
































Extended Health Care Benefit Comparison Chart



















 Indicates plan includes specifics outlined in **Coverage** column on left.

Benefit	COVERAGE	Prestige Elite Plan	Original Plan	Prestige Plan	Economy Plan
CAREpath cancer assistance program	<i>New</i> - CAREpath cancer assistance program available to all ARM health plan members. Please see page 19 for more information.				
Prescription Drugs Annual maximums	Dollar limit per person regardless of age. In all plans, erectile dysfunction drugs are included up to \$350 within your drug maximum.	\$500 per person. No annual maximum once eligible claims exceed \$4,500 per calendar year.	\$2,100 per person.	Option to purchase either \$500 or \$850 per person.	\$750 per person.
Deductible		No deductible.	Single \$25, Couple and Family \$50 per calendar year.	No deductible.	Single \$100, Couple and Family \$200 per calendar year.
Dispensing fee	You are responsible for dispensing fees.				
Reimbursement level	90% reimbursement with Rexall Direct & Pharmex Direct. Please see page 10 for more information.	80% reimbursement of ingredient costs up to \$500 maximum. 100% reimbursement following \$4,500 in eligible claims.	85% reimbursement of ingredient costs.	80% reimbursement of ingredient costs.	80% reimbursement of ingredient costs.
Paramedical Services	80% reimbursement of eligible charges. Coverage for the services of any of the following licensed practitioners up to a combined maximum of \$750 per year (payable only after your provincial health insurance plan maximum has been reached, if applicable): <ul style="list-style-type: none"> • Chiropractor, podiatrist or osteopath. • Massage therapist, psychologist, registered family therapist, social worker (MSW), physiotherapist, nutritional counsellor or speech pathologist with written authorization by attending physician. • Acupuncture performed by a chiropractor, physiotherapist, general practitioner or acupuncturist. • Homeopath, naturopath or chiropractist. • Reflexology performed by a chiropractor or naturopath. 				
	100% reimbursement of eligible charges for chiropractor and physiotherapist services following an accident that requires a hospital stay of at least 24 hours.	Unlimited coverage for 12 consecutive months. Members are eligible for this compensation once the \$750 paramedical services maximum has been reached. Documentation of a 24-hour hospital stay will be required for claims to be reimbursed under this benefit.	Not available.	Not available.	Not available.
Private Duty Nursing	80% reimbursement of eligible charges.	Up to \$7,500 in coverage per calendar year combined with home care, medical aids, equipment and supplies and prosthetic appliances.	Up to \$2,000 in coverage every 3 calendar years.	Up to \$2,000 in coverage every 3 calendar years.	Up to \$2,000 in coverage every 3 calendar years.
	100% reimbursement of eligible charges.	Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum.	Not available.	Not available.	Not available.
Home Care	80% reimbursement of eligible charges following a hospital stay of at least 1 day.	Up to \$7,500 in coverage per calendar year combined with private duty nursing, prosthetic appliances and medical aids, equipment and supplies.	\$20 per visit to a maximum of 30 visits.	\$20 per visit to a maximum of 30 visits.	\$20 per visit to a maximum of 30 visits.
	100% reimbursement of eligible charges following a hospital stay of at least 1 day.	Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum.	Not available.	Not available.	Not available.
Medical Aids, Equipment & Supplies	80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies including surgical bandages, dressings, blood transfusions, blood products, radium or radioactive isotope treatment, grab bars, commodes, etc., with written authorization of attending physician.	Up to \$7,500 in coverage per calendar year combined with private duty nursing, home care and prosthetic appliances.			
	100% reimbursement of eligible charges.	Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum.	Not available.	Not available.	Not available.
Prosthetic Appliances	80% reimbursement of eligible charges. Coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, prescribed lenses following cataract surgery, etc.	Up to \$7,500 in coverage per calendar year combined with private duty nursing, home care and medical aids, equipment and supplies.			
	100% reimbursement of eligible charges.	Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum.	Not available.	Not available.	Not available.
Comfort & Convenience Items	80% reimbursement of eligible charges, up to \$200 in coverage per calendar year for post-surgical supports recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery). Includes Obus Forme, bath aids, etc. Incontinence supplies are covered up to a maximum of \$200 per year with written authorization of attending physician.				
Custom Moulded Orthotics/ Orthopaedic Shoes	80% reimbursement of eligible charges, moulded orthotics up to a maximum of \$450 every 2 calendar years OR custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year.				
Ambulance Services	80% reimbursement, ongoing coverage for costs that exceed your provincial health insurance plan's limit.				
Diabetic Supplies	80% reimbursement of eligible charges, up to \$750 per year for diabetic needles, syringes and testing supplies.				
Diagnostic Tests	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician (e.g. CEA cancer level, CA 125 for women and PSA for men).				
Accidental Dental	80% reimbursement of eligible charges. Coverage for damage caused by a direct accidental blow to the mouth. This benefit does not apply to injuries caused by an object placed wittingly or unwittingly in the mouth.				
Hearing Aids	100% reimbursement of eligible charges, following application to the Assistive Devices Program, up to \$750 in coverage every 3 calendar years for purchase and repair of hearing aids.				Not available.
	Hearing tests are covered at a rate of 100% to a maximum of \$75 per year as part of your extended health care benefit.				
Vision Care	Coverage for purchase and repair of prescription lenses and frames, contact lenses or laser eye surgery.	100% reimbursement of eligible charges up to \$200 in coverage every 2 calendar years.	80% reimbursement of eligible charges up to \$225 in coverage every 24 months.	100% reimbursement of eligible charges up to \$200 in coverage every 2 calendar years.	Not available.
	Vision tests are covered as part of your extended health care benefit at a rate of 80% to a maximum of 1 exam every 24 months. Heidelberg Retina Tomograph (HRT) exams are covered as part of your extended health care benefit at a rate of 80% once every 24 months.				

*Combined coverage includes: private duty nursing, home care, medical aids, equipment and supplies and prosthetic appliances.

Extended Health Care Benefit Comparison Chart

 Indicates plan includes specifics outlined in **Coverage** column on left.

Benefit	COVERAGE	Prestige Elite Plan	Original Plan	Prestige Plan	Economy Plan
Sleeping Aids	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: <ul style="list-style-type: none"> Mask, headgear, hose cannula & pillow – once every 12 months. Filters – maximum of 3 packages of 5 every 12 months. Humidifier – once every 24 months. 				
Hospital Accommodation Availability	Included with extended health care benefits.	Optional. Available for an additional premium. Please see page 5 for rates and coverage details.		Optional. Available for an additional premium. Please see page 7 for rates and coverage details.	
Daily Maximums		Choice of unlimited semi-private coverage, or \$75 or \$100 per day to be used toward the cost of semi-private or private room accommodation.	Unlimited semi-private accommodation.	Choice of unlimited semi-private coverage, or \$75 or \$100 per day to be used toward the cost of semi-private or private room accommodation.	\$100 a day toward the cost of semi-private or private room accommodation.
Hospital Cash	When a semi-private room is not available, the hospital cash benefit will provide \$10 per day to a maximum of \$100 per stay to cover expenses such as telephone and television rentals and parking.				
Deluxe Travel Insurance	Included in extended health care premiums, please see page 9 for coverage details.				
Dental Coverage	Available for an additional premium. Please see page 10 for rates and coverage details.			 Can be added to the Prestige extended health care plan or purchased alone.	

ARM Tip Any two family members can qualify for couple coverage. If you do not have an eligible spouse, you and your dependant child can qualify for couple rates.