

# Overview of Employee Benefit Plan improvements since 2015

## Dental Benefits

- Adult orthodontic treatment was added with a lifetime maximum of \$1,500. (July 1, 2015)
- The dependent child orthodontic lifetime maximum was increased from \$1,500 to \$2,500. (July 1, 2015)
- Oral Cancer Screen (Procedure Code 04403) is added to the Enhanced Dental Maximum Reimbursement Schedule (July 1, 2016)
- Fluoride treatments are eligible for coverage twice per calendar year (January 1, 2017)

## Life Insurance

- Increased the Retired Plan Member Life Insurance Benefit from \$1,500.00 to \$5,000.00 (January 1, 2015)
- The monthly premium rate for Dependent Life Insurance decreased from \$4.26 to \$3.48 per month. (July 1, 2016)
- A pre-natal benefit was added. (July 1, 2016)
- The Dependent Life Insurance amount for a child was increased from \$2,500 to \$5,000 per child. (July 1, 2016)
- Dependent life coverage automatically included at no charge (previously cost \$3.48 per month for those that elected to have dependent coverage) - \$10,000 per spouse and \$5,000 per eligible child. (September 1, 2018)

## Diabetic Supplies

- Removal of the annual maximum amount for diabetic supplies such as test strips, syringes, and lancets. (July 1, 2016)
- Diabetic supplies can be covered using the pay direct drug card. The \$10 per Drug Identification Number (DIN) deductible will apply to all pay direct drug card transactions. Claims for diabetic supplies may still be submitted using the paper claim method. (July 1, 2016)

*Please note that this unlimited coverage does not apply to diabetic equipment.*

## Paramedical Services

- Acupuncture is included as a covered service in the amount of \$400 per insured person per calendar year. (July 1, 2016)
- A prescription or physician's referral is no longer required for paramedical services including massage therapy, physiotherapy, occupational therapy, and psychologist/ social worker. (July 1, 2016)
- Psychology/Social Work services increased from \$400 per year per insured person to \$1,000 (January 1, 2019)
- Massage Therapy coverage increased from \$400 per year per insured person to \$500 (June 1, 2019)

## Private Duty Nursing

- The Private Duty Nursing benefit increased from \$7,500 to \$10,000 per insured person per calendar year. (July 1, 2016)

## Smoking Cessation Drugs

- The coverage for smoking cessation drugs increased from a \$100 lifetime maximum to a \$500 lifetime maximum. (July 1, 2016)
- Additional smoking cessation drugs will be covered. (July 1, 2016)

## Therapeutic Equipment

- Coverage for therapeutic equipment increased from 50% coinsurance to a maximum of \$1,000 per lifetime for any one like piece of equipment to 100% coinsurance to a maximum of \$2,000 per lifetime for any one like piece of equipment. (July 1, 2016)

## Vision Care

- The vision maximum was increased from \$200 to \$300 every 2 years. (January 1, 2015)
- Prescription sunglasses and prescription safety glasses are eligible for reimbursement under the \$300 vision maximum once every two years. (July 1, 2016)
- Plan members are eligible for reimbursement for Laser Eye Surgery up to two times the bi-annual vision maximum (up to  $\$300 \times 2 = \$600$ ) once per lifetime with the restriction that a claim for prescription eyewear cannot be made for four years following the procedure. (July 1, 2016)

*Please note the vision maximum may be pro-rated for other-than-full-time employees.*

## Hearing

- The hearing aid maximum was increased from \$500 to \$1,500 every 5 years. (July 1, 2015)
- Hearing test; one hearing test every four years is now covered (January 1, 2017)

## Extended Health Care

- The “better than” benefit for Extended Health Care was introduced for the plan members of CUPE, SEIU-West, and SGEU. (January 1, 2015)
- Continuous Positive Airway Pressure (CPAP) machines added to the plan. (January 1, 2017)
- Benefit coverage during a leave of absence extended to 18 months (January 1, 2018)
- Addition of flash glucose monitors to the plan (June 1, 2018)
- Addition of continuous blood glucose monitors (January 1, 2019)
- Addition of routine vaccines to be covered under the plan (January 1, 2019)

Plan members may direct questions about coverage under the 3sHealth Employee Benefit Plans to a 3sHealth Benefit Services Officer at 1.866.278.2301 or [ebp@3shealth.ca](mailto:ebp@3shealth.ca), or they may visit [www.3shealth.ca](http://www.3shealth.ca) and use Live Chat to communicate with a Benefits Services Officer.

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