

# Health and Dental Plans

The Base Plan is guaranteed issue. No medical underwriting required at the time of application.		Base Plan	Bronze Plan	Silver Plan	Gold Plan
<b>Prescription Drugs<sup>†</sup></b>	Generic vs brand-name coverage	Generic	Generic	Generic	Brand-name
	Shared dispensing fee (Not applicable in Quebec)	\$6.50 maximum	\$6.50 maximum	\$7.50 maximum	Covered
	Birth control	Covered	Covered	Covered	Covered
	Fertility Drugs	Not covered	Not covered	Not covered	Not covered
	Reimbursement on first amount per year <sup>††</sup>	70% of first \$750	70% of first \$500	70% of first \$500	90% of first \$2,222
	Reimbursement on next amount per year <sup>††</sup>	None	80% of next \$2,500	100% of next \$4,650	100% of next \$8,000
	Maximum per year <sup>††</sup>	\$525	\$2,350	\$5,000	\$10,000
<b>Dental Services<sup>‡</sup></b>	Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic, select extractions and other basic dental services	70%	70%	80%	80%
	Reimbursement on extensive services including oral surgery, endodontics, periodontics and denture services	70%	70%	80%	80%
	Reimbursement on crowns, bridges, dentures and orthodontics	Not covered	Not covered	Not covered	Year 1 & 2: 0%; Year 3 & beyond: 60% (\$800 maximum every 2 consecutive years)
	Combined anniversary year maximums	\$400 per year	\$500 per year	Year 1: \$600; Year 2 & beyond: \$900	Year 1: \$750; Year 2: \$1,000; Year 3: \$1,200; Year 4: \$1,200; Year 5 & beyond: \$1,500
	Recall visits	9 months	9 months	9 months	6 months
<b>Hospital Benefits</b>	Type of accommodation <sup>*</sup>	n/a	n/a	Semi-private only	Semi-private & private
	Maximum charge per day	n/a	n/a	\$150	\$200
	Reimbursement per anniversary year	n/a	n/a	100% of first 30 days; 50% of next 100 days	100% for complete year
	Cash benefit in lieu of accommodation (Not applicable in Quebec)	n/a	n/a	\$25 payable starting on the 4th day (\$750 maximum)	\$50 payable starting on the 1st day (\$3,000 maximum)
<b>Travel Coverage (to age 65)</b>	Maximum \$5,000,000 per trip Unlimited number of trips; Maximum trip length	5 days	9 days	17 days	30 days
Core Benefits <sup>‡‡</sup>		Base Plan	Bronze Plan	Silver Plan	Gold Plan
<b>Registered Specialists &amp; Therapists<sup>**</sup></b>	Maximum claims paid	\$500 combined per year	\$750 combined per year	\$1000 combined per year	\$1,500 combined per year
	Per visit maximum	\$25	n/a	n/a	n/a
	Chiropractic X-rays	\$35 per year	\$35 per year	\$35 per year	\$35 per year
<b>Registered Psychologist or Psychotherapist</b>	Maximum per first visit	\$80	\$80	\$80	\$80
	Maximum per subsequent visit	\$65	\$65	\$65	\$65
	Maximum visits per anniversary year	10	10	12	15
<b>Registered Speech Therapist</b>	Maximum per first visit	\$65	\$65	\$65	\$65
	Maximum per subsequent visit	\$45	\$45	\$45	\$45
	Maximum visits per anniversary year	10	10	12	15
<b>Vision</b>		\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years	\$100 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years	\$150 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years	\$250 per 2 benefit years plus \$60 for Optometrists visits per 2 benefit years
<b>Homecare &amp; Nursing, Prosthetic Appliances, and Durable Medical Equipment</b>	For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:	Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$2,000; Year 5+: \$2,500	\$2,500 per year	\$3,500 per year	\$8,500 per year (combined maximum)
<b>Custom-made Orthotics</b>		\$225	\$225	\$225	\$225
<b>Accidental Death and Dismemberment</b>	Per adult under 65	\$10,000	\$12,500	\$25,000	\$50,000
	Per child or adult 65 and older	\$4,000	\$5,000	\$10,000	\$20,000
<b>Accidental Dental</b>		\$2,000 per year	\$2,000 per year	\$2,500 per year	\$3,000 per year
<b>Hearing Aids</b>		\$300 per 4-year period	\$300 per 4-year period	\$400 per 4-year period	\$500 per 4-year period
<b>Lifeline<sup>®</sup> Personal Response Service<sup>***</sup></b>		3 months per lifetime	3 months per lifetime	6 months per lifetime	6 months per 3-year period
<b>Ambulance Services</b>		Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation	Unlimited ground and air transportation
<b>Survivor Benefit</b>		Available 1 year after policy effective date	Covered	Covered	Covered
<b>Lifetime Maximum</b>		\$100,000	\$250,000	\$350,000	\$350,000
<b>Quebec only: Diagnostic Services (Annual maximums)</b>		CAT Scans: \$200; CA 125 Test: \$75; PSA Test: \$75; Ultrasound scans: \$50; Magnetic Resonance Imaging: \$500; Audiologist: \$500; Laboratory Tests: \$100 per category			

