

**COST OF CBE SUN LIFE PLANS**

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**Vision Care**

Part of Supplementary Health

**Supplementary Health**

Single \$42.37

Family \$128.37

**Dental**

Single \$50.12

Family \$147.28

**COST OF CBE SUN LIFE PLANS**

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Covered vision care expenses to a max of \$250 every four years  
(two years with a prescription change)

**Covered Expenses:**

eye glass lenses  
eye glass frames  
contact lenses

**Not Covered:**

sunglasses  
repairs & maintenance  
corrective eye surgery  
safety glasses  
non-corrective lenses

**COST OF ASEBP PLANS**

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**Vision Care**

Single \$9.25

Family \$22.50

**Extended Health**

Single \$88.25

Family \$211.75

**Dental**

Single \$51.50

Family \$140.75

**COST OF ASEBP PLANS**

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Covered vision care expenses to a max of \$350 every two years

**Covered Expenses:**

eye glass lenses  
eye glass frames  
contact lenses  
repairs & maintenance  
prescription sunglasses  
contact lens fitting  
corrective eye surgery

**Not Covered:**

artificial eyes  
non-corrective lenses  
safety glasses

**COST OF CBE SUN LIFE PLANS**

\$25 annual deductible

**Hospital Benefits:**

semi-private room charges 100% in the province in which you reside

**Prescription Medicine:**

80% of the cost of the prescribed drug

no dispensing fee caps

smoking cessation products not covered

erectile dysfunction drugs not covered

cost of infertility drugs 80%

**Major Medical:**

80% ambulance services

80% dental services arising from an accident  
*expenses incurred within 12 months  
cannot exceed dental fee guide*

psychological services  
*50% of the cost to a max of \$400 per year*

podiatry services  
*80% of the cost up to \$500 annual max*

private nursing  
*80% of the costs  
not custodial care*

chiropractic, physiotherapy and acupuncture treated separately  
*80% of the cost*

**COST OF ASEBP PLANS**

No annual deductible

**Hospital Benefits:**

semi-private room charges to a max of \$24 per day

**Prescription Medicine:**

100% of the cost of the LCA

no dispensing fee caps  
*\$8.50 on costs up to \$74.99  
\$10.00 on costs from \$75 to \$149.99  
\$11.50 on costs over \$150*

smoking cessation products covered to a lifetime max of \$500

erectile dysfunction drugs \$80 per month to a max of \$800 per person per year

infertility drugs to a max of \$800 per person per year

**Major Medical:**

ambulance services

dental services arising from an accident  
*expenses incurred within 24 months  
Max \$1000 per tooth*

psychological services  
*\$1200 annual max  
\$100 per hour first visit  
\$50 per hour subsequent visits*

podiatry services  
*\$700 annual max  
\$40 per visit*

private nursing  
*lifetime max of 4000 hours  
max of \$42 per hour for RN  
max of \$27 per hour for LPN*

chiropractic, physiotherapy and acupuncture combined  
*\$1200 annual max*

*\$500 annual max for chiropractic  
\$500 annual max for physiotherapy  
acupuncture is not covered  
\$35 max per visit*

Oxygen and required supplies  
*80% of the cost*

canes, crutches, casts, collars  
*80% of the cost*

wheelchairs and scooters  
*80% of the cost if at Sun Life's request*

Hospital beds  
*temporary beds requested by Sun Life  
80% of the cost*

allergy testing materials  
*not mentioned*

digital blood pressure monitors  
*not mentioned*

**insulin pumps**  
*not mentioned*

*diabetic supplies excluding pumps  
80% cost*

Hairpieces and wigs  
*wigs required as a result of chemotherapy  
80% of cost to max of \$300 per year*

mastectomy prosthesis  
*80% of cost  
\$200 max per person per year*

prosthetic eyes  
*when medically necessary  
80% of cost*

prosthetic larynxes  
*not mentioned*

*\$700 annual max for chiropractic  
\$700 annual max for physiotherapy  
\$700 annual max for acupuncture  
\$40 max per visit*

