COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
SEMI-PRIVATE HOSPITAL Reimbursement - In Canada Daily Limit Overall Maximum	100% Unlimited Unlimited	No Semi-Private Hospital Coverage
PAY-DIRECT DRUG CARD FOR PRESCRIPTION DRUGS (Drugs must have a Drug Identification Number – DIN)		
Deductible	Nil	Nil
Prior Authorization Drugs	Included	Included
Reimbursement 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	100% for generic drugs; 85% for brand name and all other eligible drugs.	75% for generic drugs; 60% for brand name and all other eligible drugs.
 Ontario Drug Benefit Program Deductible reimbursement Ontario Drug Benefit Program Dispensing Fee reimbursement 	Yes Yes	Yes Yes
Note: For plan members and dependents age 65 and older, coverage for biologics and biosimilars will be integrated with ODB protocols	Yes	Yes
Maximum – Annually per covered individual	\$100,000	\$100,000

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
HEARING AIDS		
Reimbursement	100%	100%
Maximum	\$3,000 per person every three benefit years	\$3,000 per person every three benefit years
VISION CARE		
Reimbursement	100%	No Coverage
Maximum - Adults	\$300 per person every two benefit years	
- Dependent Children under 18	\$300 per person each benefit year	
Covered Expenses	Lenses, frames, contacts and refractive surgery	
	Repairs to eyeglasses and frames	

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
PARAMEDICAL COVERAGE		
Reimbursement of Practitioner - Acupuncturist - Audiologist - Chiropodist - Chiropractor - Massage Therapist - Naturopath	85% 85% 85% 85% 85% 85%	65% 65% 65% 65% 65% 65%
 Occupational Therapist Optometrist/Ophthalmologist Osteopath Physiotherapist Podiatrist Psychologist Psychotherapist Social Worker Speech Therapist 	85% 85% 85% 85% 85% 85% 85% 85%	65% 65% 65% 65% 65% 65% 65% 65% 65%
	Includes one X-ray per applicable specialty, per calendar year	Includes one X-ray per applicable specialty, per calendar year
Maximum	\$2,000 per person per calendar year for all practitioners combined	\$1,000 per person per calendar year for all practitioners combined

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
CATARACT LENSES	85% reimbursement Maximum \$950 per eye; per Lifetime	85% reimbursement Maximum \$200 per eye; per Lifetime
CUSTOM-MADE ORTHOPAEDIC SHOES OR ORTHOTICS		
Reimbursement	85%	85%
Maximum Note: Must be medically necessary for treatment of a foot condition.	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	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
PRIVATE DUTY NURSING (predetermination of eligibility required)		
Reimbursement	85%	85%
Maximum	\$25,000 per person per calendar year	\$25,000 per person per calendar year

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
COMFORT & CONVENIENCE ITEMS (predetermination of eligibility required)		
Reimbursement	85%	85%
 Covered Expenses Elevated toilet seats; shower chairs, bed, bathtub and toilet rails, commodes Outdoor wheelchair ramp, once lifetime up to \$2,000 	Included Included	Included
MEDICAL SERVICES AND SUPPLIES		
Reimbursement	85%	85%
Covered Expenses - Casts, splints, braces, crutches	Included	Included
 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
DIABETIC AND COLOSTOMY SUPPLIES		
 Reimbursement For Type 1 Diabetes, includes continuous glucose monitor receivers, transmitters or sensors 	85% \$4,000 maximum per covered person per calendar year	85% \$4,000 maximum per covered person per calendar year

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
PROSTHETIC EQUIPMENT		
Reimbursement	85%	85%
 Covered Expenses Artificial eyes and limbs (excluding myoelectric and microprocessor appliances) including repairs and replacement when necessary External breast prosthesis and surgical bras up to \$600 per person per year 	Included	Included
AMBULANCE		
Reimbursement	85%	85%
 Covered Expenses The amount over and above the provincial Medicare plan for ground ambulance 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 	Included	Included

COVERED EXPENSES	EXTENDED HEALTH CARE PLAN 1 (EHC Plan 1)	EXTENDED HEALTH CARE PLAN 2 (EHC Plan 2)
ALL OTHER COVERED HEALTH EXPENSES		
Reimbursement	85%	85%
 Covered Expenses Accidental dental, laboratory fees, miscellaneous services and supplies 	Included	Included
Teladoc Medical Experts (formerly Best Doctors)®	Teladoc Medical Experts is a medical diagnosis service to help you feel more certain about a medical diagnosis or treatment. 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.	
OUT-OF-COUNTRY/PROVINCE EMERGENCY HEALTH SERVICES	No Coverage Under Policy 22182 Note: CAAT Retirees can contact Johnson Insurance for a quote on Out-of-Country coverage	

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 <u>www.collegeemployercouncil.ca</u> under the "Benefits" section.**