



Public Service Employees Trust

Other Retiree Plan Comparison to PSET Plan			
Benefit Summary	Other Retiree Plan - Basic	Other Retiree Plan - Enhanced	PSET Plan – Option 4
Drugs (drug card)	80% to \$1,925 per family Pharma formulary \$10 disp fee cap and 8% mark-up limit mandatory generic substitution includes drugs, sera and injectables and compounds /mixtures requiring a prescription Covers non-prescription drugs and supplies for colostomy, ileostomy, cystic fibrosis, diabetes, heart disease, or Parkinson's treatment	85% Pharma, 75% non-form to \$2,200 per family \$12.50 disp fee cap and 8% mark-up limit otherwise same as Basic	80% to \$2000 per family Pharmacare formulary \$12.50 dispensing fee cap
Accidental Dental	80% to \$1000 per cal. yr.	80% to \$1000 per cal. yr.	80% unlimited
Ambulance	100%	100%	100% (also incl. Stretcher service)
Hearing Aids	80% to \$1,000 per 5 calendar years	80% to \$1,500 per 5 calendar years	80% to \$1,000 per person per 5 years
Home Care	\$50/day – 10 day max	\$50/day – 10 day max	Not applicable
Medical Appliances	Amounts not available	Amounts not available	certain items \$1,000 LTM; other items \$250 LTM
Orthotics / Ortho Shoes	\$500/2 cal. years	\$500/2 cal. years	Ortho shoes \$300/yr. No orthotics
Parameds	Acupuncturist, Athletic Therapist, Chiropractor*, Speech Therapist, Massage Therapist*, Podiatrist, Chiropodist, Naturopath, Osteopath, Physiotherapist*, Psychologist, Dietician, Nutritionist, Social Worker \$75/visit to \$850 combined for all; *max \$600 combined	Acupuncturist, Athletic Therapist, Chiropractor*, Speech Therapist, Massage Therapist*, Podiatrist, Chiropodist, Naturopath, Osteopath, Physiotherapist*, Psychologist, Dietician, Nutritionist, Social Worker \$75/visit to \$1,350 combined for all; *max \$900 combined	(12) Clinical psychology, Social Worker, Counsellor, Podiatrist, Dietician, Physiotherapist, Chiropractor, Acupuncture, Massage, Naturopath, Osteopath, Athletic Therapy Up to combined for all 12 services, maximum of \$1,000/person/year
Health Education	\$300 LTM	\$300 LTM	Cardiac Rehab \$300 LTM
PDN	80% to \$5,000/yr.	80% to \$10,000/ yr.	\$3,000/yr.
Hospital	100% Semi-Priv	100% Private	100%
Vision Care	Not Applicable	Eye Exams \$100/2 calendar years Vision Care \$200/2 calendar years	Eye Exams \$100/2 years Vision Care \$250/2 years
Dental	80% Basic incl. Perio/Endo, reline/rebase \$1000/year	85% Basic incl. Perio/Endo, reline/rebase \$1000/year 60% Major \$1000/year	80% Basic incl. Perio/Endo, reline, rebase & 60% Major \$750/year separate for each Routine and Major Orthodontics Child 50% up to \$2,000 per lifetime per child

Premium Cost per Month	Other Retiree Plan - Basic	Other Retiree Plan - Enhanced	PSET Plan – Option 4	
EHC/DTL Rates (no Travel):	May 2023:	May 2023:	Feb. 2024: Option 4 NO Travel	Price difference from Other Retiree Plan: Enhanced NO Travel
	S \$126.75 C \$240.75 F \$257.00	S \$187.75 C \$355.25 F \$388.50	S \$132.93 C \$253.61 F \$281.49	S + \$54.82 C + \$101.64 F + \$107.01
	May 2023: (62 days; Optional add-on) S \$52.44 C \$98.31 F \$119.96	May 2023: (62 days; Optional add-on) S \$52.44 C \$98.31 F \$119.96	Covered: Included in the price below	
Totals with Travel:	May 2023:	May 2023:	Feb. 2024: Option 4 WITH Travel	Price difference from Other Retiree Plan: Enhanced WITH Travel
	S \$179.19 C \$339.06 F \$376.96	S \$240.19 C \$453.56 F \$508.46	S \$141.03 C \$269.81 F \$297.69	S + \$99.16 C + \$183.75 F + \$210.77