

	Option 1	Option 2	Option 3	Option 4
HEALTH				
Deductible	No deductible			
Reimbursement	100%	100% for in-Canada Ambulance, in-Canada Hospital, Global Medical Assistance & Accidental Dental 80% for all other expenses unless otherwise stated		
Ambulance (air & ground)	100% reimbursement in Canada \$250 per trip for non-emergency ambulance service \$250 per lifetime for non-emergency medical transportation			
Hospital	100% semi-private			
Drugs with Generic Substitution/Pricing (Drug Card)	Not Covered	70% for in-Canada Prescription Drug expenses of Provincial Formulary		85% of the Provincial Drug Formulary
Dispensing Fee Deductible	N/A	None		Dispensing fee deductible
Drug Maximum	N/A	\$1,250 per family per calendar year		\$1,500 per insured per calendar year
Accidental Dental	Not Covered	Treatment within 90 days of accident Treatment completed within 12 months of accident		
Hearing Aids	Not Covered	\$1,500 per insured per 5 calendar years		
Home Care Benefit	Not Included			
Paramedical Services				
Athletic Therapy	Not Covered	\$100 maximum per calendar year		\$1,000 per calendar year combined maximum for all
Dietician, Podiatrists/Foot Care Nurse & Psychologists/Social Workers		\$350 per calendar year per practitioner		
Acupuncturist, Chiropractor, Massage Therapy (with prescription), Naturopath, Osteopath, Physiotherapist, Chiropodist & Speech Therapist		\$500 per calendar year combined maximum for all		
Private Duty Nursing	Not Covered	\$5,000 per 12 months		
Vision Care	No coverage Preferred Vision Services			1 eye exam to a max of \$125 once every 2 calendar years & Vision benefit of \$200 per 2 calendar years
Visual Enhancement Equipment	Not Covered	- one pair of eyeglasses or contact lenses following non-refractive surgery - \$250 maximum combined with all other medical supplies		
Diagnostic Services	Not Covered	Laboratory and x-ray procedures		
Medical Aids and Appliances	Not Covered	\$250 per lifetime		
Surgical Support Stockings	Not Covered	\$250 per calendar year		
Orthopedic Shoes/Orthotics	Not Covered	\$500 per 2 calendar years (custom-fitted orthopedic shoes, including modifications to orthopedic footwear, when prescribed by a physician or podiatrist)		
Incontinence Supplies	Not Covered	\$200 per calendar year		
CPAP	Not Covered	\$1,000 per lifetime		\$2,000 per 5 calendar year
Geriatric or Lift Chair	Not Covered	Patient lifters - \$2,000 per lifter every 5 years		
Other Medical Supplies	Not Covered	Hospital bed - \$1,000 per lifetime Ramps - \$2,000 per lifetime Wheelchairs (non-electric) - \$1,000 per lifetime Wheelchairs (Electric) - \$5,000 per 5 calendar years External breast prosthesis or surgical brassiere - \$100 maximum per calendar year or \$200 maximum double per calendar year Wigs/Hair pieces for cancer patients - \$1,000 per lifetime		
Emergency Out-of-Province/Country	Not Covered	Maximum of \$2,500 per calendar year		
Cardiac Rehabilitation Program	Not Covered	\$300 lifetime maximum		

DENTAL				
Deductible			No deductible	
Reimbursement	No Coverage	No Coverage	80% Basic	75% Basic & 50% Major coverage of posts, crowns (limited to cost of full metal crowns), implants, onlays, inlays and dentures and fixed bridges (all fixed bridgework on molar teeth to be limited to the cost of full metal)
Dental Maximum			\$1,000 per insured per calendar year	Combined Basic & Major \$1,250 per calendar year
Fee Guide			Current General Practitioners dental fee guide	
Complete Oral Exams			1 every 3 calendar years	
Recall			Once every 9 months	
Scaling & Root Planning			6 units twice every calendar year	
Endodontics			Included	
Periodontics			Included	
Tissue Conditioning			\$1,000 maximum combined with all Dental expenses per calendar year	

Total Monthly Rate *				
Single	\$17.88	\$60.58	\$91.36	\$157.90
Couple	\$34.82	\$110.66	\$172.03	\$297.21
Family	\$36.37	\$111.77	\$182.57	\$317.82

*Premium rates are reviewed annually and are subject to change. You will be notified in advance of any changes.