

Municipal Comparison - Retiree Benefits								
	City of Greater Sudbury	Burlington Council Approved Comparator	Guelph Council Approved Comparator	Chatham-Kent Council Approved Comparator	City of Barrie Council Approved Comparator	City of Vaughan Council Approved Comparator	City of Windsor Council Approved Comparator	Richmond Hill Council Approved Comparator
Benefit	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage
Coverage Termination	Age 65	Age 65	Age 65	Last day of the month that they attain age 65	Age 65	Not applicable	Age 65	Age 65 - HC & Dental
<b>Insurance:</b>								
Basic Life Insurance	Flat Amount of \$10,000	Option to purchase \$5000 paid up life	\$50,000	Flat amount \$5,000	Life Insurance of 2 x annual salary, rounded to the next higher \$1,000, to a maximum of \$1,000,000. Basic life insurance - 100% Employee Paid	\$10,000	Flat Amount of \$10,000.00 if retiree with unreduced pension with OMERS	Flat Amount of \$10,000 - Age 75 terms
<b>Health Care:</b>								
Deductibles								
Family	\$50 per calendar year	\$20	\$20	No deductible	No deductible	No deductible	No deductible	No deductible
Individual	\$25 per calendar year	\$10	\$10	No deductible	No deductible	No deductible	No deductible	No deductible
In-Canada Prescription Drug Expenses	100%	100%	100%	100%	Unlimited, except as stated: prescription drug: 5% of allowed claim, until \$150 in out of pocket expenses has been incurred per calendar year, thereafter 0%, per prescription or refill, pharmacogenetic testing: 0%, Visual training: 50%, all other health benefits: 0%	90% of eligible charges	100%	Co Payment 90% Primary Drug Benefit; 70% Secondary Drug Benefit
<b>Basic Expenses:</b>								
Hearing Aids and Exams	No coverage	No coverage	Hearing Aids: 100% every 36 months Hearing Exam: \$80 every 36 months	No coverage	No coverage	\$500 maximum every 48 months	No coverage	Hearing Aids - \$375 every 3 years
Out-of-Country Emergency Care Expenses	Physician Fees only	Benefit year maximum of \$250,000 per person over 5 benefit years for out-of-Canada services	Emergency Medical Travel Insurance Duration: 60 days Coverage \$1M per person	100%	No coverage	100%, maximum \$1,000,000 for first 2 weeks of trip	\$1,000,000.00 per covered person per calendar years for 180 days - included in our Travel coverage	Not a benefit - referral services only
Private Hospital	\$10 per day - max 120 days lifetime	100% of difference between ward and private room	100% private room	Private 100%	Semi-private room	Difference from public to semi-private room	Semi-Private only \$3 per day, upto 120 days per calendar year	Semi private room accommodation
Home Nursing Care	720 hrs per calendar year	\$5000 per person during any 3 consecutive benefit years	720 hours per calendar year	720 hours	Reimbursement for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a visit or shift basis, up to the amount shown in the Summary of Benefits. No amount will be paid for services which are custodial and/or services which do not require the skill level of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N)	\$10,000 maximum per calendar year	\$10,000.00 every 12 months	\$5,000 per calendar year
Blood-Glucose Monitoring Machines	1 every 4 years	\$700 per person, per lifetime	No coverage	1 every 3 years	Blood glucose meters, limited to \$700 per lifetime	\$4,000 maximum per calendar year	Reasonable and customary charges	No coverage
Custom-made Orthopedic Shoes	Included within benefit for orthotics	Prescription required, 1 pair per benefit year	No coverage	\$450 per calendar year	Included	1 pair per calendar year	Reasonable and customary charges	\$150 per calendar year, combined
Custom-made Foot Orthotics	2 pairs each calendar year to a maximum of \$400 per pair	Prescription required, \$500 over 2 benefit years	\$375 per pair, 2 pair per calendar year	2 pairs per calendar year to a maximum of \$450	Included	No coverage	1 pair every 24 months upto \$450 per pair	\$150 per calendar year combined with orthotics and modifications to shoes
Myoelectric Arms	\$10,000 per prosthesis	No coverage	No coverage	No coverage	Standard prosthetics, such as arm, hand, leg, foot, eye, larynx	with benefit carriers approval	Reasonable and customary charges	Medical equipment & supplies - Covered
Surgical Brassieres	6 each calendar year	2 per calendar year	No coverage	4 each calendar year	Post-mastectomy bra, limited to 2 every calendar years	2 per calendar year	Reasonable and customary charges	Medical equipment & supplies - Covered Surgical stockings 2 pairs per year
External Breast Prosthesis	1 every 12 months	\$200 per benefit year	No coverage	No coverage	External breast prosthesis limited to one of any kind following surgery, plus one replacement every 2 calendar years	1 every 24 months	Reasonable and customary charges	Medical equipment & supplies - Covered
Stump Socks	9 each calendar year	5 pairs per benefit year	No coverage	No coverage	Stump socks, limited to 10 every calendar year	No coverage	Compression Stockings - Reasonable and customary charges	Medical equipment & supplies - Covered.
