

ZONE

Plan Comparison

Guaranteed Acceptance No Health Questions Asked	ZONE 2 Primary	ZONE 3 Basic	ZONE Fundamental
PRESCRIPTION DRUGS			
Maximums	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Plan pays 70% per person per year, to annual max.
DENTAL CARE			
Maximums	Year 1: \$500 per person Year 2: \$650 per person Year 3+: \$800 per year	Year 1: \$600 per person Year 2: \$800 per person Year 3+: \$1,000 per year	\$450 per person per year
Recall Frequency	9 months		
Basic Services	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Comprehensive Basic Services	Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Major Services	Not included	Available in Year 3 – Plan pays 50%, subject to annual max.	Not included
Orthodontic Services	Not included		
VISION CARE			
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years		
Eye Examination	\$65 per person every 2 years	\$65 per person every 2 years	\$80 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 \$300 per person per practitioner, per year	\$20 per visit to a max. of \$400 per person per practitioner, per year	\$20 per visit to a max. of \$400 per person per practitioner, per year
Speech Therapist	\$300 per person per year	\$400 per person per year	\$400 per person per year
Mental Health Services			
Psychologist/Psychotherapist/ Registered Social Worker	\$300 per person per year combined	\$400 per person per year combined	\$400 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	\$5,000 per person per year	\$3,000 per person per year
Ambulance Transportation	Includes land and air		
Hearing Aids	Year 1-4: \$300 per person Year 5+: \$400 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 every 4 years
Medical Services – Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 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: \$3,000 per benefit Year 3: \$4,000 category, per year Year 4+: \$5,000 per year	Year 1: \$1,500 per person Year 2: \$2,000 per benefit Year 3: \$3,000 category, per year Year 4+: \$4,000 per year
TRAVEL – Out of Province/Country			
Multi-Trip Emergency Medical Travel Coverage	15 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	Not offered		