

Health and Dental Plans Compared

Health Benefits	<i>proposed part-time plan</i> APUS	<i>current full-time plan</i> UTSU
<i>Prescription Drugs</i>		
Co-Pay	10%	0%
Yearly Maximum	\$ 2,000	\$ 5,000
<i>Other Health Expenses</i>		
Co-Pay	0%	0%
Yearly Maximum	\$ 10,000	\$ 10,000
<i>Medical Items and Services</i>		
Footwear	(overall maximum)	\$350 per year
Custom boots or shoes	reasonable and customary	2 per year
Custom orthotics	\$300 per year	1 every 3 years
Adjustments	(overall maximum)	2 every 6 months
Footwear as part of a brace	(overall maximum)	2 per benefit year
Braces, casts, and crutches	\$500 per year combined	(overall maximum)
Compression Stockings	(overall maximum)	2 per benefit year
Diabetic supplies and equipment	\$200 per year combined	(overall maximum)
Hearing Aids	not covered	\$500 every 5 years
Semi-Private Hospital Room	not covered	reasonable and customary
Vaccines	covered	not covered
<i>Professional Services</i>		
Acupuncturist	\$25 per visit, 20 visits/year for these practitioners combined	\$30/visit, 20 visits/year
Homeopath		\$30/visit, 20 visits/year
Naturopath		\$30/visit, 20 visits/year
Registered Massage Therapist		\$30/visit, 20 visits/year
Chiropractor	\$25/visit, 20 visits/year for these practitioners	\$30/visit, 20 visits/year & 1 X-ray
Physiotherapist		\$30/visit, 20 visits/year
Podiatrist	\$25/visit, 20 visits/year	\$30/visit, 20 visits/year & 1 X-ray
Psychologist	not covered	\$30/visit, 20 visits/year
Speech Therapist	\$25/visit, 20 visits/year	\$30/visit, 20 visits/year
Tutorial Benefit	\$25/hour, up to \$1000	\$25/hour, up to \$1000
<i>Vision</i>		
Prescription eyeglasses & contacts	\$100 every 2 years	not covered
Optometric eye exams	\$65 every 2 years	\$75 every 2 years

Health and Dental Plans Compared

Dental Benefits	<i>proposed part-time plan</i> APUS	<i>current full-time plan</i> UTSU
<i>All Dental Expenses</i>		
Co-Pay	35%	20-40%
Yearly Maximum	\$600	\$800

Basic Diagnostic and Preventive Services

Complete oral examinations	once every 3 years	once every 5 years
Recall examinations	once every 12 months	once every 9 months
Full series X-rays	once every 3 years	once every 5 years
Panoramic X-rays	once every 3 years	once every 2 years
Bitewing X-rays	once every 12 months	once every 9 months
Teeth cleaning	once every 12 months	once every 9 months
Flouride application	once every 12 months	not covered
Mouth guards	once every 12 months	not covered
Pit and fissure sealants	dependent children only	once per tooth
Oral hygiene instruction	not covered	once every 12 months

Comprehensive Basic Services

Periodontal scaling	30 minutes per year	2 hours per year
Occlusal equilibration	not covered	30 minutes per year

Basic Restorative Services

covered

Basic Oral Surgery

covered

Comprehensive Oral Surgery

not covered

Standard Denture Services

not covered

Fees

Association Fee	\$	35.72	\$	85.40
Health Plan Premium	\$	89.66	\$	147.12
Dental Plan Premium	\$	74.80	\$	132.54
Total (2014-2015)	\$	200.18	\$	365.06