

Plan #1102

Application to this plan **does require a medical questionnaire** and can be done over the phone within 15-20 minutes.

Existing medications and conditions would not be covered.

The applicant may cancel coverage at any time without penalty.

\$350,000 lifetime policy maximum

Access to plan member online services and the mobile application which lets you manage your health plan on the go.

Find out if you qualify by completing a [short medical questionnaire](#)

How to Apply – Call us at 1.866.230.5565 to complete an application over the phone

Dental Coverage

Accidental Dental Care

- covered at 100% with a maximum reimbursement of \$2,500 per person per year

Preventative Dental Care (*basic*)

- 80% reimbursement
- **Year 1:** \$600 per person annual maximum reimbursement
- **Year 2+:** \$900 per person annual maximum reimbursement
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, fillings, uncomplicated extractions cleaning, topical application of fluoride

Basic Dental Coverage (*comprehensive*)

- 80% reimbursement
- **Year 1:** \$600 annual maximum combined with preventative services
- **Year 2+:** \$900 annual maximum combined with preventative services
- **Basic dental coverage includes:**
 - Periodontics – Root Canals
 - Endodontics – Scaling and root planning, occlusal adjustment, equilibration
 - Minor Oral surgery
 - Minor denture repair, rebasing and relining
 - Extraction of erupted teeth and residual roots (*uncomplicated*)

Major Restorative Dental Coverage

- No Coverage

Orthodontic Dental Coverage

- No Coverage

Prescription Drug Coverage

- Pay-direct drug card
- No deductible
- 70% reimbursement on first \$500 of prescription expenses (*annual per person limit*)
- 100% reimbursement on next \$4,650 of prescription expenses (*annual per person limit*)
- \$5,000 per person annual maximum reimbursement
- **Excludes:** fertility drugs, dietary supplements, vitamins, over-the-counter medications, even if prescribed by a physician and drugs to treat obesity, smoking cessation products and product for erectile dysfunction.

Visioncare

- Lenses and frames covered at 100% up to \$150 per person every 2 years
- Eye Exams covered at 100% up to \$60 per person every 2 years
- **Includes coverage for:** prescription eyeglasses, prescription contact lenses and laser eye surgery
- **Excludes coverage for:** safety glasses, sunglasses, adjustments to contact lenses or glasses

Supplemental Health Coverage

- **Hearing aids:** covered at 100% with a maximum reimbursement of \$400 per person every 4 years
- Ground or Air **Ambulance:** covered at 100% with no limit
- **In-home nursing and home care:** covered at 100% up to \$3,500 per person per year
- **Paramedical practitioners:** covered at 100% with a \$600 per person, per year, per disciplines, (*except psychologist and speech therapist*). This includes;
 - **Acupuncturists/Massage Therapist;** *No per visit maximum*
 - **Chiropractors;** *No per visit maximum*
 - **Naturopaths;** *No per visit maximum*
 - **Osteopaths;** *No per visit maximum*
 - **Physiotherapists** *No per visit maximum*
 - **Podiatrist/Chiropracist;** *No per visit maximum*

- **Psychologists;** Covered at 100% with \$65 per visit maximum, annual per person maximum of \$795 (\$80 of coverage for 1st visit)
- **Speech/Hearing Therapist;** per visit maximum of \$45 of coverage, annual maximum of \$560 (\$65 of coverage for 1st visit)
- **Medical equipment and services:** covered at 100% up to \$3,500 per person per year. This includes;
 - Artificial limbs or other prosthetic appliances
 - Orthopaedic shoes and orthotics
 - Splints, crutches, casts and braces
 - Diabetic supplies
 - Rental, or purchase, of durable equipment required for use in the patient's home and that we have approved. Eligible durable equipment includes, but is not limited to, items such as:
 - Wheelchairs, Walkers, Hospital Beds, Traction Kits

Hospitalization

- Semi-private or private rooms covered 100% up to \$150 per day for the first 30 days
- Semi-private or private rooms covered 50% up to \$150 per day for the next 100 days
- \$25 per day hospital allowance starting on the 4th day up to a maximum of \$750

Emergency Medical Travel Coverage

- Covered at 100%
- No deductible
- Maximum reimbursement limit of \$5,000,000
- Coverage provided for the first 17 days of travel out of province
- Expenses related to pre-existing medical conditions where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage) 9 months. Pre-existing conditions not covered for those above the age of 65.

Accidental Death and Dismemberment

- \$25,000 death benefit per adult if death is accidental
- \$10,000 death benefit per child (*and those above the age of 65*) if death is accidental