



<b>Drug Coverage and Deductible</b>	<ul style="list-style-type: none"> <li>• Pay Direct Drug Card • Prescription Drug Formulary – prescription by law</li> <li>• \$9 dispensing fee cap (the Plan pays the first \$9)</li> <li>• Fertility drug to \$15,000 lifetime; Smoking Cessation products to \$500 lifetime</li> </ul>	
<b>Reimbursement Level – Drugs</b>	• 100%	• 80%
<b>Reimbursement Level – Other</b>	• 100%	• 80%
<b>Hospital</b>	• Semi-private	• Semi-private • \$200 per day maximum
<b>Private Duty Nursing</b>	• \$25,000 lifetime	• \$15,000 lifetime
<b>Hearing Aids</b>	• <b>\$750 every 5 years</b>	• \$300 every 5 years
<b>Orthotics</b>	<ul style="list-style-type: none"> <li>• Orthotics only: 1 pair every 24 months for those 18 and over, 1 pair every 12 months for those under 18 (maximum \$500 per pair)</li> </ul>	
<b>Accidental Dental</b>	• Unlimited	
<b>Paramedical services</b>	<ul style="list-style-type: none"> <li>• \$500 maximum per year per practitioner (physiotherapist, psychologist/ Master of Social Work, speech therapist)</li> <li>• \$300 maximum per year per practitioner (massage therapist, chiropractor, naturopath, osteopath, podiatrist)</li> </ul>	• <b>No coverage</b>
<b>Emergency out of province and travel assistance</b>	<ul style="list-style-type: none"> <li>• 100% • 90 day maximum per trip</li> <li>• Must return to province of residence for at least 1 day to be eligible for another 90 days</li> </ul>	• <b>No coverage</b>
<b>Out-of-province referral</b>	• 50% • Maximum \$3,000/3 years	• <b>No coverage</b>
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• <b>\$150*/24 months for adults (every 12 months for children age 18 and under)</b></li> <li>* includes eye examinations, glasses, contact lenses and laser eye surgery</li> </ul>	• <b>No coverage</b>

## Dental Coverage

<b>Deductible</b>	• \$25 single, \$50 family (for basic services only)	• \$50 single, \$100 family (for basic services only)
<b>Combined Maximum</b> (except orthodontia)	• \$2,000 per Plan Year	• \$1,000 per Plan Year
<b>Dental Recall Examination</b> Includes x-rays, cleanings	• Every six months	• Every nine months
<b>Preventive &amp; Diagnostic</b>	• 100%	• 80%
	• Includes oral exams, prophylaxis, x-rays, fluoride treatments, extractions, plastic fillings, anesthetics, oral surgery, relining and rebasing dentures	
<b>Minor Restorative</b>	• 100%	• 80%
	• Includes endodontic and non-surgical periodontics	
<b>Major Restorative</b>	• 50%	• 50%
	• Crowns, Bridgework, Dentures (includes surgical periodontics)	
<b>Orthodontics</b>	• No coverage	
<b>Dental Fee Guide</b>	• 1 year lag	

Maximums are **per insured**, except for Life.

## **Premium Cost Per Month - Effective September 1, 2021**

	RETIREE OPTION 1	RETIREE OPTION 2
<b>ALBERTA</b>		
Single	\$208	\$147
Family	\$414	\$291
<b>BRITISH COLUMBIA</b>		
Single	\$208	\$147
Family	\$414	\$291
<b>MANITOBA</b>		
Single	\$209	\$147
Family	\$414	\$290
<b>ONTARIO*</b>		
Single	\$241	\$169
Family	\$478	\$336
<b>PRINCE EDWARD ISLAND</b>		
Single	\$209	\$147
Family	\$415	\$291
<b>SASKATCHEWAN</b>		
Single	\$206	\$145
Family	\$409	\$287

\* Ontario rates include the 8% Retail Sales Tax

### **Premiums Qualify as Eligible Medical Expenses for Tax Deduction Purposes**

Premiums that retirees pay for the Retiree Plan qualify as eligible medical expenses under the Income Tax Act and, therefore, may allow a medical expense tax credit on your income tax return. However, the annual premium for life insurance is not an eligible medical expense. The life insurance premium amount for the entire 2021-22 Plan Year is \$2.04 for MB; \$2.16 for ON and \$1.92 for all other provinces. Please see your tax advisor for more information on the medical expense tax credit and related items.

### **Plan Administration**

The Plan is administered by a Board of Trustees. The day to day administration and operation is carried out by the Christian Education Employee Benefits Team.

### **Underwriter**

All benefits are underwritten by Manulife Financial. Manulife also serves as the claim administrator.

### **Contact us to Enroll in the Plan or Request More Information**

#### **CHRISTIAN EDUCATION HEALTH PLAN**

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