

### Details of Covered Benefits

#### EXTENDED HEALTH CARE – VISION/PARAMEDICAL CARE

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##### Reimbursement Percentage

70%

##### Annual Maximum per Insured Person

**BENEFIT** – Year One - \$500, Year Two - \$500, Subsequent Years - \$750

**BENEFIT** – Vision Care (includes eye examination by an Optometrist or Ophthalmologist, prescription eyeglasses or contact lenses and laser eye surgery). Does not cover prescription sunglasses.

**LIMITATIONS** – \$325 every two Benefit Years.

**BENEFIT** – Psychological counselling appointments with a recognized practitioner. Chiropractor, Naturopath, Homeopath, Chiropodist, Podiatrist, Osteopath

**LIMITATIONS** – Maximum of \$45 per visit.

See Paramedical Practitioner Guidelines on website.

**BENEFIT\*** – Registered Massage Therapist, Traditional Chinese Medicine, Acupuncturist, Dietician

**LIMITATIONS** – Maximum of \$45 per visit.

See Paramedical Practitioner Guidelines on website.

#### EXTENDED HEALTH CARE – OTHER SERVICES AND SUPPLIES

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##### Reimbursement Percentage

70%

##### Annual Maximum per Insured Person

**BENEFIT** – Year One - \$7,500<sup>†</sup>, Year Two - \$7,500<sup>†</sup>, Subsequent Years - \$7,500<sup>†</sup>

<sup>†</sup>Maximum includes benefits paid for Vision/Paramedical Care.

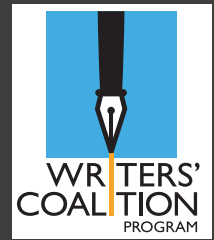
**BENEFIT** – Emergency ground Ambulance transportation to Hospital

**LIMITATIONS** – Reimbursement is based on any co-payment amount required by your province of residence. Scheduled use of ambulance services is not covered. This benefit is not available outside of your province of residence.

**BENEFIT** – Air Ambulance

**LIMITATIONS** – Maximum of \$4,000 when not paid by the Insured Person's provincial plan. Only payable for flights originating and terminating within your province of residence.

\*This symbol indicates that a written recommendation from your Medical Doctor must be submitted specifying the condition for which treatment is being prescribed. This written recommendation must be provided each Benefit Year and before any benefit is paid. **Special note:** With respect to massage therapy and acupuncture, a written recommendation can be provided every three Benefit Years.



### *Details of Covered Benefits*

## EXTENDED HEALTH CARE – OTHER SERVICES AND SUPPLIES

**BENEFIT\*** – Private Duty Nursing following hospitalization and when medically required for ongoing recovery or when required for in-home palliative end-of-life support. Excludes cosmetic surgery or procedures.

**LIMITATIONS** – Maximum of \$2,500. Requires pre-approval by AFBS. The provider may be a licensed practical nurse (RPN), registered nurse (RN) or a registered nursing assistant (RNA). Reimbursement from AFBS is subsequent to any provincial plan coverage that may be available. Services must be put in place immediately following hospital discharge and may be extended over a period not exceeding 45 days. Excludes cosmetic surgery or procedures. This is not a long-term care benefit.

Palliative support is payable during one occasion only. Annual maximums will apply, however, the hospitalization and 45-day maximum requirements may be waived by AFBS.

### **BENEFIT** – Hospitalization

**LIMITATIONS** – Reimbursed at 70% for first five days and 100% thereafter. Semi-private room only. Standard ward room costs are covered by your provincial health plan. Additional room costs are reimbursed for acute care only when provided by an accredited hospital. The room costs for hospitalization in an accredited hospital that provides physical rehabilitation services will be covered when this follows immediately after a minimum of three days of acute care. Room costs incurred in any of a convalescent, long term care, nursing home or a facility which primarily provides treatment for addiction(s) are not covered. This benefit is not available outside of your province of residence.

### **BENEFIT\*** – Home Care following Hospitalization and when medically necessary for ongoing recovery

**LIMITATIONS** – Reimbursed at 70% up to a maximum of \$30 each day for a maximum of 30 days each Benefit Year.

Requires pre-approval by AFBS, and the provider must be supervised by an organization recognized to provide such care. Services may be provided by an RPN, RN, RNA, Personal Service Worker (PSW), Victorian Order of Nurses (VON) or other health care provider as deemed appropriate by the insured's Medical Doctor and AFBS. Reimbursement to family members or companions will not be considered. Must be preceded by surgery (excluding cosmetic surgery) requiring at least one night of hospitalization or three days acute care hospitalization or following physical rehabilitation in a medical facility designated to provide these services. This home care benefit must be used within 90 days following discharge. Reimbursement from AFBS is subsequent to any provincial plan coverage that may be available.

### **BENEFIT\*** – Wigs

**LIMITATIONS** – Lifetime maximum of \$1,000 only for cancer patients undergoing chemotherapy.

### **BENEFIT** – Fertility Testing

**LIMITATIONS** – Lifetime maximum of \$2,500.

### **BENEFIT\*** – Artificial Limbs and Eyes

**LIMITATIONS** – Maximum of \$5,000 every five Benefit Years of continuous coverage. Reduced to three Benefit Years for a child under 18 years of age.

\*This symbol indicates that a written recommendation from your Medical Doctor must be submitted specifying the condition for which treatment is being prescribed. This written recommendation must be provided each Benefit Year and before any benefit is paid.



### *Details of Covered Benefits*

## EXTENDED HEALTH CARE – OTHER SERVICES AND SUPPLIES

### **BENEFIT\*** – Hearing Aids

**LIMITATIONS** – Maximum of \$500/ear every four Benefit Years, or every two Benefit Years for a dependant child under age 18.

