%	65%
- Chiropodist	85%	65%
- Chiropractor	85%	65%
- Massage Therapist	85%	65%
- Naturopath	85%	65%
- Occupational Therapist	85%	65%
- Optometrist/Ophthalmologist	85%	65%
- Osteopath	85%	65%
- Physiotherapist	85%	65%
- Podiatrist	85%	65%
- Psychologist	85%	65%
- Psychotherapist	85%	65%
- Social Worker	85%	65%
- Speech Therapist	85%	65%
	Includes one X-ray per applicable specialty, per calendar year	Includes one X-ray per applicable specialty, per calendar year
<b>Maximum</b>	\$2,000 per person per calendar year for all practitioners combined	\$1,000 per person per calendar year for all practitioners combined

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<b>CATARACT LENSES</b>  <b>CUSTOM-MADE ORTHOPAEDIC SHOES OR ORTHOTICS</b>  <b>Reimbursement</b>  <b>Maximum</b>  Note: Must be medically necessary for treatment of a foot condition.	85% reimbursement Maximum \$950 per eye; per Lifetime  85%  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	85% reimbursement Maximum \$200 per eye; per Lifetime  85%  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
<b>PRIVATE DUTY NURSING</b> (predetermination of eligibility required)  <b>Reimbursement</b>  <b>Maximum</b>	85%  \$25,000 per person per calendar year	85%  \$25,000 per person per calendar year

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<b>COMFORT &amp; CONVENIENCE ITEMS</b> (predetermination of eligibility required)		
<b>Reimbursement</b>	85%	85%
<b>Covered Expenses</b>		
- Elevated toilet seats; shower chairs, bed, bathtub and toilet rails, commodes	Included	Included
- Outdoor wheelchair ramp, once lifetime up to \$2,000	Included	Included
<b>MEDICAL SERVICES AND SUPPLIES</b>		
<b>Reimbursement</b>	85%	85%
<b>Covered Expenses</b>	Included	Included
- 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	Walkers - \$150/5 years Scooter or Electric Wheelchair to Maximum \$6,000 every 5 years	Manual Wheelchair only
<b>DIABETIC AND COLOSTOMY SUPPLIES</b>		
<b>Reimbursement</b>	85%	85%
- For Type 1 Diabetes, includes continuous glucose monitor receivers, transmitters or sensors	\$4,000 maximum per covered person per calendar year	\$4,000 maximum per covered person per calendar year

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<b>PROSTHETIC EQUIPMENT</b>  <b>Reimbursement</b>  <b>Covered Expenses</b> <ul style="list-style-type: none"> <li>- Artificial eyes and limbs (excluding myoelectric and microprocessor appliances) including repairs and replacement when necessary</li> <li>- External breast prosthesis and surgical bras up to \$600 per person per year</li> </ul>	85%  Included	85%  Included
<b>AMBULANCE</b>  <b>Reimbursement</b>  <b>Covered Expenses</b> <ul style="list-style-type: none"> <li>- The amount over and above the provincial Medicare plan for ground ambulance</li> <li>- 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</li> </ul>	85%  Included	85%  Included

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<b>ALL OTHER COVERED HEALTH EXPENSES</b>		
<b>Reimbursement</b>	85%	85%
<b>Covered Expenses</b> - Accidental dental, laboratory fees, miscellaneous services and supplies	Included	Included
<b>Teladoc Medical Experts (formerly Best Doctors)®</b>	<p>Teladoc Medical Experts 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>	
<b>OUT-OF-COUNTRY/PROVINCE EMERGENCY HEALTH SERVICES</b>	<p><b>No Coverage Under Policy 22182</b></p> <p>Note: CAAT Retirees can contact Johnson Insurance for a quote on Out-of-Country 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.collegeemployercouncil.ca](http://www.collegeemployercouncil.ca) under the "Benefits" section.**