



**Group Insurance Plan of Benefits
FRONTIER KEMPER (TUTOR PERINI) (Control #863457)
administered by Aetna International®
Effective Date: January 1, 2026**

Eligibility Provision	
Employee	Regular full-time employees participating in this plan working a minimum of 30 hours per week.
Dependent	Spouse, domestic partner; children up to age 26, regardless of student status.
PLAN FEATURES	
Deductible	None
Co-Insurance	100%
Lifetime Maximum	Unlimited
Hospital Services	
Semi-Private Hospital (Unlimited number of days)	100%
Private Duty Nursing (\$10,000 maximum per calendar year)	100%
Convalescent Inpatient Facility (120 days maximum per calendar year)	100%
Inpatient Rehabilitation Facility (120 days maximum per calendar year)	100%
Hospice, above provincial care (Unlimited number of days)	100%
Paramedical	
Paramedical Services	100% (Up to \$500 calendar year maximum per practitioner) <i>Including Acupuncturist, Chiropracist, Chiropractors, X-Ray Examinations Prescribed by a Chiropractor, Dietician, Herbalist, Homeopath, Massage Therapist, Naturopath, Occupational Therapist, Orthotherapist, Osteopath, Physical Rehabilitation Therapist, Physiotherapist, Podiatrists, Psychologist, Social Worker, and Speech Therapist.</i>
Other	
Aerosol Inhalers & Aerochambers	100%
Ambulance Service & Air Ambulance	100%
Artificial Limbs & Eyes	100%
Colostomy Supplies	100%
Emergency Dental Treatment to Natural Teeth	100%
Elastic support stockings	100%

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders including any Province specific variations, as applicable. For further details, refer to your Plan Documents.



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<i>Other</i>	
Mammary Prosthetics	100%
Orthotics, Orthopedic Shoes & Stock Items* (One pair a year of usual & customary shoes, includes limb braces)	100% Orthopedic Shoes up to \$500 maximum per Calendar Year Stock-Item Orthopedic Shoes up to \$500 maximum per Calendar Year Orthotics and Limb Braces up to \$500 maximum per Calendar Year
Oxygen, Plasma & Blood Transfusions	100%
Radiotherapy or Coagulothorapy	100%
Rental or Purchase of Therapeutic Equipment	100%
* To avoid misinterpretation of what is eligible and what may or may not qualify as a covered expense for orthotics, orthopedic shoes & stock items , it is strongly recommended that you submit an estimate to the Plan Administrator for confirmation of covered expenses prior to the purchase.	
<i>Hearing Benefit</i>	
Hearing Aids (\$500 maximum for every three years)	100%
<i>Vision Benefit (Individual maximums)</i>	
Licensed Optometrist / Ophthalmologist	100% up to \$250 calendar year maximum
Vision Care Supplies (Prescription glasses or contact lenses)	100% up to \$250 calendar year maximum
Laser Eye Surgery	100% up to \$250 calendar year maximum
Post-Surgical glasses or contact lenses	100% up to \$250 calendar year maximum
<i>Prescription Drugs</i>	
Prescription Benefit (Includes injectable vitamins, except for the purpose of weight loss)	100% for all outpatient generic drugs
Per Prescription Deductible	\$10
Dispensing Fee Cap (\$ Amount)	\$7
Smoking Cessation Products	Included
Fertility (\$5,000 lifetime maximum)	Included
Diabetic Supplies (lancets, strips and needles)	Included

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Emergency Medical Out-of-Province/Out-of-Canada Care	
The plan will reimburse your expenses for Emergency Medical Out-of-Province /Out-of-Canada Care. You have coverage 24 hours a day, 7 days a week for an emergency medical condition. This benefit is pay and claim for the member.	
Coinsurance	100%
Lifetime Maximum	\$1,000,000
Day Limit for Out of Canada	Up to your home province's limit.
The plan will reimburse your expenses for Emergency Medical Out-of-Province/Out-of- Canada Care. You will have coverage 24 hours a day, 7 days a week for the following expenses: • An emergency medical condition. When emergency care is necessary, please follow the guidelines below: • Seek the nearest emergency room, or contact your local emergency response service for medical and ambulatory assistance.	

Referral Benefits	
Services provided but outside the province of residence if not available in the province of residence and based on a written referral of a physician or surgeon who regularly attends the employee or dependent in the province of residence. These services must be approved in advance and are subject to a lifetime limit of \$10,000. a) Room and board in a licensed Hospital up to the hospital's standard ward rate for each day of confinement; b) Hospital services and supplies furnished by a licensed Hospital; and c) Diagnosis and Treatment by a physician or surgeon legally licensed to practice medicine.	
Referral Benefits	100%
Out of Canada Referrals	Included

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