Oxygen and required supplies  
*\$1000 annual max*

canes, crutches, casts, collars  
*\$40 per category  
\$100 max combined per event*

wheelchairs and scooters  
*\$4000 combined max for every four calendar years*

Hospital beds  
*medically necessary and pre-approved by the Trustees  
lifetime max of \$2000*

allergy testing materials  
*\$40 per test*

digital blood pressure monitors  
*\$150 every three years*

**insulin pumps**  
*\$4,000 max every three years*

*diabetic supplies excluding pumps  
\$4,000 per year*

Hairpieces and wigs  
*pre-approved by Trustees \$600 every three years*

mastectomy prosthesis  
*\$600 every three years*

prosthetic eyes  
*\$500 every three years*

prosthetic larynxes  
*\$2,000 max every three years*

prosthetic limbs and stockings  
*80% of cost*

medical braces  
*80% of cost*

foot orthotics  
*requires referral: doctor/podiatrist*  
*80% of cost*  
*max one per year*

orthopedic shoes  
*80% of cost*  
*\$500 per year*

Support or surgical stockings  
*not covered*

dressings, bandages for treatment of chronic medical condition  
*not mentioned*

aero chambers  
*not mentioned*

respiratory and sleep apnea equipment  
*80% of cost*  
*\$2,000 every five years*

physical rehab equipment  
*not mentioned*

phototherapy lights to treat S.A.D.  
*not covered*

ultra violet lights to treat psoriasis  
*not mentioned*

intravenous supplies

prosthetic limbs and stockings  
*\$15,000 per limb*  
*one replacement every three years*

medical braces  
*\$500 per year*

foot orthotics  
*\$200 per calendar year*

orthopedic shoes  
*\$1,000 every two year*

Support or surgical stockings  
*four pairs to max \$300 per year*

dressings, bandages for treatment of chronic medical condition as pre-  
approved by the Trustees  
*\$600 max per year*

aero chambers  
*\$40 per aero chamber*

respiratory and sleep apnea equipment  
*\$2,500 every five years*

physical rehab equipment  
*\$300 lifetime max*

phototherapy lights to treat S.A.D.  
*one time purchase*  
*\$300 lifetime max*

ultra violet lights to treat psoriasis  
*one time purchase*  
*\$300 lifetime max*

intravenous supplies

*not mentioned*

massage therapy  
*80% of cost*  
*\$500 max per year*  
*\$35 max per visit*

Naturopathic services  
*80% of cost*  
*\$500 max per year*

ileostomy, colostomy and urinary incontinence supplies  
*not mentioned*

hearing aids  
*80% of cost*  
*\$500 every 5 years*

endovenous laser therapy  
*not mentioned*

#### **COST OF CBE SUN LIFE PLANS**

##### **Basic Treatment**

100% of cost  
no maximum

##### **Major Treatment**

60% of cost  
max of \$1,500 per year

##### **Orthodontic**

50% of cost  
lifetime max of \$1,500  
dependent children under 19

##### **Dental Fee Guide**

one year delay

##### **Examination and diagnosis**

complete exam once every two years  
recall exam twice in any year

*\$150 max per year*

massage therapy  
*\$400 max per year*  
*\$50 max per treatment*

Naturopathic services  
*\$200 max per year*  
*\$20 max per treatment*

ileostomy, colostomy and urinary incontinence supplies  
*\$1,000 max per year*  
*only when supplies qualify for coverage under the Alberta Aids to Daily Living program*

hearing aids  
*\$3,000 max every three years*  
*\$3,000 one time for expenses related to damage caused by accident*

endovenous laser therapy  
*\$5,000 lifetime maximum*

#### **COST OF ASEBP PLANS**

##### **Basic Treatment**

100% of cost  
\$2,500 maximum including major treatment per year

##### **Major Treatment**

50% of cost  
lifetime max of 3,000

##### **Orthodontic**

50% of cost  
lifetime max of \$3,000

##### **Dental Fee Guide**

current year

##### **Examination and diagnosis**

complete exam once every 30 months  
recall exam once every 9 months