

## Comprehensive Insurance Benefits

PROBUS Canada has worked with Johnson Inc., a national benefits provider, to develop a voluntary benefit plan available to PROBUS members.

PROBUS members in good standing can join the Extended Health Care with Prestige Travel Plan during the open enrolment period from September 1 to October 31, 2017 or within 60 days of terminating existing group coverage without providing medical evidence of insurability.

Additional benefit plan offerings are available to PROBUS members – Dental, Life, and more!

### Prestige Travel Plan

#### (Included with Extended Health Care) Out-of-Province / Country Coverage

100% Emergency Travel Coverage is included with the Extended Health Care plan. Coverage includes the following per insured person:

- Lifetime maximum of \$2,000,000 for **sudden and unforeseen** eligible emergency medical travel expenses.
- Multiple annual trips up to 62 days duration per trip.
- Trip Cancellation / Interruption (\$6,000 per trip).
- Hospital Accommodations and Physician Services.
- Drugs / Diagnostic Services / Aids and Appliances.
- Emergency Transportation (ground, air).
- 24 Hour Emergency Help Line – contact Assistel toll free at 1-877-775-3695.
- And more!

#### Supplemental Coverage is Available:

If you require more than the 62 day base travel, you may purchase additional Supplemental coverage in 15 day units up to 212 total days. Contact the plan administrator, Johnson Inc. for more details.

## Extended Health Care Plan Options

There are two (2) Extended Health Care (EHC) plans available to PROBUS members: **BASIC** and **ENHANCED**.

### Basic Extended Health Care Plan

80% coverage for the following eligible expenses up to a lifetime maximum of \$200,000 per insured person (other inside limits apply):

#### Prescription Drug Coverage:

- Pay direct drug card to reimburse prescription drugs at 80% of eligible drugs to a maximum of \$1,000 per insured per calendar year. Some exclusions and limitations apply:
  - Subject to mandatory generic substitution pricing.
  - \$5 dispensing fee cap and 8% mark-up limit apply.
- Prescription drug coverage includes:
  - Drugs, sera and injectables, and compounds / mixtures requiring a prescription and dispensed by a licensed pharmacist.
  - Both non-prescription drugs (with a Drug Identification Number) and supplies required for treatment of cystic fibrosis, diabetes (e.g. test strips), heart disease or Parkinson's.
  - Coverage for the treatment of erectile dysfunction to a maximum of \$350 per insured per calendar year.

## EXTENDED HEALTH MONTHLY RATES

	SINGLE	COUPLE	FAMILY
BASIC	\$133.00	\$272.00	\$319.00
ENHANCED	\$187.00	\$373.00	\$441.00

Retail Sales Tax is added to the premiums where required by law.

#### Non-Drug Eligible Expenses:

- Accidental Dental (\$1,000 per calendar year).
- Ambulance Service.
- Diagnostic Services.
- Hearing Aids (\$750 per 5 calendar years).
- Home Care (\$50/day, up to 10 days after hospital stay).
- Medical Aids and Appliances (individual limits apply).
- Paramedical Services (\$500 combined per calendar year).
- Prescribed Health Education Programs (\$100 per calendar year).
- Private Duty Nursing (\$1,500 per 3 calendar years).
- Private or Semi-private Hospital (100%, up to \$165/day).
- Vision Care:
  - Prescription Eyeglasses/Sunglasses & Contact Lenses: \$200 combined per 2 calendar years.
  - Eye Exams: 1 exam per 2 calendar years (up to \$100).

## Enhanced Extended Health Care Plan

All the benefits of the Basic Extended Health Care Plan, with the addition of benefit enhancements.

80% coverage for the following eligible expenses up to a lifetime maximum of \$250,000 per insured person (other inside limits apply), with the following enhancements:

#### Prescription Drug Coverage:

- Pay direct drug card to reimburse eligible prescription drugs at 80% until \$1,500 reimbursed, then 100% coverage to a total maximum of \$2,500 per insured per calendar year. Some exclusions and limitations apply:
  - Subject to mandatory generic substitution pricing.
  - \$10 dispensing fee cap and 8% mark-up limit apply.
- Includes the same eligible drugs as stated under the **BASIC** Extended Health Care Plan.