Stump Sheaths	6 each calendar year	No coverage	No coverage	No coverage	No coverage	No coverage	Reasonable and customary charges	Medical equipment & supplies - Covered
Mechanical or Hydraulic Patient Lifters	\$2,000 per lifter once every 5 years	No coverage	No coverage	No coverage	Included	No coverage	Reasonable and customary charges	Medical equipment & supplies - Covered
Outdoor Wheelchair Ramps	\$2,000 lifetime	No coverage	No coverage	No coverage	No coverage	No coverage	Reasonable and customary charges	Medical equipment & supplies - Covered
Custom-made Compression Hose	6 pairs each calendar year	No coverage	No coverage	No coverage	Compression stockings with a pressure measurement of 15 mmhg or higher, limited to 2 pairs every calendar year. Compression garments, limited to 8 every 6 months	No coverage	Reasonable and customary charges	Medical equipment & supplies - Covered
Wigs	1 to a maximum of \$500 lifetime	\$300 per benefit year - after chemo	No coverage	\$400 per lifetime	Wigs for temporary or permanent hair loss due to chemotherapy treatment of cancer, limited to \$300 per calendar year	lifetime maximum up to \$250	None	Not covered
Incontinence Supplies	Reasonable and Customary	included	No coverage	No coverage	Included	No coverage	Reasonable and customary charges	Not covered

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Benefit	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage	Coverage
Diagnostic Services	Procedures not listed as an insured procedure under the provincial plan	\$1,000 per benefit year	No coverage	No coverage	Included	No coverage	Reasonable and customary charges	Not covered
CPAP	No coverage	No coverage	\$500 per calendar year	No coverage	No coverage	No coverage	No coverage	No coverage
Sclerosing injections	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage
Ambulance	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	Covered
Anti-obesity	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	70%
Rehabilitation/Chronic Care/cinvaescent home	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	Semi-private coverage
<b>Paramedical Services:</b>								
Chiropractors	No coverage	\$600 per calendar year - combined	\$700	100% up to \$500 per calendar year	\$575 every calendar year per type of practitioner, including 1 x-ray per calendar year, for chiropractor	\$500 maximum per calendar year	\$600 per calendar year combined for Chiro and Massage - need recommendation from NP or Doctor	\$300 per calendar year
Massage Therapists	\$7 per visit to a maximum of 12 visits each calendar year	\$600 per calendar year - combined	\$600	100% up to \$500 per calendar year	\$575 every calendar year per type of practitioner, including 1 x-ray per calendar year, for chiropractor	\$500 maximum per calendar year		\$300 per calendar year (phys. prescription req'd)
Physiotherapists (incl. Athletic Therapists)	\$12.20 per visit	\$1,000 per calendar year	\$800	100% up to \$750 per calendar year	\$100 per visit, up to \$5,000 per calendar year	\$500 maximum per calendar year	Reasonable and customary charges	\$300 per calendar year (phys. prescription req'd)
Osteopaths	No coverage	\$600 per calendar year - combined	\$500 Osteo, Naturopath, Homeopath, Acupuncturist	100% up to \$500 per calendar year	\$200 every calendar year per type of practitioner, including 1 x-ray per calendar year, for podiatrist and osteopath	\$500 maximum per calendar year	\$300 per calendar year per practitioner	\$300 per calendar year
