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 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 <u>sudden and</u> <u>unforeseen</u> 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 *Sigma 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 as a result of colostomy or ileostomy and/or 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.
 - Coverage for the \$100 Ontario Drug Benefit (ODB) Program deductible.

Note: Certain drugs on the ODB formulary are covered on a **LIMITED USE** basis. Specific criteria must be met to be eligible for ODB coverage of these drugs.

0.0

600

EXTENDED HEALTH MONTHLY RATES

	SINGLE	COUPLE	FAMILY
BASIC	\$103.00	\$209.00	\$250.00
ENHANCED	\$144.00	\$288.00	\$346.00

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 prescription drugs at 80% of eligible drugs for the first \$1,500, 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).





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 combined to a calendar year maximum of \$750.
- 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	\$55.00	\$110.00	\$131.00
ENHANCED	\$68.00	\$136.00	\$162.00

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).

Long Term Care

 Different levels of coverage up to \$100 per day and a \$200,000 lifetime maximum to Probus members, their spouses, adult children and parents who qualify for coverage.

If you have question or would like further information, please contact the Plan Administrator, Johnson Inc. toll free at 1-877-989-2600 or visit our website at www.johnson.ca/probus

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.

The next renewal will be September 1, 2016.

Premium Payment

Bank deductions are withdrawn one month in advance. For example, the July 5th 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



CONTACT A REPRESENTATIVE TODAY:

Telephone: 780.413.6536 Toll free: 877.989.2600 (Administration) Fax: 780.420.6082 Email: pbservicewest@johnson.ca

JOHNSON INC.

11120 – 178 Street Edmonton, AB, Canada T5S-1P2

www.johnson.ca/probus

Travel Plan Administrator 24-hour Centre Emergency Information:

SIGMA ASSISTEL

Canada/USA (Toll free): 877.775.3695 Other Countries (Call collect) 514.875.3695

ONTARIO VOLUNTARY BENEFIT PLAN SEPTEMBER I, 2015

INSURANCE COVERAGE FOR PROBUS MEMBERS

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

