

Flex Option 4 Employee Cost is effective as of January 1, 2019 and is subject to change.

	Option 1	Option 2	Option 3	Option 4
<b>Health</b>				
<b>Travel Health</b>	100%	100%	100%	100%
<b>Ambulance/ Semi-Private Hospital</b>	100%	100%	100%	100%
<b>Deductible</b>	No Coverage	Drugs Only: Dispensing Fee Deductible	Annual \$25 Single/Couple/Family (not applicable to Vision, Travel, Ambulance or Hospital)	Drugs Only: Dispensing Fee Deductible
<b>Drugs</b>		50%	80%	100%
- Drug Card		Yes	No	Yes
<b>Paramedical Practitioners</b>				
- Acupuncture		50% to \$400/year	80% to \$500/year combined	100% to \$500/year
- Athletic Therapy		50% to \$400/year		100% to \$500/year
- Chiropractor		50% to \$400/year		100% to \$500/year
- Licensed Massage Therapist		50% to \$400/year		100% to \$500/year
- Occupational Therapist**		50% to \$400/year		100% to \$500/year
- Physiotherapy **		50% to \$400/year		100% to \$500/year
- Clinical Psychologist*		50% to \$400/year	80% to \$350/ year	100% to \$500/year
- Dietician* (Nutritional Counselling)		50% to \$400/year	80% to \$350/ year	100% to \$500/year
- Podiatrist** (Foot Care)		50% to \$400/year	80% to \$350/ year	100% to \$500/year
<b>Private Duty Nursing</b>		50% to \$5,000/year	80% to \$3,000/year	\$10,000/year
<b>Accidental Dental</b>		Included	Included	Included
<b>Hearing Aids</b>		50% to \$500/5 years	80% to \$500/5 years	\$500/5 years
<b>Other</b>		50%	80%	100%
<b>Vision</b>	50%	100%	100%	
-Eye Exams	Combined maximum \$350 every 24 months	Combined maximum \$250 every 24 months	Combined maximum \$350 every 24 months	
-Eye Wear				
<b>Dental</b>				
Basic	No Coverage	50%	80%	100%
Major		50%	60%	75%
Basic/Major Maximum		\$1,600/year combined maximum	\$1,600/year combined maximum	\$2,000/year combined maximum
Orthodontics (Child)		50%	50%	No Coverage
Orthodontics Maximum		\$2,000 lifetime maximum	\$1,600 lifetime maximum	
<b>Health Spending Account</b>				
Annual Allocation (Single/Couple/Family)	\$1,500	\$500	\$350	\$0
<b>Employee Cost - Semi-Monthly Deduction</b>				
<b>Single</b>	No Cost	No Cost	No Cost	<b>\$7.10</b>
<b>Couple</b>				<b>\$14.20</b>
<b>Family</b>				<b>\$21.03</b>

\* prescription required except for The Aurora Family Therapy Centre

\*\* x-rays excluded