

How is Premium Calculated?

Please see the following rate charts for the EHC Plan and Optional Hospital benefits:

Extended Health Care Monthly Premiums			
Member's Age	Single	Couple	Family
Under 50	\$ 95.09	\$143.49	\$238.58
50 to 64	\$110.23	\$165.55	\$275.76
65 and over	\$120.16	\$180.67	\$300.82

Optional Hospital Monthly Premiums			
Member's Age	Single	Couple	Family
Under 50	\$ 9.25	\$14.41	\$23.66
50 to 64	\$14.41	\$21.48	\$35.89
65 and over	\$36.71	\$55.19	\$91.88

The above rates are effective January 1, 2008. Rates are not guaranteed and are subject to change. The Optional Hospital benefit can be added to, and is only available with, the EHC coverage.

- Sales Tax will be added to the EHC and Optional Hospital premiums (Ontario Retail Sales Tax (8%), Quebec Sales Tax (9%)).
- Your premiums will be re-calculated on each policy anniversary date (January 1), based on your age at that time.

Note:

- Provincial government health plan coverage is required to be eligible for EHC coverage.
- Please refer to the *General Plan Details* brochure for additional information, "Eligibility" and "How to Apply".
- For contact information, please refer to the back page of this brochure.



For more information call the
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Important Notice: This brochure does not constitute a contract. ONA holds the Group Master Policy for this Insurance Program. Details of the coverage are found in the Master Policy. Should there be a discrepancy between this brochure and the Master Policy, the provisions of the Master Policy will govern. The ONA Base Plan and Voluntary Life, Accidental Death and Dismemberment, Long Term Disability, Health and Dental Insurance Plans are underwritten by The Manufacturers Life Insurance Company (Manulife Financial). The Critical Illness Plan is underwritten by Western Life Assurance Company. The Home and Auto Insurance is underwritten by Unifund. The MEDOC® Travel Insurance Plan is underwritten by Royal & Sun Alliance Insurance Company of Canada.



3-2008

The Ontario Nurses' Association Benefit Program

**VOLUNTARY
EXTENDED
HEALTH CARE PLAN**
with Optional Hospital Coverage

Available to ONA Members Without
Employer, Spousal, or Retiree Coverage

ONA Benefit Program Extended Health Care Plan

The Extended Health Care (EHC) Plan covers many medical expenses not eligible under government plans, such as vision care, hearing aids, practitioners and drug coverage, which is often a family's single largest health care expense.

Member's Status	Single: 1 participant
	Couple: 1 participant + 1 dependant
	Family: 1 participant + 2 or more dependants

Plan Features

- **Reimbursement:** Eligible expenses are reimbursed up to 80% of the reasonable and customary fees in your province of residence.
- **Deductible:** There is a deductible for prescription drug coverage, which is equal to your pharmacy's dispensing fee. No other eligible expenses are subject to a deductible.
- **Maximums:** All maximums are per person, per calendar year, unless otherwise indicated.
- **Portability:** Coverage can continue if you change employers and/or when you retire.

Open Enrollment
Opportunity

You may qualify for EHC coverage without providing medical evidence*. Refer to the 60-Day Open Enrollment details provided in this brochure or the General Plan Details.

* **Late Applicant:** If you do not qualify for the Open Enrollment, you are required to complete the Medical Evidence Questionnaire in the application. Coverage will be subject to underwriting review and may be approved or declined.

Covered Expenses

Prescription Drugs – Drugs that legally require a prescription and are dispensed by a pharmacist are eligible. The annual maximum is \$1,200, with a lifetime maximum of \$30,000.

The plan does not cover:

- Fertility drugs, treatment for erectile dysfunction, smoking cessation aids, or anabolic steroids;
- Drugs that can be purchased without a physician's prescription (*some exceptions may apply*).

Vision Care – Prescription eyewear (lenses, frames, and contact lenses) and laser eye surgery are covered to a maximum of \$200, and one eye exam, every two calendar years (one year for dependent children).

Professional Services – Services of a licensed physiotherapist, chiropractor, osteopath, speech therapist, podiatrist, or registered massage therapist (recommended by a physician) to a maximum of \$300 per year per practitioner. In addition, \$50 for one X-ray per year per practitioner is covered.

Private Duty Nursing – In-home nursing care by a registered nurse or nursing assistant, licensed practical nurse, or certified nursing assistant is covered when authorized by a physician (annual maximum of \$10,000; \$5,000 if over age 65).

Aids and Appliances – Purchase, rental or repair of medically necessary items including: hospital beds, braces, wheelchairs, prosthetic appliances, diabetic supplies, respiratory equipment, TENS machines, and orthotics.

Ambulance – Emergency ground ambulance to and from the nearest medical facility.

Dental Care for Accidents — Dental treatment required as a result of an accidental blow to the mouth.

Hearing Aids – Purchase or repair of hearing aids (to a maximum of \$400 every three years) is covered.

Professional Counselling Services – Treatment for depression, substance abuse, family/work concerns, bereavement, and child/elder care issues (through the ONA Member Assistance Plan – MAP).

Note: The Optional Hospital benefit can be added to, and is only available with, the EHC coverage.

Optional Hospital

Coverage begins on the first day of hospitalization, and pays 100% of the cost of a semi-private room for a maximum of 180 consecutive days in a calendar year. The lifetime maximum is \$30,000.

EHC Plan – 60-Day Open Enrollment

As a new Member **or** if you are losing coverage, you can enroll in the EHC Plan without providing medical evidence (*subject to being actively at work*) within 60 days of:

- the first day you become an ONA Member;
- the day you lost coverage due to a change from full-time to part-time status;
- the day you lost coverage under your (or your spouse's) employer benefit program, or any other group plan; or
- the day you lost coverage due to retirement.

Note: Retired Members can enroll without providing medical evidence within 60 days of losing retiree or spousal coverage.