

Plan Comparison Chart

	Basic	Enhanced	Enhanced Plus	Premiere
Prescription Drugs† <ul style="list-style-type: none">• Generic* coverage• Shared dispensing fee• Co-payment• Anniversary year maximums	<ul style="list-style-type: none">• Generic• No maximum• 80%• \$300	<ul style="list-style-type: none">• Generic• No maximum• 80%• \$500	<ul style="list-style-type: none">• Generic• No maximum• 80%• \$500	<ul style="list-style-type: none">• Generic• No maximum• 80%• Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,200
Dental Services Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence. <ul style="list-style-type: none">• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planing, diagnostic and other basic dental services, including denture services	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• 80%	<ul style="list-style-type: none">• 80%
<ul style="list-style-type: none">• Reimbursement on extensive services including endodontics and periodontics	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• 80%	<ul style="list-style-type: none">• 80%
<ul style="list-style-type: none">• Reimbursement on crowns, bridges, dentures and orthodontics	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• Not covered	<ul style="list-style-type: none">• 60% commencing in Year 3
<ul style="list-style-type: none">• Anniversary year maximums	<ul style="list-style-type: none">• N/a	<ul style="list-style-type: none">• N/a	<ul style="list-style-type: none">• Year 1 \$700; Year 2 \$850; Year 3+ \$1,000	<ul style="list-style-type: none">• Year 1 \$800; Year 2 \$1,000; Year 3+ \$1,500
<ul style="list-style-type: none">• Recall visits <small>Note: FollowMe dental coverage begins at age 11 for residents of Nova Scotia, at age 13 for residents of Newfoundland, and at age 17 for residents of Prince Edward Island.</small>	<ul style="list-style-type: none">• N/a	<ul style="list-style-type: none">• N/a	<ul style="list-style-type: none">• 9 months	<ul style="list-style-type: none">• 6 months
Vision Care Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses.	<ul style="list-style-type: none">• \$150 per 2 benefit years plus \$30 for Optometrist visits	<ul style="list-style-type: none">• \$150 per 2 benefit years plus \$30 for Optometrist visits	<ul style="list-style-type: none">• \$150 per 2 benefit years plus \$30 for Optometrist visits	<ul style="list-style-type: none">• \$200 per 2 benefit years plus \$30 for Optometrist visits
Hospital Benefits Preferred hospital accommodation in excess of the standard ward room rate made by a general (acute care) hospital. Also included is a cash benefit in lieu of the room cost for each day you are not able to obtain preferred accommodation.				
<ul style="list-style-type: none">• Type of accommodation	<ul style="list-style-type: none">• Semi-Private Room	<ul style="list-style-type: none">• Semi-Private Room	<ul style="list-style-type: none">• Semi-Private Room	<ul style="list-style-type: none">• Semi-Private Room/Private Room
<ul style="list-style-type: none">• Maximum charge per day	<ul style="list-style-type: none">• \$175	<ul style="list-style-type: none">• \$175	<ul style="list-style-type: none">• \$175	<ul style="list-style-type: none">• \$200
<ul style="list-style-type: none">• Reimbursement per anniversary year	<ul style="list-style-type: none">• 50% for 150 days	<ul style="list-style-type: none">• 100% first 60 days; 50% next 90 days	<ul style="list-style-type: none">• 100% first 60 days; 50% next 90 days	<ul style="list-style-type: none">• 100% first 100 days; 60% next 90 days
<ul style="list-style-type: none">• Cash benefit in lieu of accommodation<ul style="list-style-type: none">– Per day– Maximum	<ul style="list-style-type: none">• \$25/day• \$1,500 anniversary year maximum	<ul style="list-style-type: none">• \$50/day• \$3,000 anniversary year maximum	<ul style="list-style-type: none">• \$50/day• \$3,000 anniversary year maximum	<ul style="list-style-type: none">• \$50/day• \$5,000 anniversary year maximum
Extended Health Care Benefits: Registered Specialists and Therapists – Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists	Lifetime Maximum \$30,000	Lifetime Maximum \$100,000	Lifetime Maximum \$100,000	Lifetime Maximum \$250,000
Registered Specialists and Therapists† <ul style="list-style-type: none">• Maximum claims paid• Per visit maximum• Chiropractic x-rays	<ul style="list-style-type: none">• 20 visit maximum per specialist• \$15 per visit• \$35 per year	<ul style="list-style-type: none">• \$600 combined per anniversary year	<ul style="list-style-type: none">• \$600 combined per anniversary year	<ul style="list-style-type: none">• \$600 combined per anniversary year
Psychologist <ul style="list-style-type: none">• Maximum per first visit• Maximum per subsequent visit• Maximum visits per year	<ul style="list-style-type: none">• \$75• \$60• 10	<ul style="list-style-type: none">• \$75• \$60• 10	<ul style="list-style-type: none">• \$75• \$60• 10	<ul style="list-style-type: none">• \$75• \$60• 12
Speech Therapist† <ul style="list-style-type: none">• Maximum per first visit• Maximum per subsequent visit• Maximum visits per year	<ul style="list-style-type: none">• \$60• \$40• 10	<ul style="list-style-type: none">• \$60• \$40• 10	<ul style="list-style-type: none">• \$60• \$40• 10	<ul style="list-style-type: none">• \$60• \$40• 10

