

Health Questionnaire Required	ZONE 4 Moderate	ZONE 5 Choice	ZONE 6 Premier	ZONE 7 Ultimate
PRESCRIPTION DRUGS				
Maximums	Year 1-2: \$2,500 Year 3+: \$3,500 Plan pays 80% per person per year, to annual max.	\$5,000 Plan pays 90% per person per year, to annual max.	\$10,000 Plan pays 90% per person per year, to annual max.	\$20,000 Plan pays 90% per person per year, to annual max.
DENTAL CARE				
Maximums	Not included	Year 1: \$700 per person Year 2: \$900 per person Year 3+: \$1,100 per year	Year 1: \$800 per person Year 2: \$1,000 per person Year 3+: \$1,300 per year	Year 1: \$1,000 per person Year 2: \$1,200 per person Year 3+: \$1,500 per year
Recall Frequency		9 months	6 months	6 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Year 1: Plan pays 80%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Year 2+: Plan pays 90%, subject to annual max.
Major Services		Available in Year 3 – Plan pays 50%, subject to annual max.	Available in Year 3 – Plan pays 50%, subject to annual max.	Available in Year 3 – Plan pays 50%, subject to annual max.
Orthodontic Services		Not included	Available in Year 3 – Plan pays 50%; subject to overall dental max. and \$2,000 lifetime max. per person	Available in Year 3 – Plan pays 50%, subject to overall dental max. and \$2,000 lifetime max. per person.
VISION CARE				
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	Year 1-2: \$150 per person Year 3-4: \$200 per person Year 5+: \$250 every 2 years	Year 1-2: \$200 per person Year 3-4: \$250 per person Year 5+: \$300 every 2 years	Year 1-2: \$250 per person Year 3-4: \$300 per person Year 5+: \$350 every 2 years
Eye Examination	\$80 per person every 2 years	\$100 per person every 2 years	\$100 per person every 2 years	\$120 per person every 2 years
EXTENDED HEALTH CARE				
Professional Services/Registered Therapists				
Chiropractor, Massage Therapist, Physiotherapist, Acupuncturist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit to a max. of \$400 per person per practitioner, per year	\$25 per visit to a max. of \$500 per person per practitioner, per year	\$25 per visit to a max. of \$600 per person per practitioner, per year	\$50 per visit to a max. of \$750 per person per practitioner, per year; \$2,000 combined
Speech Therapist	\$400 per person per year	\$500 per person per year	\$600 per person per year	\$750 per person per year
Mental Health Services				
Psychologist/Psychotherapist/Registered Social Worker	\$400 per person per year combined	\$500 per person per year combined	\$600 per person per year combined	\$750 per person per year combined
Inkblot™ Therapy	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit			
Accidental Dental	\$5,000 per person per year	\$10,000 per person per year	\$10,000 per person per year	\$15,000 per person per year
Ambulance Transportation	Includes land and air			
Hearing Aids	Year 1-4: \$350 per person Year 5+: \$500 every 4 years	\$500 per person every 4 years	\$500 per person every 4 years	\$600 per person every 4 years
Medical Services – Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year	\$2,000 per person per year	\$2,000 per person per year	\$2,500 per person per year
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, per year Year 4+: \$5,000 per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year	Year 1: \$3,000 per person Year 2: \$5,000 per benefit Year 3+: \$8,000 category, per year
TRAVEL – Out of Province/Country				
Multi-Trip Emergency Medical Travel Coverage	15 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year
OPTIONAL HOSPITAL ACCOMMODATION – Optional add-on benefit that pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence.				
Semi-Private and/or Private	Up to 30 days per person per year			