National Program for the Canadian Association of Optometrists

BENEFITS OPTIONS - Clinics (3 or more staff)

BENEFITS	BRONZE	SILVER	GOLD
EXTENDED HEALTH CARE			*The Gold Option is avaiable after 1 year of enrolement in the plan*
Overall Deductible	Nil	Nil	Nil
Hospital	Semi-Private hospital room	Semi-Private hospital room	Semi-Private hospital room
Prescription Drugs Co-insurance	80% per prescription; Mandatory Generic	90% per prescription	100% per prescription
Prescription Drug Annual Maximum	$10,000 per person per year	$20,000 per person per year	Unlimited
Professional Services & Supplies	Not covered	90%; maximum of $400 per practitioner per year up to a combined maximum of $1000 per calendar year for all practitioner	100%, maximum of $500 per practitioner per year up to a combined maximum of $1,000 per calendar year for all practitioner
Covered services	N/A	Acupuncture, Chiropractor, Massage Therapist(MD letter required), Naturopath, Osteopath, Physiotherapist, Psychologist, Podiatrist/Chiropodist, Speech Therapist	Acupuncture, Chiropractor, Massage Therapist (MD letter required), Naturopath, Osteopath, Physiotherapist, Psychologist, Podiatrist/Chiropodist, Speech Therapist
Major Medical Supplies	80% coinsurance	100% coinsurance	100% coinsurance
Private Duty Nursing	$10,000 per calendar year	$10,000 per calendar year	$10,000 per calendar year
Orthopaedic Shoes	Stock-item shoes - $150 per year, custom-made - 1 pair per year	Stock-item shoes - $150 per year, custom-made - 1 pair per year	Stock-item shoes - $150 per year, custom-made - 1 pair per year
Custom-made Orthotics	$400 per 3 calendar years	$400 per 3 calendar years	$400 per 3 calendar years
Surgical stockings	$400 per calendar year	$400 per calendar year	$400 per calendar year
Hearing Aids	$500 every 5 calendar years	$500 every 5 calendar years	$500 every 5 calendar years
Termination	Age 75 or earlier retirement	Age 75 or earlier retirement	Age 75 or earlier retirement
TRAVEL - OUT OF COUNTRY			
Emergency Out of Country	60 day per trip, $5,000,000 per lifetime	60 days per trip, $5,000,000 per lifetime	60 days per trip, $5,000,000 per lifetime
Termination	Age 75 or earlier retirement	Age 75 or earlier retirement	Age 75 or earlier retirement
DENTAL CARE			
Deductible	Nil	Nil	Nil
Basic Services	90% co-pay	90% co-pay	90% co-pay
Comprehensive Basic Services	90% co-pay	90% co-pay	90% co-pay
Major Services	N/A	50%	50% co-pay
Orthodontics	N/A	N/A	50% co-pay
Maximum	$1,000 per calendar year combined for basic services	$1,250 per calendar year combined for all Basic, Comprehensive Basic and Major Services	$2,500 per calendar year combined for all Basic, Comprehensive Basic and Major Services
Orthodontic Maximum	N/A	N/A	$2,500 per lifetime per dependent child age 18 or under
Dental Fee Guide	Current	Current	Current
Recall Services	Every 9 months	twice per calendar year	twice per calendar year
Scaling	6 units	8 units	10 units
Termination	Age 75 or earlier retirement	Age 75 or earlier retirement	Age 75 or earlier retirement

RATES STRUCTURE - Clinics (3 or more staff)

BENEFITS		BRONZE	SILVER	GOLD
HEALTH CARE				
	Single	$74.45	$87.38	$113.33
	Family	$172.91	$211.26	$273.86
TRAVEL - OUT OF COUNTRY				
Active Members < age 70	*Single*	$3.70	$3.70	$3.70
Active Members < age 70	*Family*	$7.40	$7.40	$7.40
Active - age 70 and above or Retiree	*Single*	$35.55	$35.55	$35.55
Active - age 70 and above or Retiree	*Family*	$71.10	$71.10	$71.10
DENTAL CARE				
	Single	$43.27	$54.55	$77.92
	Family	$116.84	$147.28	$210.38

SELECT PLAN OPTION	BRONZE	SILVER	GOLD
OPTIONS:	☐	☐	☐