

MARGE Plan Comparison with AMM***



Extended Health Care (EHC)*

	I. AMM*** as of January 2017	II. MARGE EHC Plan, Travel, & Dental Options* As of April 2017	
		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 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** \$2,000,000 lifetime maximum; \$8,000 Trip Cancellation Base Plan covers multiple trips up to 62 days duration per trip. 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 Terapist:\$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 2017	II. MARGE EHC Plan, Travel, & Dental Options* As of April 2017	
		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 2017	II. MARGE EHC Plan, Travel, & Dental Options* As of April 2017	
		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

*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 Western Financial Group brochure of January 2017 and information circular dated December 2016. 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.