

Plan #2003

Application to this plan **does not require a medical questionnaire**

Existing medications and conditions would **be covered**.

The applicant may cancel coverage at any time without penalty.

No lifetime policy maximum

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

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

Accidental Dental Care

- covered at 100% with a maximum reimbursement of \$5,000 per person per year

Preventative Dental Care (*basic*)

- 80% reimbursement
- **Year 1:** \$600 per person annual maximum reimbursement
- **Year 2:** \$800 per person annual maximum reimbursement
- **Year 3+:** \$1,000 per person annual maximum reimbursement
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride

Basic Dental Coverage (*comprehensive*)

- 80% reimbursement
- **Year 1:** \$600 annual maximum combined with preventative services
- **Year 2:** \$800 annual maximum combined with preventative services
- **Year 3+:** \$1,000 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

- 50% reimbursement
- 2 year waiting period
- **Year 1:** \$600 annual maximum combined with preventative & basic services
- **Year 2:** \$800 annual maximum combined with preventative & basic services
- **Year 3+:** \$1,000 annual maximum combined with preventative & basic services
- **Major restorative dental coverage includes: (major service)**
- Removable prosthodontics and new denture treatment
- Onlays, bridges and crown

Orthodontic Dental Coverage

- No Coverage

Prescription Drug Coverage

- No Coverage

Visioncare

- Lenses and frames covered at 100% up to \$150 per person every 2 years
- Eye Exams covered at 100% up to \$65 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 \$350 per person in the first 4 years then \$500 for every 4 year period thereafter
- Ground or Air **Ambulance:** covered at 100% with no limit
- **In-home nursing and home care:** covered at 100% up to \$2,000 per person in year 1, \$3,000 in year 2, \$4,000 in year 3 and \$5,000 per person every year thereafter
- **Paramedical practitioners:** covered at 100% with a \$400 per person, per year, per practitioner (*with exceptions*). This includes;
 - **Acupuncturists/Massage Therapist;** *per visit maximum of \$20 of coverage*
 - **Chiropractors;** *per visit maximum of \$20 of coverage*
 - **Naturopaths;** *per visit maximum of \$20 of coverage*
 - **Osteopaths;** *per visit maximum of \$20 of coverage*
 - **Physiotherapists** *per visit maximum of \$20 of coverage*

- **Podiatrist/Chiropracist;** *per visit maximum of \$20 of coverage*
- **Psychologists/ Speech/Hearing Therapist;** *Covered at 100% with no per visit maximum, annual per person maximum of \$400*
- **Medical equipment and services:** covered at 100% up to \$2,000 annually per person. 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

- No Coverage

Emergency Medical Travel Coverage

- Covered at 100%
- No deductible
- Maximum reimbursement limit of \$5,000,000
- Coverage provided for the first 15 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) 6 months (*3 months if below the age of 55*) before your trip,