### **BENEFIT** – Orthotics

**LIMITATIONS** – Reimbursed at 70% up to a maximum of \$150 per benefit year. Orthotics must be prescribed by one of: Medical Doctor (MD), Podiatrist (DPM), Chiropracist (D CH or D Pod M). Further, the product must be dispensed by one of the following providers and include the biomechanical assessment as well as an itemized receipt listing all the items and modifications. Recognized providers are: Orthotist (CO or CPO(c)), Pedorthist (C Ped(c) or C Ped (MC)), Podiatrist (DPM), Chiropracist (D CH or D Pod M). Both the name and qualifications of the prescribing specialist and provider must be clearly noted.

### **BENEFIT\*** – Physiotherapist

**LIMITATIONS** – Maximum of \$750 each Benefit Year.

### **BENEFIT** – Special vision care benefit after cataract surgery

**LIMITATIONS** – 70% with a lifetime maximum of \$500/eye. Includes payment towards a corrective lens, contact lens or prosthetic lens. Any laser vision follow-up is excluded. Confirmation of surgery is required. This benefit is payable in addition to any vision care benefit payable.

### **BENEFIT\*** – Audiologist, Speech Therapist

**LIMITATIONS** – Combined maximum of \$750 each Benefit Year.

### **BENEFIT\*** – Medical Equipment

**LIMITATIONS** – **Hospital Bed** – Rental or purchase to lifetime maximum of \$1,500.

**Wheelchair** – Rental or purchase to lifetime maximum of \$1,000.

**Oxygen Set** – Rental or purchase.

### **BENEFIT** – Accidental Dental

**LIMITATIONS** – Reimbursed at 70% of dental expense.

### **BENEFIT** – Vaccinations

**LIMITATIONS** – Covered up to the usual and customary. Dispensing fee excluded when purchased from the pharmacy.

*\* This symbol indicates that a written recommendation from your Medical Doctor must be submitted specifying the condition for which treatment is being prescribed. This written recommendation must be provided each Benefit Year and before any benefit is paid.*

### Details of Covered Benefits

## EXTENDED HEALTH CARE – ASSISTIVE DEVICES

**Assistive Devices\*\*** – The purchase or rental of assistive devices, mobility aids and medical equipment is limited to the items specified below.

BENEFIT	LIMITATIONS
Walker*	Covered up to the usual and customary.
Urethral Catheters	Covered up to the usual and customary.
Casts, Splints, Walking Canes, Crutches*, Truss	Covered up to the usual and customary.
Cervical Collar*	Covered up to the usual and customary.
Tracheostoma Tubes	Covered up to the usual and customary.
Colostomy and Ostomy Supplies Where Surgical Stoma Exists	Covered up to the usual and customary.
Blood glucose meter, continuous glucose monitor reader, insulin infusion sets, test strips and needles	Covered up to the usual and customary.
Continuous glucose monitor sensors. Available to insureds who use insulin to manage their blood/glucose levels	Maximum of \$1,000 per Benefit Year.
Abdominal, Back or Knee Brace*	Abdominal and back brace lifetime maximum of \$500/each. Knee brace lifetime maximum of \$500/knee.
CPAP (continuous positive airway pressure) Machine*	Lifetime maximum of \$500.
IPPB (intermittent positive pressure breathing) Machine*	Lifetime maximum of \$500.
Apnea Monitors for Respiratory Dysrhythmias*	Lifetime maximum of \$500.
Light Therapy Where SADD is Diagnosed*	Lifetime maximum of \$200.
CPAP and IPPB Supplies	Maximum of \$100 per Benefit Year.
Devices and Medical Aids Necessitated After Surgery*	Maximum of \$500/incident. Lifetime maximum of \$2,500. Home renovations including lift bars, grab bars, and poles are excluded.
Tens Machine (transcutaneous nerve stimulator for chronic pain)*	Lifetime maximum of \$500.
Support Hose and Compression Stocking	Maximum four pairs per Benefit Year.
Surgical Brassieres	Maximum two per Benefit Year.
Insulin Pump*	Lifetime maximum of \$1,000.
External Breast Prosthesis (when required as a result of a total or radical mastectomy)	Maximum of one per Benefit Year.
Stump Socks	Maximum four pairs per Benefit Year.

\* This symbol indicates that a written recommendation from your Medical Doctor must be submitted specifying the condition for which treatment is being prescribed. This written recommendation must be provided each Benefit Year and before any benefit is paid.

\*\* For other assistive device items listed, AFBS may request a written medical recommendation with the initial claim submission and at its discretion.



### *Details of Covered Benefits*

## **EXTENDED HEALTH CARE – NOT COVERED**

Services and supplies which are not specifically listed as a covered expense are not eligible for reimbursement through the Writers' Coalition Program. The following are also ineligible for reimbursement:

- Payment of the provincial health care premium.
- Services payable through any provincial hospital plan or provincial health care plan, WSIB/workers' compensation, other government agencies, other insurers or other sources.
- Medical Doctors' fees for completing claim forms or reports, missed appointments, or examinations to obtain insurance coverage.
- Standard hospital ward accommodation.
- Cosmetic surgery.
- Travel for health reasons or rest cures.
- Bodily injury resulting from war, insurrection or riot.
- Coverage for eligible dependants unless the Member has elected to insure them and paid the appropriate premium.
- Out-of-country/province bills for hospital or Medical Doctors' fees. Surgeries performed privately and outside of provincial health care plans.
- Spa packages, gratuities, gift certificates, bulk purchases, Groupon or similar services.
- Dispensing, shipping, delivery, same day or duplicate fees.
- Medical doctor's fees not covered by your provincial health care plan, except as specified within the Extended Health Care Expenses section.