

## ARM Plan Comparison Chart

Benefit	Coverage	ARM Prestige Elite	ARM Original	ARM Prestige	ARM Economy
Prescription Drugs Annual maximums	Sexual dysfunction drugs are included in all plans up to \$500 within your drug maximum. You are responsible for dispensing fees.	Initial \$500 per person. Unlimited annual prescription drug maximum once annual claims deductible is met. You are responsible for dispensing fees.	\$2,700 per person, per calendar year. You are responsible for dispensing fees.	Option to purchase either \$500 or \$1,000 per person, per calendar year. You are responsible for dispensing fees.	\$750 per person, per calendar year. You are responsible for dispensing fees.
Deductible		You are responsible for \$4,000 in eligible prescription drug expenses per person, per calendar year.	Single \$25, Couple and Family \$50 per calendar year.	No deductible	Single \$100, Couple and Family \$200 per calendar year.
Reimbursement	90% reimbursement for all plans if you use our mail-order pharmacy program.	80% reimbursement of ingredient costs for the first \$500 in eligible claims. After \$4,500 in eligible expenses has been reached, 100% reimbursement with no annual maximum.	85% reimbursement of ingredient costs.	80% reimbursement of ingredient costs.	80% reimbursement of ingredient costs.
Paramedical Services	Coverage for the services of any of the following licensed, certified or registered practitioners (payable only after your provincial health insurance plan maximum has been reached, if applicable): Chiropractor, Podiatrist, Chiropodist, Osteopath, Registered Massage Therapist*, Psychologist, Registered Family Therapist, Social Worker (MSW), Physiotherapist, Speech Pathologist, Nutritional Counselling provided by a Dietician, Homeopath, Naturopath, Shiatsu Therapist, Reflexology performed by a Reflexologist, Acupuncture performed by a Chiropractor, Physiotherapist, Naturopath or Acupuncturist. *Massage therapy services require written authorization by an attending physician.	80% reimbursement of eligible charges up to a combined maximum of \$900 per person, per calendar year. <b>Prestige Elite Plan Only:</b> 100% reimbursement of eligible charges for chiropractor and physiotherapist services for 12 consecutive months, once the \$900 paramedical services maximum has been reached. Documentation of a 24-hour hospital stay will be required for claims to be reimbursed under this benefit.	80% reimbursement of eligible charges up to a combined maximum of \$900 per person, per calendar year.	80% reimbursement of eligible charges up to a combined maximum of \$900 per person, per calendar year.	80% reimbursement of eligible charges up to a combined maximum of \$750 per person, per calendar year.
Vision Care	Coverage for purchase and repair of prescription lenses and frames, contact lenses or laser eye surgery.	100% reimbursement of eligible charges up to \$200 per person in any 2 calendar years.	80% reimbursement of eligible charges up to \$300 per person in any 2 calendar years.	100% reimbursement of eligible charges up to \$200 per person in any 2 calendar years.	Not available
Hearing Aids	100% reimbursement of eligible charges, following application to the Assistive Devices Program, up to \$750 per person every 3 calendar years for purchase and repair of hearing aids.	Included	Included	Included	Not available
Custom Moulded Orthotics / Custom-Made Orthopaedic Shoes	80% reimbursement of eligible charges. Custom moulded orthotics must be prescribed by a physician/podiatrist/chiropodist and requires a biomechanical exam and gait analysis. Modifications and adjustments only to stock-item orthopaedic boots/shoes are eligible. A person can claim either custom moulded orthotics OR custom-made boots/shoes once in any 2 calendar years.	Custom moulded orthotics up to a maximum of \$500 in any 2 calendar years OR custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year.	Moulded orthotics up to a maximum of \$500 in any 2 calendar years OR custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year.	Moulded orthotics up to a maximum of \$500 in any 2 calendar years OR custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year.	Moulded orthotics up to a maximum of \$450 in any 2 calendar years OR custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year.
Incontinence supplies	80% reimbursement of eligible charges for incontinence supplies, including briefs/diapers, with written authorization by an attending physician.	Incontinence supplies are covered up to a maximum of \$750 per calendar year.	Incontinence supplies are covered up to a maximum of \$750 per calendar year.	Incontinence supplies are covered up to a maximum of \$750 per calendar year.	Incontinence supplies are covered up to a maximum of \$200 per calendar year.
Hospital Accommodation	Included with all hospital accommodation benefits, when a semi-private room is not available, the hospital cash benefit will provide \$10 per day to a maximum of \$100 per stay to cover expenses such as parking, telephone and television rentals.	Choice of unlimited semi-private coverage, or \$75 or \$100 per day to be used towards the cost of semi-private or private room accommodation.	Unlimited semi-private accommodation.	Choice of unlimited semi-private coverage, or \$75 or \$100 per day to be used towards the cost of semi-private or private room accommodation.	\$100 a day towards the cost of semi-private or private room accommodation.

