

Plan #2024

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.

You must have lost your group benefits within the last 90 days to be eligible for this plan

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

Dental Coverage

Accidental Dental Care

- covered at 100% with a maximum reimbursement of \$10,000 per person per year

Preventative Dental Care (*basic*)

- 80% reimbursement
- **Year 1:** \$1,000 per person annual maximum reimbursement
- **Year 2:** \$1,250 per person annual maximum reimbursement
- **Year 3+:** \$1,750 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:** \$1,000 annual maximum combined with preventative services
- **Year 2:** \$1,250 annual maximum combined with preventative services
- **Year 3+:** \$1,750 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

- 60% reimbursement
- 2 year waiting period
- **Year 1:** \$1,000 annual maximum combined with preventative & basic services
- **Year 2:** \$1,250 annual maximum combined with preventative & basic services
- **Year 3+:** \$1,750 annual maximum combined with preventative & basic services
- **Major restorative dental coverage includes:**
 - Removable prosthodontics and denture treatment
 - Onlays, bridges and crown

Orthodontic Dental Coverage

- 60% reimbursement
- 2 year waiting period
- \$2,000 lifetime maximum

Prescription Drug Coverage

- Reimbursement made with a payment card
- No deductible
- 80% reimbursement
- **Year 1:** \$2,300 per person annual maximum reimbursement
- **Year 2:** \$2,400 per person annual maximum reimbursement
- **Year 3:** \$2,500 per person annual maximum reimbursement
- **Year 4+:** \$2,700 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 \$300 per person every 2 years
- Eye Exams covered at 100% up to \$80 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 \$600 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 \$5,000 per person per year
- **Paramedical practitioners**: covered at 100% with a \$600 per person, per year, per practitioner (*with exceptions*). This includes;
 - **Acupuncturists/Massage Therapist**;
 - **Chiropractors**;
 - **Naturopaths**;
 - **Osteopaths**;
 - **Physiotherapists**
 - **Podiatrist/Chiropodist**;
 - **Psychologists**; *Covered at 100% with no per visit maximum, annual per person maximum of \$1,200*
 - **Speech/Hearing Therapist**; *per visit maximum of \$30 of coverage, annual maximum of \$600*
- **Medical equipment and services**: covered at 100% up to \$5,000 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

- Semi-private or private rooms covered at \$250 per day up to 30 per year, per person

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,