

Valuable • Affordable • Flexible

# Contractor Plan Options

	Bronze	Silver	Gold
Drugs	<b>Drug Coverage:</b> Coinsurance at 70% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$2,500/year	<b>Drug Coverage:</b> Coinsurance at 80% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$5,000/year	<b>Drug Coverage:</b> Coinsurance at 80% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$10,000/year
Major Medical	<b>Coinsurance:</b> 70% <b>Hospital Stays:</b> N/A <b>Out of Country Coverage (60 days):</b> 100%; \$5 million per person per lifetime. <b>Orthotics / Orthopedic Shoes:</b> \$300 per year <b>Hearing Aids:</b> \$300 per 4 years	<b>Coinsurance:</b> 80% <b>Hospital Stays:</b> Semi-private <b>Out of Country Coverage (60 days):</b> 100%; \$5 million per person per lifetime. <b>Orthotics / Orthopedic Shoes:</b> \$300 per year <b>Hearing Aids:</b> \$300 per 4 years	<b>Coinsurance:</b> 100% <b>Hospital Stays:</b> Semi-private <b>Out of Country Coverage (60 days):</b> 100%; \$5 million per person per lifetime. <b>Orthotics / Orthopedic Shoes:</b> \$300 per year <b>Hearing Aids:</b> \$300 per 4 years
Vision	<b>Coinsurance:</b> 100% Eye Exam Only <b>Frequency:</b> Adult - 24mo; Child - 12 mo	<b>Coinsurance:</b> 100% \$150 for Lens/Frames/ Contacts (Eye Exam Included) <b>Frequency:</b> Adult - 24mo; Child - 12 mo	<b>Coinsurance:</b> 100% \$200 for Lens/Frames/ Contacts (Eye Exam Included) <b>Frequency:</b> Adult - 24mo; Child - 12 mo
Paramedical Services	<b>Coinsurance</b> at 70% <b>Maximum Benefit:</b> \$300 per practitioner per year <b>Medical Practitioners included:</b> Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiroprodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist	<b>Coinsurance</b> at 80% <b>Maximum Benefit:</b> \$500 per practitioner per year <b>Medical Practitioners included:</b> Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiroprodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist	<b>Coinsurance</b> at 100% <b>Maximum Benefit:</b> \$500 per practitioner per year <b>Medical Practitioners included:</b> Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiroprodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist
Dental Care	<b>Basic Dental Coinsurance:</b> 70% <b>Maximum Benefit:</b> \$1,000/year combined Basic & Endo/Perio <b>Major Dental Coinsurance:</b> Not Covered <b>Exam frequency:</b> Recall Exam once per 12 months	<b>Basic Dental Coinsurance:</b> 80% <b>Maximum Benefit:</b> \$1,000/year combined Basic, Endo/Perio, & Major <b>Major Dental Coinsurance:</b> 50% <b>Exam frequency:</b> Recall Exam once per 9 months	<b>Basic Dental Coinsurance:</b> 80% <b>Maximum Benefit:</b> \$1,500/year combined Basic, Endo/Perio, & Major <b>Major Dental Coinsurance:</b> 50% <b>Exam frequency:</b> Recall Exam once per 6 months
	Monthly Cost	Monthly Cost	Monthly Cost
	Single: \$123.86 Family: \$270.66	Single: \$162.44 Family: \$358.62	Single: \$178.36 Family: \$394.84

\*rates are introductory and adjusted on an annual basis based on the overall performance of the pooled program.