

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

Existing medications and conditions would not 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.

With membership to this plan services are available through [BestDoctors®](#) to help you understand your medical condition and treatment options so you can make informed decisions about your healthcare.

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 no maximum

Preventative Dental Care (basic)

- 70% reimbursement
- 3 month (*no claims*) waiting period
- Deductible of \$25 per person to a maximum of \$50 per family per calendar year
- Maximum reimbursement limit of \$350 per year
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride

Basic Dental Coverage (comprehensive)

- 70% reimbursement
- \$350 annual maximum combined with preventative services
- 3 month (*no claims*) waiting period
- **Basic dental coverage includes:**
 - Periodontics – Root Canals
 - Endodontics – Scaling and root planning, occlusal adjustment, equilibration
 - Minor Oral surgery

Plan #6005

- Minor denture repair, rebasing and relining
- Extraction of erupted teeth and residual roots (*uncomplicated*)

Major Restorative Dental Coverage

- 50% reimbursement
- 3 month waiting period
- \$750 annual maximum reimbursement
- **Major restorative dental coverage includes:**
 - Removable prosthodontics and denture treatment
 - Onlays, bridges and crown

Orthodontic Dental Coverage

- No Coverage

Prescription Drug Coverage

- Reimbursement made with a payment card
- No deductible
- 70% reimbursement
- \$500 per person annual maximum reimbursement
- **Includes coverage for:** disposable needles for use with non-disposable insulin injection devices, lancets, test strips, and sensors for flash glucose monitoring machines
- **Excludes coverage for:** 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

Visioncare

- Lenses and frames covered at 100%
- \$5 maximum dispensing fee per prescription
- \$150 maximum reimbursement every two year
- Eye Exams covered at 100% up to \$75 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 5 years

- Ground or Air **Ambulance**: covered at 100% with no limit
- **In-home nursing and home care**: covered at 100% up to \$2,500 annually, per person
- **Paramedical practitioners**: covered at 100% with a \$300 per person, per year, per practitioner (*with exceptions*). This includes;
 - **Acupuncturists/Massage Therapist**; *per visit maximum of \$30 of coverage*
 - **Chiropractors**; *per visit maximum of \$30 of coverage*
 - **Naturopaths**; *per visit maximum of \$30 of coverage*
 - **Osteopaths**; *per visit maximum of 30 of coverage*
 - **Physiotherapists** *per visit maximum of \$30 of coverage*
 - **Podiatrist/Chiropodist**; *per visit maximum of \$30 of coverage*
 - **Psychologists/ Speech/Hearing Therapist**; *per visit maximum of \$30 of coverage*
- **Medical equipment and services**: covered at 100%. This includes;
 - Artificial limbs or other prosthetic appliances
 - Orthopaedic shoes and orthotics, annual maximum of \$100
 - Splints, crutches, casts and braces
 - **Diabetic equipment**: Coverage for blood-glucose, flash glucose, and continuous glucose monitoring machines, including sensors and transmitters for continuous glucose monitoring machines, is limited to \$500 per calendar year.
 - 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

- No Coverage