

## OPA Secure Health Plan: Under Age 70

### Extended Health Care

<b>Drug Plan Details</b>	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	
Coinsurance	70%	80%	90%	
Deductible	None	None	None	
Annual Maximum	\$5,000	\$10,000	\$20,000	
Fertility Drugs	No coverage	No coverage	No coverage	
Smoking Cessation Drugs		No coverage	No coverage	
Preventative Vaccines	Included	Included	Included	
<b>Supplementary Health Care</b>	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	
Maximum	No coverage	Unlimited	Unlimited	
Deductible		Nil	Nil	
Coinsurance		80%	90%	
Hospital Accommodation		Semi-private	Semi-private	
Private Duty Nursing		\$10,000 per year	\$10,000 per year	
Paramedical Practitioners		80% \$1,000 combined maximum	90% \$1,000 combined maximum	
Mental Health Practitioners		100%, \$500 per year	80%, \$500 combined per year	90%, \$500 combined per year
Vision Care		Nil	Nil	100%, \$300 per 2 years
Eye Examinations		Nil	Nil	One exam per 2 years
<b>Medical Equipment and Supplies</b>		<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>
Orthotic Devices	No coverage	\$200 per year	\$200 per year	
Orthopaedic Shoes		One pair	One pair	
Hearing Aids		\$500 every 60 months	\$500 every 60 months	
Accidental Dental		Included	Included	
Termination		Age 70 or prior retirement	Age 70 or prior retirement	

The information contained in this benefit outline summarizes the important features of your benefits only; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions are described in the group policies contract held by your employer.

## Out of Country/Province

	Bronze	Silver	Gold
Deductible	Nil	Nil	Nil
Coinsurance - Emergency	100%	100%	100%
Coinsurance - Referral	80%	80%	80%
Maximum - Emergency	\$1,000,000 per year	\$1,000,000 per year	\$1,000,000 per year
Maximum - Referral	\$50,000 per year	\$50,000 per year	\$50,000 per year
Number of Days Limited	120 days	120 days	120 days
Termination	Age 70 or prior retirement	Age 70 or prior retirement	Age 70 or prior retirement

## Dental Care Coverage

	Bronze	Silver	Gold
Deductible		Nil	Nil
Coinsurance Basic & Major Services		80%	90%
Combined Maximum Basic & Major Services		\$1,000 per year	\$1,500 per year
Fee Guide	No coverage	Current	Current
Recall Examinations		9 months	9 months
Units of Scale/Year		12 units per year	12 units per year
Termination		Age 70 or prior retirement	Age 70 or prior retirement

For further information, please contact  
**OPA's Insurance Department at:**  
**(416) 441-0788, Option 2**  
**Toll Free: 1 (877) 341-0788,**  
**Fax: (416) 441-0474,**  
**Email: [insurance@opatoday.com](mailto:insurance@opatoday.com)**



## Life and AD&D Insurance

Benefit Schedule	\$25,000
Maximum	\$25,000
Non-Evidence Maximum	\$25,000
Conversion	Included
Termination	Age 70 or prior retirement

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## Dependent Life

Spouse	\$10,000
Child	\$5,000
Age Definition	From Birth
Conversion	Included
Termination	Age 70 or prior retirement

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## Optional Benefits

Optional Life Insurance and Critical Illness are additional insurance that can be added to your existing plan. They are meant to enhance the coverage that you already receive through our benefits plan. If you do make the decision to purchase optional benefits, there are a few advantages to purchasing them through your existing employee benefit plan.

- Better rates, due to group buying power

Medical information must be submitted to the OPA and approved by Desjardins.

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## Plan Coverage Changes Effective November 1, 2024

### Extended Health Care:

Bronze:

- Drug Plan - Coinsurance change to 70%, removal of deductible, and change to annual maximum of \$5,000

Silver:

- Drug Plan - Coinsurance change to 80% and change to annual maximum of \$10,000

Gold:

- Drug Plan - Coinsurance change to 90% and change to annual maximum of \$20,000

### Life and AD&D Insurance:

- Flat coverage of \$25,000