Podiatrists/Chiropradists	No coverage	\$600 per calendar year - combined	\$200 per calendar year	100% up to \$500 per calendar year	\$200 every calendar year per type of practitioner, including 1 x-ray per calendar year, for podiatrist and osteopath	\$500 maximum per calendar year		\$300 per calendar year
Naturopaths	No coverage	\$600 per calendar year - combined	No coverage	100% up to \$500 per calendar year	\$200 every calendar year per type of practitioner, including 1 x-ray per calendar year, for podiatrist and osteopath	\$500 maximum per calendar year	None	\$300 per calendar year
Dieticians	No coverage	No coverage	No coverage	100% up to \$500 per calendar year	No coverage	No coverage	None	No coverage
Counselling Services provided by Psychotherapist, Psychologist, Social Worker with certification	\$35 per initial visit then \$20 per hour for subsequent visits to a maximum of \$200 each calendar year	\$1,500 per benefit year	Mental Health Practitioners \$500	100% up to \$500 per calendar year	\$1,500 per family per calendar year combined	\$1,000 maximum per calendar year	\$300 per calendar year combined	\$300 per calendar year (phys. prescription req'd)
Speech Therapists	\$200 each calendar year	\$200 per benefit year	\$200 calendar year	100% up to \$500 per calendar year	\$200 every calendar year per type of practitioner, including 1 x-ray per calendar year, for podiatrist and osteopath	\$1,000 maximum per calendar year	\$200 each calendar year	\$300 per calendar year (phys. prescription req'd)
Acupuncturists	No coverage	No coverage	No coverage	No coverage	No coverage	\$500 maximum per calendar year	No coverage	No coverage
<b>Vision Care:</b>								
Eye Examinations (incl retinal scans)	No coverage	\$55 over 2 benefit year	100% 1 per 2 calendar year	1 per calendar year	Once every 2 calendar years (every calendar year for dependent children age 20 and under)	No coverage	Reasonable and customary charges	One (1) exam every 24 months (12 months if under age 18)
Eye Glasses, Contact Lenses And Laser Eye Surgery	\$230 every 24 months	\$350 over 2 benefit year	\$450 per 2 calendar years	\$400 every 24 months	\$450 every 2 calendar years	\$300 every 24 months	\$450 per 24 consecutive months, effective Jan 01, 2024, it will be \$500 per 24 consecutive months	\$325/24 months
<b>Dental Care:</b>								
Deductibles	No deductible	\$10 ind/ \$20 family	No deductible	No deductible	\$25 per calendar year for person/family (excluding Orthodontics)	No deductible	No deductible	No deductible
<b>Reimbursement Level</b>								
Basic Services	100%	100%	100%	100%	100%	Least expensive service cost	100%	100%
Major Restorative	No coverage	80%	100%	60%	50%	Least expensive service cost	\$2000 per covered person every 12 months	50%
<b>Plan Maximum</b>								
Basic Services	Unlimited	Unlimited	Unlimited	Unlimited	\$2,000 per calendar year	Unlimited	Unlimited	Unlimited
Major Restorative	No coverage	\$2,000	Up to a max \$2,200 per calendar year	\$2,500 combined level III and IV	\$2,000 per calendar year	Unlimited	No coverage	\$1,500 maximum
Dentures	No coverage	Under major restoration	Up to a max \$2,200 per calendar year	\$2,500 combined level III and IV	100% (\$2,000 per calendar year)	Least expensive service cost	Once every 5 years	Part of Major coverage
Orthodontic Services	No coverage	50% under 22 (or 26 if FT student)	50% up to max \$2200	\$3000 per lifetime	50% (\$3,000 per lifetime per dependent child)	Least expensive service cost	20% co-pay - \$2000 per lifetime per covered person	No coverage
<b>Health Care Spending Account</b>	No coverage	No coverage	No coverage	No coverage	HCSA as \$500 per calendar year.	No coverage	No coverage	\$3,000 from age 65-75