

University of Winnipeg
January 1, 2025

	Option 1	Option 2	Option 3	Option 4
Health				
Travel Health/Ambulance/ Semi-Private Hospital	100%	100%	100%	100%
Deductible	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
Drugs - Pay Direct Drug Card		50%	80%	100%
Paramedical Practitioners				
- Acupuncture		50% to \$400/year	80% to \$500/year combined	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
- Athletic Therapy		50% to \$400/year combined		100% to \$500/year combined
- Osteopath				
- Clinical Psychologist, Social Worker, Psychiatric Nurse, Psychotherapist, Mental Health Counselor, Family and Marriage Counselor and Addictions Counselor		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined
- Podiatrist** (Foot Care)		50% to \$400/year	80% to \$350/year	100% to \$500/year
- Dietician (Nutritional Counselling)		50% to \$400/year combined	80% to \$350/year combined	100% to \$500/year combined
- Naturopath				
- Audiologist		50% to \$5,000/year	80% to \$3,000/year	\$10,000/year
- Speech Language Pathologist				
Private Duty Nursing		Included	Included	Included
Accidental Dental		50% to \$500/5 years	80% to \$500/5 years	\$500/5 years
Hearing Aids		50%	80%	100%
Other		50% to \$350/24 months combined	100% to \$250/24 months combined	100% to \$350/24 months combined
Vision				
- Eye Exams/Eye Wear				
Dental				
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	
Health Spending Account				
Annual Allocation (Single/Couple/Family)	\$1,500	\$500	\$350	\$0
Employee Cost - Semi-Monthly Deduction				
Single	No Cost	No Cost	No Cost	\$12.50
Couple				\$25.00
Family				\$37.50

** x-rays excluded