

Extended Health Care (EHC)

	I. Blue Cross Coverage As of February 2018	II. MARGE EHC Plan, Travel, & Dental Options* As of April 2018	
		BASIC Option	ENHANCED Option**
Benefit Reimbursement	80% unless otherwise specified, R&C (individual limits apply)	80% of eligible Reasonable and Customary (R&C) expenses, unless otherwise specified (individual limits apply)	
Prescription Drug Coverage	<ul style="list-style-type: none"> 80% provincial formulary drugs \$1,500 per family \$10 dispensing fee cap Direct pay drug card 	<ul style="list-style-type: none"> 80% provincial formulary & LCA \$1,750 per family \$10 dispensing fee cap 8% mark-up limit Direct pay drug card 	<ul style="list-style-type: none"> 85% provincial formulary & LCA PLUS 75% all other prescribed \$2,000 per family \$12.50 dispensing fee cap 8% mark-up limit Direct pay drug card
Vision Care	None	None	<ul style="list-style-type: none"> \$200 every 2 years Eye exams: 1 exam per 2 years (up to \$100)
Hearing Aids	None	\$1,000 per 5 years	\$1,500 per 5 years
Private Duty Nursing	\$3,000 per year	\$5,000 per year	\$10,000 per year
Home Care	None	\$50 per day up to 10 days after a minimum 12-hour hospital stay	
Hospital	100% semi-private	100% semi-private	100% private
Ambulance (in prov.)	100% Reasonable and Customary; \$250 outside MB	100% Reasonable and Customary limits per occurrence; \$250 outside province	
Emergency Out-of-Province/Country	<p><u>Terminates on 75th Birthday (Required Coverage as part of Health Plan)</u></p> <ul style="list-style-type: none"> \$5,000,000 lifetime Maximum Multiple trips of 60 days per trip, no extensions. Any trip extended over 60 days will invalidate all coverage for trip. No Trip Cancellation Coverage 90 day pre-existing condition limitation 	<p><u>Prestige Travel(Optional Coverage), only available with EHC Plan**, no termination age</u></p> <ul style="list-style-type: none"> \$2,000,000 lifetime maximum; \$8,000 Trip Cancellation Coverage Base Plan covers multiple trips up to 62 days duration per trip. Supplemental Plan for single trips longer than 62 days. No Pre-existing Condition limitation on plan, covers Sudden and Unforeseen emergencies. 	
Paramedical Coverage (Annual Limits/person)	<ul style="list-style-type: none"> Athletic Therapy: \$100 Dietitian/Nutritionist: \$350 Physiotherapy: \$350 Podiatry: \$350 Psychology: \$350 	<ul style="list-style-type: none"> \$75 per visit; \$750 combined: - Acupuncturist - Athletic Therapist - Chiropractor* - Dietitian - Massage Therapist* - Nutritionist - Naturopath - Osteopath - Physiotherapist* - Podiatrist / Chiropodist - Psychologist - Speech Therapist <p>*\$500 combined maximum</p>	<ul style="list-style-type: none"> \$75 per visit; \$1,200 combined: - Acupuncturist - Athletic Therapist - Chiropractor* - Dietitian - Massage Therapist* - Nutritionist - Naturopath - Osteopath - Physiotherapist* - Podiatrist / Chiropodist - Psychologist - Speech Therapist <p>*\$750 combined maximum</p>
Prescribed Health Educational Programs	Cardiac Rehabilitation only to a lifetime maximum of \$300	Lifetime maximum of \$300 per person for any prescribed health education program – cardiac, COPD, diabetes etc.	
Foot Orthotics / Orthopedic Shoes	\$300 per calendar year maximum.	\$500 every 2 years maximum	\$500 every 2 years maximum

Extended Health Care (EHC) Continued

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Medical Aids & Appliances / Diagnostics	<p>Covered at 80% (some internal limits apply):</p> <ul style="list-style-type: none"> Prosthetic and Remedial Equipment, as listed in the Blue Cross Brochure (page 5) Medical Appliances, as listed in the Blue Cross Brochure Page 4 Other medical equipment when prescribed by the attending physician, occupation therapist, physiotherapist or athletic therapist to a lifetime maximum of \$250 per person. 	<p>Covered at 80% (some internal limits apply):</p> <p>Note: Some variations exist between plans. Medical Aids and Appliances needs vary by individual. On balance, this MARGE plan offering is similar to Blue Cross (Column I).</p> <p>In addition, the following MARGE Plan benefits do not appear in the Blue Cross list referred to in Column I:</p> <ul style="list-style-type: none"> Incontinence supplies (\$200 per year) Visual enhancement equipment (\$200 per 2 calendar years), including optical scanner and hand held magnifier. CPAP (Continuous Positive Air Pressure) unit, including eligible supplies, to a maximum of \$2,000 per five calendar years. <p>For more details of this coverage, please refer to the Certificate of Insurance posted on the website www.johnson.ca/marge or call Johnson at 1-877-989-2600.</p>	
Accidental Dental	Treatment to jaw and natural teeth commenced within 90 days of the accident. No maximum	Treatment to jaw and natural teeth commenced within 6 months of the accident; \$1,000 maximum	

Dental Care Option (Only Available with EHC)**

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		BASIC Option	ENHANCED Option**
Basic/Preventative Services and Minor Restorative Endodontics Periodontics	<ul style="list-style-type: none"> 80% \$750 per year per person; includes: <ul style="list-style-type: none"> Denture repairs/fillings 2 oral exams per year 1 unit polishing twice/yr Fluoride twice/yr 	<ul style="list-style-type: none"> 80% \$1,000 per year per person; includes: <ul style="list-style-type: none"> Denture repairs/fillings 2 oral exams per year 1 unit polishing twice/yr 8 units of scaling Fluoride twice/yr 	<ul style="list-style-type: none"> 85% \$1,000 per year per person; includes: <ul style="list-style-type: none"> Denture repairs/fillings 2 oral exams per year 1 unit polishing twice/yr 8 units of scaling Fluoride twice/yr
Major Restorative in addition to Basic / Preventative	None	None	<ul style="list-style-type: none"> 60% Additional \$1,000 per year Includes: <ul style="list-style-type: none"> Crowns Posts Inlays/Onlays Implants Bridges Dentures

*Johnson Inc. ("Johnson") is a licensed insurance intermediary. Johnson administers the EHC Plan and the options for Prestige Travel and Dental Care ("Options"). Eligibility requirements, limitations and exclusions may apply and/or may vary by province or territory. The EHC Plan and Options are underwritten by Desjardins Financial Security ("DFS"). Travel assistance is provided by Assistel. Assistel is a trademark of DFS. Eligible expenses related to a pre-existing condition are reimbursed at 100%, as long as the Emergency is deemed sudden and unforeseen in light of the insured's medical history as determined by the Insurer and/or the Travel Assistance Provider. Coverage under the EHC Plan is subject to proof of enrolment in applicable Provincial Pharmacare program. Other restrictions may apply. This document summarizes coverage types and coverage amounts for EHC Plan to extended health, travel and dental benefits outlined under the current Manitoba Government retiree plan, based on Blue Cross brochure of September 2011 and information circular dated December 2017. The information provided herein is for informational purposes only and should not be considered legal or insurance advice. Policy wordings prevail. Check Certificates of Insurance for details. For more information refer to www.johnson.ca/marge. **Additional costs apply.