

Retirement Incentive for Teachers and Employees (RITE) Benefit Comparison

The information in this document pertains only to RITE candidates who received Enhanced Under 65 MyRetiree Plan coverage as part of their offer package. This list includes the most frequently accessed services. It is not a comprehensive list of all available coverage.

Extended Health Care		
Plan 1	Plan 2 or 3	Enhanced MyRetiree Plan
100% coverage for prescription drugs, per person per calendar year	80% coverage for prescription drugs, per person, per calendar year	Same as Plan 1
Major medical expenses: 100%	Major medical expenses: 100%	Same
Paramedical (maximum per year): <ul style="list-style-type: none"> • Acupuncture: \$700 • Chiropractor: \$700 • Massage therapy: \$700 • Physiotherapy: \$700 • Psychology: \$1200 	Same as Plan 1	Paramedical (maximum per year): <ul style="list-style-type: none"> • Acupuncture: \$500 • Chiropractor: \$500 • Massage therapy: \$500 • Physiotherapy: \$500 • Psychology: \$1000
Vision Care		
Plan 3	Plan 2	Enhanced MyRetiree Plan
\$400 every two years, per person	\$300 every two years, per person	\$300 every two years, per person
Dental		
Plan 3	Other Plans	Enhanced MyRetiree Plan 2
Basic treatment: 100%	Plan 1 Basic treatment: 100%, to a maximum of \$1,500 per person, per calendar year Major treatment: no coverage Orthodontic treatment: no coverage	Basic treatment: 80% of the Dental Benefit list up to a maximum of \$1,000 per person, per calendar year
Major treatment: 60%, to a maximum of \$2,500 per person, per calendar year	Plan 2 100% of basic treatment and 50% of major treatment, to a combined maximum of \$2,500 per person, per calendar year	Major treatment: 50% of the Dental Benefit list up to a maximum of \$2,500 per person, per calendar year



	Orthodontic treatment: no coverage	
Orthodontic treatment: 60%, to a lifetime maximum of \$3,000	Plan 4 50% of basic treatment and 50% of major treatment, to a combined maximum of \$1,000 per person, per calendar year Orthodontic treatment: no coverage \$50 annual deductible	No orthodontic coverage

For any other coverage not listed above, refer to the Extended Disability Benefit (EDB) Plan Document governing your claim. Email RITE@asebp.ca if you require this information.