

Letter of Understanding

Article 18.01(a) Benefits Comparison and Entitlement for Postdoctoral Fellows

The Parties agree that health and dental benefits are available to Postdoctoral Fellows as follows:

	From DOR to August 31, 2023	Effective September 1st, 2023
Drug		
Deductible	Any Amount After \$6.50 Dispense Fee	Any Amount After \$6.50 Dispense Fee
Coinsurance	100%	100%
RX05 Formulary?	Yes	Yes
Mandatory Generic?	Yes	Yes
Fertility Drugs	Not Covered	Not Covered
Sexual Dysfunction	Not Covered	Not Covered
Smoking Cessation	\$500 Lifetime Maximum	\$500 Lifetime Maximum
Extended Health		
Deductible	\$50 per benefit year for general medical devices	\$50 per benefit year for general medical devices
In-Province Hospital	100% - Out Patient Services Only	100% - Out Patient Services Only
Convalescent Hospital	100% up to \$20 per day for a maximum of 120 days in a benefit year	100% up to \$20 per day for a maximum of 120 days in a benefit year
Private Duty Nursing	40% of the first \$25,000 of eligible expenses and 80% of the next \$25,000	40% of the first \$25,000 of eligible expenses and 80% of the next \$25,000
Ambulance	100%	100%
Tests and Services	100%	100%
Hearing Aids	75% up to a maximum of \$500 per ear over a period of 3 benefit years 100% for the initial purchase if required as a result of an accident	80% up to a maximum of \$1,500 per ear over a period of 3 benefit years 100% for the initial purchase if required as a result of an accident
Orthotics and Orthopaedic Shoes	80% up to a maximum of \$400 every 2 benefit years	80% up to a maximum of \$400 every 2 benefit years
General Medical Devices	75% for the first \$400 and 100% of the remainder every benefit year	75% for the first \$400 and 100% of the remainder every benefit year
Stockings	100%	100%
Wigs	\$500 Lifetime Maximum as a result of chemotherapy or hair loss due to a disease	\$500 Lifetime Maximum as a result of chemotherapy or hair loss due to a disease
Continuous Glucose Monitors (CGM)	Not Covered	\$4,000 maximum every benefit year for persons diagnosed with Type 1 diabetes
Vision Care (Contact Lenses, Prescription Glasses, Laser Eye Surgery)	100% to a maximum of \$250 every 24 months	100% to a maximum of \$500 every 24 months
Lenses After Cataract Surgery	100% to a \$250 per eye lifetime maximum	100% to a \$400 per eye lifetime maximum
Eye Examinations	Not Covered	100% to a maximum of \$100 every 2 benefit years
<i>Paramedical Practitioners</i>		
Physiotherapist	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year

Massage Therapist	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year
Massage Therapy Rx Required	Yes	No
Chiropractor	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year
Mental Health	\$15 per half hour for initial visit and \$15 per visit for subsequent visits to a maximum of \$300 per benefit year	100% to a maximum of \$3,000 per benefit year
Mental Health Eligible Providers	Psychologist	Psychologists, Social Workers, Psychotherapists. Psychoanalysts, Registered Clinical Counsellors, Licensed Marriage and Family therapists.
Speech Therapist	\$200 maximum per benefit year	100% to a maximum of \$500 every benefit year
Osteopath	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year
Podiatrist / Chiropodist	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year
Naturopath	\$15 per visit to a maximum of \$300 per benefit year	100% to a maximum of \$500 every benefit year
Christian Science Practitioner	\$15 per visit to a maximum of \$300 per benefit year	Not Covered
Occupational Therapist	Not Covered	100% to a maximum of \$500 every benefit year
Dental	Administered by Equitable Life	Administered by Sun Life
Allow Assignment of Claims	No	Yes
Deductible	None	None
Fee Guide	Current Fee Guide	Current Fee Guide
Preventative Procedures	100% to a maximum of \$1,000 every calendar year combined with basic/preventative/major procedures (Single Coverage) 100% to a maximum of \$2,000 every calendar year per family combined with basic/preventative/major procedures (Family Coverage)	100% Unlimited Maximum
Basic Procedures	100% to a maximum of \$1,000 every calendar year combined with basic/preventative/major procedures (Single Coverage) 100% to a maximum of \$2,000 every calendar year per family combined with basic/preventative/major procedures (Family Coverage)	85% Unlimited Maximum
Major Procedures	100% to a maximum of \$1,000 every calendar year combined with basic/preventative/major procedures (Single Coverage) 100% to a maximum of \$2,000 every calendar year per family combined with basic/preventative/major procedures (Family Coverage)	70% to a maximum of \$2,500 every benefit year
Orthodontic Procedures	Not Covered	50% to a lifetime maximum of \$2,500
Complete Exam / X-ray frequency	1 every 24 months	1 every 48 months
Recall Exam Frequency	1 every 9 months	1 every 6 months for children under 15 and every 9 months for any other person

Bitewing Frequency	1 every 9 months	1 every 9 months
Polishing and Topical Flouride Treatment	1 every 9 months	1 treatment every 6 months for children under 15 and every 9 months for any other person
Implant Surgery	Not Covered	Covered
Out of Country Emergency Services		
Duration	60 days	60 days
Maximum	\$3,000,000 lifetime maximum	\$3,000,000 lifetime maximum
Out of Province referred services	80% to a lifetime maximum of \$10,000	80% to a lifetime maximum of \$10,000