#### Non-Drug Eligible Expenses:

The same benefits as under the **BASIC** plan, with the following increases in coverage:

- Hearing Aids (\$1,000 per 5 calendar years).
- Paramedical Services (\$1,000 combined per calendar year).
- Private Duty Nursing (\$3,000 per 3 calendar years).
- Vision Care:
  - Prescription Eyeglasses/Sunglasses & Contact Lenses: \$300 combined per 2 calendar years.
  - Eye Exams: 1 exam per 2 calendar years (up to \$100).



Contact Johnson Today!  
**1.866.799.0000**

## Dental Care Plan Options

There are two (2) Dental Care plans available to PROBUS members: **BASIC** and **ENHANCED**.

### Basic Dental Care Plan

- 80% Basic / Preventative Services (No annual maximum), includes:
  - 1 oral exam per calendar year, 8 units of scaling and/or root planning per year, and 4 units of dental facility fees for surgical removal of teeth.
- 80% Minor Restorative, includes:
  - Endodontics / Periodontics (\$750 combined maximum per calendar year)
- Major Restorative procedures are not covered.

### Enhanced Dental Care Plan

- 80% Basic / Preventative Services (No annual maximum):
  - Includes same coverage as Basic plan.
- 80% Minor Restorative (\$750 calendar year maximum):
  - Includes same coverage as Basic plan.
- 50% Major Restorative procedures – Must be pre-authorized by mail, and includes:
  - Crowns / Posts / Inlays / Onlays (\$700 combined maximum per calendar year)
  - Bridges / Dentures / Implants (\$700 combined maximum per calendar year)

### DENTAL CARE MONTHLY RATES

	SINGLE	COUPLE	FAMILY
BASIC	\$53.00	\$105.00	\$125.00
ENHANCED	\$65.00	\$130.00	\$155.00

Retail Sales Tax is added to the premiums where required by law.

## Additional Benefits Available to PROBUS Members

### Guaranteed Life Insurance

- Provides lifelong coverage of up to \$25,000 without the need to complete a medical questionnaire at any time.

### Term Life Insurance

- You can choose coverage amounts of \$25,000 to \$150,000, and premiums are guaranteed not to increase for 10 years (short form medical questionnaire is required).

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If you have questions or would like further information, please contact the Plan Administrator, Johnson Inc. toll free at 1-866-799-0000, email [pbservicewest@johnson.ca](mailto:pbservicewest@johnson.ca), or visit our website at [www.johnson.ca/probus](http://www.johnson.ca/probus).

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### Policy Renewal

The PROBUS Member Benefit Plan automatically renews each September 1 and is subject to the policy terms and conditions located in the governing documents, the Certificate of Insurance, that can be viewed at [www.johnson.ca/probus](http://www.johnson.ca/probus).

The next renewal will be September 1, 2018.

### Premium Payment

Bank deductions are withdrawn one month in advance. For example, the July 5<sup>th</sup> deduction pays for August coverage.

Retail Sales Tax is added to the premiums where required by law.

For complete plan details, please refer to the Certificates of Insurance available at [www.johnson.ca/probus](http://www.johnson.ca/probus)



## PROBUS MEMBER PLAN SUMMARY

### CONTACT A REPRESENTATIVE TODAY:

Telephone: 604.881.8840  
Toll free: 1.866.799.0000 (Administration)  
Fax: 604.881.8828  
Email: [pbservicewest@johnson.ca](mailto:pbservicewest@johnson.ca)

## BRITISH COLUMBIA VOLUNTARY BENEFIT PLAN EHC OPEN ENROLMENT 2017

### JOHNSON INC.

11120 – 178 Street  
Edmonton, AB  
T5S 1P2

[www.johnson.ca/probus](http://www.johnson.ca/probus)

## INSURANCE COVERAGE FOR PROBUS MEMBERS

- EXTENDED HEALTH CARE
- TRAVEL
- DENTAL CARE
- AND MORE!

