Liberty Plan Design - Contract Employees (Class 4)

GENERAL		HEALTH	
Child Definition:	Under age 21, or under age 25 if full-time student	Drugs:	
Waiting Period:	None	Drug Card or Reimbursement:	Pay Direct Drug Card
Co-Habitation Requirement:	None	Definition:	Legally requiring a prescription, Mandatory Generic, with Specialty Drug
Minimum Number of Hours:	20 hours per week		PPN (BioScript)
Minimum Contract Period:	6 months	Deductible:	Equal to dispensing fee
EMPLOYEE BASIC LIFE		Dispensing Fee Maximum:	Nil
Schedule:	Flat \$25,000	Co-Insurance:	100%
Waiver of Premium:	After 6 months	Maximum:	Unlimited
Reduction:	50% at age 65	Fertility Drugs:	\$3,000 lifetime maximum per family
Termination:	Age 71 or earlier retirement	Smoking Cessation Drugs:	\$500 lifetime maximum
DENTAL		Lifestyle Drugs:	No coverage
Deductible:	Nil	Vaccines:	\$100 per calendar year
Coinsurance:		Hospital:	Nil Deductible, 100% coinsurance, Semi-Private
Basic:	90%	Healthcare:	
Major Restorative:	50%	Deductible:	Nil
Orthodontics:	50% (treatment must start prior to age 19 to be eligible)	Co-insurance:	100%
Maximum:		Maximum:	Unlimited
Basic:	\$2,200 per calendar year per person	Paramedicals:	Maximum of \$1250 per insured person per calendar year for all of the following
Major Restorative:	Combined with Basic		services combined: Acupuncturist, Chiropractor, Dietician, Massage Therapist,
Orthodontics:	\$2,000 lifetime		Naturopath, Osteopath, Physiotherapist, Podiatrist/Chiropodist, Psychologist/Soc
Scaling/Planing Units:	Maximum 12 units per calendar year combined		Worker/Clinical Counsellor and Speech Therapist
Dental Recall:	6 months		
Fee Guide:	Current General Practitioners and Specialist		
Survivor Benefits:	2 years (without premium payments)	Referral required:	No
Termination:	At retirement	Hearing Aids:	\$700 every 5 calendar years
FLEXIBLE SPENDING ACCOUNT		Orthotics:	\$300 per calendar year
Amount per Employee/Dependents Combined:	\$150 Single / \$300 Family per calendar year	Orthopedic Shoes:	Included with Orthotics
Benefit Type:	Balance Carry Forward	In Home Nursing:	\$10,000 per calendar year
EMPLOYEE ASSISTANCE PROGRAM		Vision (Glasses/Contacts/Laser Surgery):	Nil Deductible, 100%, maximum \$300 every 24 months
Services Provided By:	Telus Health	Eye Exams:	Nil Deductible, 100%, One exam every 24 months
		Emergency Out of Canada:	Nil Deductible, 100%, 90 days, \$5,000,000 lifetime maximum to age 70; 60 days,
			\$1,000,000 lifetime for age 70-79; 30 days,
		Travel Cancellation Insurance:	No coverage
		Survivor Benefits:	2 years (without premium payments)
		Termination:	At retirement

In the event of a discrepancy between this and the Master Policy, the Master Policy will apply.