

MARGE Plan Comparison with AMM*

Extended Health Care (EHC)

| | I. AMM** as of January 2018 | II. MARGE EHC Plan, Travel, & Dental Options* As of April 2019 | |
|---|---|---|---|
| | | BASIC Option | ENHANCED Option** |
| Benefit Reimbursement | 80% unless otherwise specified, R&C (individual limits apply) \$25 annual deductible(single or family) | 80% of eligible Reasonable and Customary (R&C) expenses, unless otherwise specified (individual limits apply) | |
| Prescription Drug Coverage | 80% provincial formulary drugs or list developed by insurance carrier \$5000 per family \$350 non formulary drugs per calendar year/family \$25 deductible Direct pay drug card | 80% provincial formulary & LCA \$1,750 per family \$10 dispensing fee cap 8% mark-up limit Direct pay drug card | 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 | \$55 per 2 years for eye exam | None | \$200 every 2 years Eye exams: 1 exam per 2 years (up to \$100) |
| Hearing Aids | \$500 per 5 consecutive years | \$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 | \$5,000,000 lifetime Max per person; 30 day multi trip plan, can not extend beyond 30 days, extension will invalidate all coverage | Prestige Travel Option, only available with EHC Plan** \$5,000,000 maximum per policy year; \$8,000 Trip Cancellation Base Plan covers multiple trips up to 62 days duration per trip outside of Canada, unlimited in Canada Supplemental Plan for single trips longer than 62 days. | |
| Paramedical Coverage (Annual Limits/person) | Athletic Therapy: \$100 Chiropractor: \$350 Psychology: \$350 Podiatrist: \$350 Dietician:\$350 Speech Therapist:\$350 Physiotherapy:\$350 *Subject to per visit maximum | \$75 per visit; \$750 combined <ul style="list-style-type: none"> ▪ Acupuncturist ▪ Athletic Therapist ▪ Chiropractor* ▪ Dietitian ▪ Massage Therapist* ▪ Nutritionist ▪ Naturopath ▪ Osteopath ▪ Physiotherapist* ▪ Podiatrist / Chiropodist ▪ Psychologist ▪ Speech Therapist *\$500 combined maximum | \$75 per visit; \$1,200 combined <ul style="list-style-type: none"> ▪ Acupuncturist ▪ Athletic Therapist ▪ Chiropractor* ▪ Dietitian ▪ Massage Therapist* ▪ Nutritionist ▪ Naturopath ▪ Osteopath ▪ Physiotherapist* ▪ Podiatrist / Chiropodist ▪ Psychologist ▪ Speech Therapist *\$750 combined maximum |
| 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 combined maxium benefits- Includes Prosthetic Appliances and Miscellany | \$500 every 2 years maximum | \$500 every 2 years maximum |

Extended Health Care (EHC) Continued

| | I. AMM** as of January 2018 | II. MARGE EHC Plan, Travel, & Dental Options* As of April 2019 | |
|--|---|--|-------------------|
| | | BASIC Option | ENHANCED Option** |
| Medical Aids & Appliances / Diagnostics | <p>Covered at 80% (some internal limits apply):</p> <ul style="list-style-type: none"> ▪ Lifetime Maximum of \$1000 per listed item <ul style="list-style-type: none"> -Iron Lung -Wheelchair -Hospital Bed -Oxygen equipment -Respirator. ▪ Life time Maximum of \$250 for other medical equipment | <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 | Charges for dental treatment resulting from injury to jaw and natural teeth, must commence 90 days from accident | Treatment to jaw and natural teeth commenced within 6 months of the accident; \$1,000 maximum for major and orthodontics per year. | |

Dental Care Option (Only Available with EHC)**

| | I. AMM** as of January 2018 | II. MARGE EHC Plan, Travel, & Dental Options* As of April 2019 | |
|---|--|---|---|
| | | BASIC Option | ENHANCED Option** |
| Basic/Preventative Services and Minor Restorative Endodontics Periodontics | <p>50%</p> <p>\$1000 per year per person</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Denture repairs/fillings ▪ 2 oral exams per year ▪ Combination of one and one half polishing and/or scaling twice/yr | <p>80%</p> <p>\$1,000 per year per person</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Denture repairs/fillings ▪ 2 oral exams per year ▪ 1 unit polishing twice/yr ▪ 8 units of scaling | <p>85%</p> <p>\$1,000 per year per person</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Denture repairs/fillings ▪ 2 oral exams per year ▪ 1 unit polishing twice/yr ▪ 8 units of scaling |
| Major Restorative in addition to Basic / Preventative | <p>50%</p> <p>\$1000 per year/Combined total with Basic</p> | None | <p>60%</p> <p>Additional \$1,000 per year Includes:</p> <ul style="list-style-type: none"> ▪ Crowns ▪ Posts ▪ Inlays/Onlays ▪ Implants ▪ Bridges ▪ Dentures |

**AMM members must remain residents of Manitoba in order to be eligible for this plan