

Valuable • Affordable • Flexible

# Contractor Plan Options

	Bronze	Silver	Gold
<b>Drugs</b>	<p><b>Drug Coverage:</b> Coinsurance at 70% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$2,500/year</p>	<p><b>Drug Coverage:</b> Coinsurance at 80% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$5,000/year</p>	<p><b>Drug Coverage:</b> Coinsurance at 80% Pay Direct Drug Card - Mandatory Generic <b>Max:</b> \$10,000/year</p>
<b>Major Medical</b>	<p><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</p>	<p><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</p>	<p><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</p>
<b>Vision</b>	<p><b>Coinsurance:</b> 100% <b>Eye Exam Only</b> <b>Frequency:</b> Adult - 24mo; Child - 12 mo</p>	<p><b>Coinsurance:</b> 100% \$150 for Lens/Frames/ Contacts (Eye Exam Included) <b>Frequency:</b> Adult - 24mo; Child - 12 mo</p>	<p><b>Coinsurance:</b> 100% \$200 for Lens/Frames/ Contacts (Eye Exam Included) <b>Frequency:</b> Adult - 24mo; Child - 12 mo</p>
<b>Paramedical Services</b>	<p><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/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist</p>	<p><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/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist</p>	<p><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/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist</p>
<b>Dental Care</b>	<p><b>Basic Dental Coinsurance:</b> 70% <b>Maximum Benefit:</b> \$1,000/year combined Basic &amp; Endo/Perio <b>Major Dental Coinsurance:</b> Not Covered <b>Exam frequency:</b> Recall Exam once per 12 months</p>	<p><b>Basic Dental Coinsurance:</b> 80% <b>Maximum Benefit:</b> \$1,000/year combined Basic, Endo/Perio, &amp; Major <b>Major Dental Coinsurance:</b> 50% <b>Exam frequency:</b> Recall Exam once per 9 months</p>	<p><b>Basic Dental Coinsurance:</b> 80% <b>Maximum Benefit:</b> \$1,500/year combined Basic, Endo/Perio, &amp; Major <b>Major Dental Coinsurance:</b> 50% <b>Exam frequency:</b> Recall Exam once per 6 months</p>
	<b>Monthly Cost</b>  Single: \$123.86 Family: \$270.66	<b>Monthly Cost</b>  Single: \$162.44 Family: \$358.62	<b>Monthly Cost</b>  Single: \$178.36 Family: \$394.84

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