Extended Health Care Benefits (cont’d):	Basic	Enhanced	Enhanced Plus	Premiere
Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment – Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.	<ul style="list-style-type: none">For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical equipment: Year 1: \$ 500 Year 2: \$ 750 Year 3+: \$1,250Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment	<ul style="list-style-type: none">For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical equipment: Year 1: \$ 750 Year 2: \$1,250 Year 3+: \$2,500Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment	<ul style="list-style-type: none">For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical equipment: Year 1: \$ 750 Year 2: \$1,250 Year 3+: \$2,500Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment	<ul style="list-style-type: none">For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical equipment: \$2,500 per yearCustom-made Orthotics: \$225 per year as part of Durable Medical Equipment
Accidental Dental – Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90 day period following the accident.	<ul style="list-style-type: none">Maximum of \$2,000 per year	<ul style="list-style-type: none">Maximum of \$2,500 per year	<ul style="list-style-type: none">Maximum of \$2,500 per year	<ul style="list-style-type: none">Maximum of \$3,000 per year
Hearing Aids – Covers the costs to purchase and/or repair up to the allowed maximum.	<ul style="list-style-type: none">\$200/5 benefit years	<ul style="list-style-type: none">\$300/5 benefit years	<ul style="list-style-type: none">\$300/5 benefit years	<ul style="list-style-type: none">\$500/4 benefit years
Ambulance Services – Covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.	<ul style="list-style-type: none">Unlimited ground transportUp to \$4,000 Air Ambulance	<ul style="list-style-type: none">Unlimited ground transportUp to \$4,000 Air Ambulance	<ul style="list-style-type: none">Unlimited ground transportUp to \$4,000 Air Ambulance	<ul style="list-style-type: none">Unlimited ground transportUp to \$4,000 Air Ambulance
Lifeline® Emergency Response Service – Provides 24-hour monitoring service for people coping with medical problems at home.	<ul style="list-style-type: none">Maximum of 6 months per lifetime	<ul style="list-style-type: none">Maximum of 6 months per lifetime	<ul style="list-style-type: none">Maximum of 6 months per lifetime	<ul style="list-style-type: none">Maximum of 6 months per lifetime
Best Doctors® Solutions Services Offers evaluation of medical records upon diagnosis of serious illness or injury.	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included
Fracture Benefit Pays a scheduled amount depending on which bone is fractured. If more than one bone is fractured in a single accident, the amount payable is for the most severe fracture.	<ul style="list-style-type: none">Not available	<ul style="list-style-type: none">Up to \$350	<ul style="list-style-type: none">Up to \$350	<ul style="list-style-type: none">Up to \$500
Accidental Death and Dismemberment Payment for accidental death or dismemberment directly resulting from an accident, occurring within one year of the date of the accident.	<ul style="list-style-type: none">\$10,000 for adults\$5,000 for children and persons aged 65 years or over	<ul style="list-style-type: none">\$25,000 for adults\$10,000 for children and persons aged 65 years or over	<ul style="list-style-type: none">\$25,000 for adults\$10,000 for children and persons aged 65 years or over	<ul style="list-style-type: none">\$50,000 for adults\$15,000 for children and persons aged 65 years or over
Survivor Benefit Provides for continuous coverage for 1 year, following the death of an adult policyholder.	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included	<ul style="list-style-type: none">Included

* Generic Drug – A generally less expensive alternative to an interchangeable brand-name drug product. Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, and drugs not requiring a prescription.

† Prescription drug coverage in the provinces of British Columbia, Saskatchewan and Quebec based on calendar year.

‡ Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable.
Benefits payable are up to Reasonable and Customary charges.

Please Note: Not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.