

## Saint Francis Xavier University – Benefit Plan Changes

Health Benefits	Current Coverage	New Coverage Effective <b>January 1<sup>st</sup> 2016</b>
Ambulance Services	\$50 per Calendar Year	\$1,000 per Calendar Year
Orthotics (Molded Arch Support / Custom)	\$70 per Lifetime	\$300 per 2 Calendar Years
Paramedical Coverage	Physiotherapy: 20 visits per Calendar Year	\$800/ Physiotherapy per Calendar Year; \$600 combined per Calendar Year for the following paramedical services: <i>Psychologist / Social Worker; Chiropractor; Naturopath; Acupuncturist; Homeopath; Dietician; Osteopath; Chiropracist / Podiatrist; Audiologist; Speech Therapist; Occupational Therapist; Athletic therapist, Massage</i>
Compression Stockings	No Coverage	\$200 per Calendar Year
IUD	No Coverage	Coverage
Surgical Bras	No Coverage	2 per Calendar Year
Speech Aids	No Coverage	\$500 per Lifetime
Prescription Drugs	Member pays the Dispensing Fee	Member will pay the Dispensing Fee + \$3
Breasts Prosthesis	One left and one right/2 consecutive Calendar Year	1 per 2 Calendar Year Revision to contract wording only, same coverage
Hearing aid	\$600 per 3 Calendar Year	Same coverage, however increasing frequency for Dependents under 18 to \$600 per Calendar Year
Nursing	\$5,000 per Calendar Year	\$10,000 per Calendar Year
Laser Eye coverage	No Coverage	Coverage to be included in current Vision Care maximum
Prosthesis - limbs, eyes, artificial larynx, nose	Nose is not covered; Repair & Replacement is \$50/ Calendar Year	Repair & Replacement up to Usual & Customary \$300 Calendar Year; limited to 1 per Lifetime or more if due to Physiological changes
Health Benefits	Current Coverage	New Coverage Effective <b>February 1<sup>st</sup> 2016</b>
Prescription Drugs		Switching to Mandatory Generic Substitution

Dental Benefits	Current Coverage	New Coverage Effective <b>January 1<sup>st</sup> 2016</b>
Preventative Dental	100% with no maximum	100% coinsurance maximum \$1,500 per calendar year
Basic Dental	80% coinsurance with no maximum, Some procedures have internal maximums and different coinsurance: <ul style="list-style-type: none"> <li>• <b>Endodontic</b> (Root canal therapy is most common) pays 80% with no maximum;</li> <li>• <b>Periodontics</b> (involves working on dental implants, crowns not the actual surgery) pays 100% to max of \$5,000 per Lifetime;</li> <li>• <b>Removable Denture Adjustments</b> pays 80% to a max of \$500 per Calendar Year;</li> <li>• <b>Oral Surgery</b> pays 100% for uncomplicated; 80% for complicated with no maximum</li> </ul>	80% coinsurance on all Basic services combined max of \$2,000 per calendar Year  This change will combine all Basic Services to 80% coinsurance with an overall maximum on these services to \$2,000 per calendar year
Major Dental	80% to a maximum of \$500 per Calendar Year (includes bridges, crowns/caps, standard dentures, etc.)	80% coinsurance with maximum of \$1,500 per Calendar Year
Dental Implants	No Coverage	1 procedure per tooth every 10 Calendar Years