### Additional Extended Health Care Coverage included in all ARM Plans

Deluxe Travel Insurance	Our deluxe travel insurance offers comprehensive coverage and is included in all ARM extended health care plans at no additional cost. Coverage is effective for 62 days per trip, with medical emergency coverage up to \$2 million per person, per trip. You may be reimbursed for up to \$6,000 for trip interruption or cancellation coverage. <b>Please see page 14 for coverage details.</b>
Vision Tests	Vision tests are covered as part of your extended health care benefit at a rate of 80% to a maximum of \$125 in any two calendar years. Heidelberg Retina Tomograph (HRT) exams are covered as part of your extended health care benefit at a rate of 80% to a maximum of \$125 in any two calendar years.
Hearing Tests	Hearing tests are covered at a rate of 100% to a maximum of \$75 per calendar year as part of your extended health care benefit.
Private Duty Nursing	80% reimbursement of eligible charges. Coverage for the services of a Registered Nurse (RN), a Registered Practical Nurse (RPN), Registered Nursing Assistant (RNA) or Licensed Practical Nurse (LPN), up to \$2,000 per person every two calendar years. <b>*Prestige Elite Plan Only:</b> Additional \$25,000 in combined coverage per calendar year, to a \$100,000 lifetime maximum. <b>See page 6 for details.</b>
Home Care	80% reimbursement to a maximum of \$75 per day, for a maximum of 30 days following an active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery. To cover charges for convalescent home care provided in own home, mainly for the purpose of assistance with activities of daily living. Convalescent home care may be rendered by persons without professional skills or training provided they are working under the supervision of a licensed home care agency or a home health care agency. Written recommendation by a physician is required. <b>*Prestige Elite Plan Only:</b> Additional \$25,000 in combined coverage per calendar year, to a \$100,000 lifetime maximum. <b>See page 6 for details.</b>
Diabetic Supplies	80% reimbursement of eligible charges, up to \$750 per calendar year for diabetic needles, syringes and testing supplies.
Sleeping Aids	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: Mask, headgear, hose cannula and pillow – once every 12 months. Filters – maximum of three packages of five every 12 months. Humidifier – once every 24 months.
Medical Aids, Equipment & Supplies	80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies, including surgical bandages, dressings, grab bars, commodes, etc., with written authorization by an attending physician. <b>*Prestige Elite Plan Only:</b> Additional \$25,000 in combined coverage per calendar year, to a \$100,000 lifetime maximum. <b>See page 6 for details.</b>
Prosthetic Appliances	80% reimbursement of eligible charges. Coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, braces, wigs, (covered to a lifetime maximum of \$750) prescribed lenses following cataract surgery, etc. <b>*Prestige Elite Plan Only:</b> Additional \$25,000 in combined coverage per calendar year, to a \$100,000 lifetime maximum. <b>See page 6 for details.</b>
Comfort & Convenience Items	80% reimbursement of eligible charges, up to \$200 per person, per calendar year for post-surgical supports (Obus Forme, bath aids, etc.) recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery) provided purchase takes place within 30 days of returning equipment provided through an equipment loan program such as CCAC, Red Cross, etc.
Diagnostic Services	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician [e.g., CEA cancer level, CA 125 for women and PSA for men].
Dental Accident Coverage	80% reimbursement of eligible charges. Coverage for damage caused by a direct accidental blow to the mouth. This benefit does not apply to injuries caused by an object placed wittingly or unwittingly in the mouth.
Ambulance Services	80% reimbursement, ongoing coverage for costs that exceed your provincial health insurance plan's limit.

### Optional Dental Coverage

Dental Coverage	Optional. Dental covers regular examinations and preventive care, available for an additional premium. <b>Please see page 15 for rates and coverage details.</b>
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# ARM Rate Comparison Chart

Premium		ARM Prestige Elite <i>(page 6)</i>			ARM Original <i>(page 8)</i>	ARM Prestige <i>(page 10)</i>			ARM Economy <i>(page 12)</i>
Monthly Extended Health Care Premiums		Initial \$500 Annual Drug Maximum Then \$4,000 deductible Following that - UNLIMITED			\$2,700 Annual Drug Maximum	\$500 Annual Drug Maximum	\$1,000 Annual Drug Maximum	\$750 Annual Drug Maximum	
	Single	\$ 78.87			\$ 102.39	\$ 46.48	\$ 60.01	\$ 41.44	
	Couple	\$ 147.99			\$ 200.82	\$ 87.04	\$ 112.75	\$ 76.55	
	Family	\$ 169.40			\$ 241.32	\$ 105.52	\$ 138.06	\$ 94.27	
Monthly Hospital Accommodation Premiums		\$75 per day	\$100 per day	Unlimited semi-private	Unlimited semi-private coverage included with extended health care premiums	\$75 per day	\$100 per day	Unlimited semi-private	\$100 a day included with extended health care premiums
						Under 65			
	Single	\$ 11.46	\$ 15.06	\$ 21.06		\$ 11.46	\$ 15.06	\$ 21.06	
	Couple	\$ 20.66	\$ 27.48	\$ 40.32		\$ 20.66	\$ 27.48	\$ 40.32	
	Family	\$ 25.61	\$ 34.20	\$ 51.00		\$ 25.61	\$ 34.20	\$ 51.00	
						65 Plus			
	Single					\$ 22.63	\$ 28.70	\$ 40.88	
	Couple					\$ 41.84	\$ 53.40	\$ 77.91	
Family				\$ 52.36	\$ 66.95	\$ 98.50			
Monthly Dental Premiums <i>(page 15)</i>	Single	\$ 62.58			\$ 62.58	\$ 62.58			\$ 62.58
	Couple	\$ 122.87			\$ 122.87	\$ 122.87			\$ 122.87
	Family	\$ 149.94			\$ 149.94	\$ 149.94			\$ 149.94

Provincial Sales Tax (PST) and Harmonized Sales Tax (HST) are NOT applicable to ARM premiums. The premiums listed in the 2013 ARM Guide to Retirement are effective from January 1, 2013 to December 31, 2013. The ARM Guide to Retirement is a summary of the important features of each of our plans, and does not constitute a contract. Upon enrollment in a plan, members will be provided with a complete contract containing the specific terms and conditions applicable to their selection. Only the terms and conditions of the contract are binding.  
Any two family members can qualify for couple coverage. If you do not have an eligible spouse, you and your dependant child can qualify for couple rates.