

STELCO

RETIREE BENEFITS TRUST

HEALTH BENEFIT PLAN

This schedule describes the deductibles, co-insurance and maximums **Effective January 1 2019**.

Complete benefit details are provided in the Description of Benefits section of the Plan booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars. You are covered for only those specific benefits for which you have applied.

This group benefit plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

Deductible: Nil	Overall Maximum: Unlimited
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The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
Vision	100%	
<ul style="list-style-type: none"> prescription eye glasses or contact lenses, or medically necessary contact lenses, or laser eye surgery 		\$300 per 24 consecutive months based on date of first paid claim (if change in prescription, new \$300 benefit period begins)
<ul style="list-style-type: none"> optometric eye examinations 		1 every 24 months based on date of first paid claim, subject to a maximum of \$75 per claim
Prescription Drugs – Pay Direct Drug Card	80%, plus any allowed dispensing fee charge up to \$7 per prescription or refill. Once \$1,000 in out-of-pocket maximum has been reached in each calendar year, plan pays 100% (subject to \$7 per prescription or refill maximum)	\$70,000 lifetime maximum Each January 1, up to \$1,000 will be reinstated towards the lifetime maximum
<ul style="list-style-type: none"> Therapeutic substitution for some blood pressure medications, specifically ACE Inhibitors and ACE II Receptor Blockers and Proton Pump Inhibitors 	100% for preferred drug; 40% if non-preferred drug selected	
<ul style="list-style-type: none"> Drug Benefit co-pay and deductible for covered persons over age 65 		\$100 deductible per calendar year and up to \$6.11 per prescription or refill for co-pay

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The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
<ul style="list-style-type: none"> Limits on the frequency of prescription refills for maintenance medications (ie. medications for chronic medical conditions) 		Up to 5 prescription refills allowed per calendar year for maintenance medications, unless the covered person is in a Long Term Care home, or meets GSC criteria for compliance packaging
<ul style="list-style-type: none"> Limits on drug price markups by pharmacist 		Maximum 10% markup allowed for brand name drugs, 8% for generic drugs
<ul style="list-style-type: none"> Migraine therapy (excluding Quebec) 		\$1,500 every 12 months based on date of first paid claim
<ul style="list-style-type: none"> All other covered drugs 		Subject to maximum shown above
Hearing Care (see page 10 under Extended Health Care for details)	80%	\$1,000 per ear every 5 years based on date of first paid claim
Medical Items and Services		
<ul style="list-style-type: none"> Footwear <ul style="list-style-type: none"> custom made boots or shoes custom made foot orthotics 	80%	1 pair per calendar year to a maximum of \$300 \$300 every 36 months based on date of first paid claim
<ul style="list-style-type: none"> Bra (mastectomy) 	80%	3 per calendar year
<ul style="list-style-type: none"> TENS unit (rental, purchase and supplies) 	80%	\$500 every 5 years based on date of first paid claim
<ul style="list-style-type: none"> Stump socks 	80%	4 pairs per calendar year
<ul style="list-style-type: none"> Compression stockings 	80%	3 pairs per calendar year
<ul style="list-style-type: none"> Respiratory / Cardiology <ul style="list-style-type: none"> C.P.A.P. Machine 	80%	\$1,500 per claim, once every 5 years (in accordance with ADP guidelines) based on date of first paid claim
<ul style="list-style-type: none"> All other eligible respiratory / cardiology equipment and supplies 		Reasonable and customary charges

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The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
<ul style="list-style-type: none">Wigs	80%	\$200 per lifetime
<ul style="list-style-type: none">Delivery charges for medical items	100%	\$25 per claim
<ul style="list-style-type: none">Other eligible medical items and services	80%	Reasonable and customary charges
Emergency Transportation	80%	Reasonable and customary charges
Private Duty Nursing in the Home	80%	\$10,000 per calendar year, subject to a \$50,000 lifetime maximum
Accidental Dental	80%	\$1,000 per incident

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DENTAL BENEFIT PLAN

Deductible:	Nil
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Fee Guide:	<p>The current minus two years Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>For independent Dental Hygienists, the current minus two years Provincial Dental Hygienists' Association Fee Guide in the province where services are rendered</p> <p>For Alberta, with no fee guide, reimbursement will be according to a fee schedule established by GSC for that province</p>
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The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
Basic Services and Comprehensive Basic Services	80%	\$1,500 per covered person per calendar year (Basic, Comprehensive Basic and Major combined)
Major Services	50%	