

CURRENT LIST OF LIBERALIZATIONS*
UNDER THE SUPPLEMENTARY HEALTH & HOSPITAL PLAN
AS OF MAY 1, 2003

Notes:

- (a) Reimbursement is for **100%** of eligible expense (or standard market price) unless otherwise indicated.
- (b) Services, supplies, appliances and prosthetic devices if prescribed by a physician or surgeon.

* **Items not presently set out or detailed in employee benefits guides or group policies**

- 1. 90% of cost of injectable drugs when administered by a physician and for which no reasonable non-injectable alternative is available, and supplies to administer them, e.g. syringes, etc. (Letters to carriers May 12, 1986)
- 2. Radioactive materials
- 3. Blood, blood products and their transfusion
- 4. Splints (excluding dental splints), trusses, canes (including quad canes), walkers, crutches, casts
- 5. Orthotic appliances, if prescribed by as podiatrist, chiropractor or by a physician provided they are specifically designed and constructed for the employee or dependent. These should be reimbursed at 100% to a maximum of three per calendar year. (Letter dated September 30, 1991)

NOTE: (Orthotic Coverage Update – May 2003) *Coverage for some employee and retiree groups is now limited to one pair of repair per year to a maximum of cost of \$500 per purchase or repair, as a result of Collective Bargaining.*

- 6. Braces with rigid supports including lumbar supports
- 7. 4 pairs or 4 sides of Jobst support hose or other elastic support hose per calendar year. (Letter to carriers dated December 13/90)
- 8. Jobst burn garments when prescribed for burn treatment
- 9. Orthopaedic shoes if an integral part of a brace
- 10. "Dennis Browne": night boots and Bebox bootee
- 11. Corrective straight and reverse lace boots (Letter to carriers dated June 21, 1991)
- 12. 6 pairs of stump socks per calendar year
- 13. Cervical collars
- 14. Colostomy apparatus, ileostomy apparatus and catheters
- 15. Intermittent positive pressure breathing machines
- 16. Aerosol equipment, mist tents and nebulizers for cystic fibrosis, acute emphysema, chronic obstructive bronchitis or chronic asthma
- 17. Iron lung (rental only)
- 18. 90% of the cost of Insulin (paid as a drug); insulin syringe, clinitest or similar home chemical testing supplies for diabetics, and supplies for blood glucose monitoring machines and blood letting devices, including strips used to measure blood sugar; "Medi-jectors", "Preci-jets", infusion pumps - 50% of cost to maximum of \$1,000 (Letter to carriers dated May 23, 1986) Dosage computer is ineligible for payment (Letter to carriers dated May 23, 1986).
- 19. Blood glucose monitoring machines and blood letting devices for diabetics, provided that benefits for these expenses shall not exceed \$300 during the entire period the employee is insured in respect of such person.
- 20. Artificial eyes including repairs
- 21. Eyeglasses and/or contact lenses following cataract surgery up to maximum benefit of \$50 per eye per instance of such surgery (in addition to allowance provided under Vision Care and

- Hearing Aid Plan).
22. Hearing aids for dependent children 10 years of age and under
 23. Artificial limbs including myoelectrical limbs and repair or replacement of same
 24. 50% at the cost for transcutaneous nerve stimulator (TNS) and 100% of all supplies (Letter to carriers 4/1/86) up to a maximum benefit of \$500 during the entire period the employee is insured in respect of the person who requires the device plus 100% of electrodes replacement costs.
 25. Muscle stimulators (e.g. POWERSTIM) when prescribed for treatment of medical condition - 50% to a maximum of \$500 in a lifetime (December 1985).
 26. Intra-uterine devices, diaphragms, 90% of cost of prescribed oral contraceptives, Norplant or other similar birth control devices (paid as a drug)
 27. 2 wigs per calendar year following chemotherapy/alopecia areata, alopecia genetica, alopecia totalis, up to maximum benefit of \$100 per wig) Letter to carriers November 28, 1991)
 28. Urinal tops and bottoms, plastic gloves, gauze, lubricating oils and jellies for paraplegics
 29. 25% of the cost for apnea monitors for infants who are considered to be at risk from sudden Infant Death Syndrome, provided it is approved under the Assistive Devices Program, which picks up 75% of the cost
 30. Touch Vacuum Constrictor for impotence to a maximum of \$500, one claim per lifetime (Letter to carriers September 30, 1991).
 31. Hydrocolloidal dressings (e.g. DUODERM) – as a result of an appeal before the Joint Insurance Benefits Review Committee on May 25, 1994. Effective May 25, 1994 (Letter to carriers dated May 30, 1994)
 32. Contraceptive implants – NORPLANT or other similar-type birth control devices (Effective October 21, 1994)
 33. Synvisc injections - visco elastic joint fluid supplement (Effective February 20, 1995)
 34. Microspirometer device (Effective April 2001) Letter to carriers dated April 9, 2001
 35. PSA Tests: effective January 1, 2001 – reimburse claims up to the reasonable and customary amount charged for the service (Letter to carriers dated February 21, 2001)

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