

Plan Information

Application to this plan **does require a medical questionnaire.**

Pre-Existing medical conditions would not be covered

Existing (*or alternative*) medications associated to any pre-existing medical condition would not be covered

The applicant may cancel coverage at any time without penalty.

Plan limits are reset on the **anniversary date of January 1st**

No lifetime policy maximum

Access to a Pay Direct claim card and Virtual Health Care

Policy Documents; [Plan Guide](#)

Included; [Medical Discount Program](#), [Health Assistance Program](#)

How to Apply – **Call us** at 1.866.230.5565 or [Apply Online](#)

Dental Coverage

- **For** any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated to the number of complete months between the effective and the and December 31st of that same year
- Discounts through the [BlueAdvantage®](#) program

Accidental Dental Care

- covered at 80% with \$2,000 annual per person limit

Preventative Dental Care

- **Year 1:** 70% reimbursement with \$750 per person annual maximum combine with basic care
- **Year 2:** 75% reimbursement with \$1,000 per person annual maximum combine with basic care
- **Year 3+:** 80% reimbursement with \$1,250 per person annual maximum combine with basic care
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride



Basic Dental Coverage

- **Year 1:** 70% reimbursement with \$750 per person annual maximum combine with preventative care
- **Year 2:** 75% reimbursement with \$1,000 per person annual maximum combine with preventative care
- **Year 3+:** 80% reimbursement with \$1,250 per person annual maximum combine with preventative care
- **Basic dental coverage includes:**
 - Periodontics – Root Canals
 - Endodontics – Scaling and root planning, occlusal adjustment, equilibration
 - Minor Oral surgery
 - Minor denture repair, rebasing, and relining
 - Extraction of erupted teeth and residual roots (*uncomplicated*)

Major Restorative Dental Coverage

- 2 year waiting period
- 50% reimbursement
- \$500 annual maximum
- **Major restorative dental coverage includes: (major service)**
- Removable prosthodontics and new denture treatment
- Onlays, bridges and crown

Orthodontic Dental Coverage

- No Coverage

Prescription Drug Coverage

- Reimbursement made with a payment card
- No deductible
- 80% reimbursement
- \$5,000 per person annual maximum reimbursement
- For any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated to the number of complete months between the effective and the and December 31st of that same year



Visioncare

- 3 month waiting period applies
- Lenses and frames covered at 100% up to \$150 per person every 2 years
- Eye Exams covered at 100% up to \$50 per person every 2 years
- Discounts through the [BlueAdvantage®](#) program

Supplemental Health Coverage

- **Hearing aids:** covered at 80% with a maximum reimbursement of \$400 per person every 5 years (*3 month waiting period applies*)
- Ground **Ambulance:** covered at 80% with no limit
- Air **Ambulance:** not covered
- **In-home nursing and home care:** covered at 80% up to \$2,500 per person per year
- **Paramedical practitioners:** covered at 100% with a \$625 per person, per year, per practitioner (*with exceptions*). This includes.
 - **Acupuncturists;** per visit maximum of \$25 of coverage
 - **Registered Massage Therapist;** per visit maximum of \$25 of coverage
 - **Chiropractors;** *per visit maximum of \$25 of coverage*
 - **Naturopaths;** *per visit maximum of \$25 of coverage*
 - **Osteopaths;** *per visit maximum of \$25 of coverage*
 - **Homeopath;** *per visit maximum of \$25 of coverage*
 - **Physiotherapists;** *per visit maximum of \$25 of coverage*
 - **Podiatrist/Chiropracist;** *per visit maximum of \$25 of coverage*
 - **Psychologists;** 1st visit maximum coverage of \$80, subsequent *per visit maximum of \$65 of coverage, annual maximum of \$1,315*
 - **Speech/Hearing Therapist;** 1st visit maximum coverage of \$65, subsequent *per visit maximum of \$45 of coverage, annual maximum of \$560*
- **Medical equipment and services:** covered at 80% up to \$2,500 per person per year. This includes.
 - Artificial limbs or other prosthetic appliances
 - Orthopaedic shoes and orthotics, limited to a maximum \$200 in a calendar year
 - Splints, crutches, casts and braces
 - Rental, or purchase of durable equipment required for use in the patient's home and that we have approved. Eligible durable equipment includes, but is not limited to, items such as: Wheelchairs, Walkers, Hospital Beds, Traction Kits
- Discounts through the [BlueAdvantage®](#) program



Hospitalization

- Semi-private or private rooms covered at \$200 per day up to 90 per year, per person

Emergency Medical Travel Coverage

- Covered at 100%
- No deductible
- Maximum reimbursement limit of \$5,000,000
- Coverage provided for the first 15 days of travel out of province
- No maximum of days of coverage per year
- Expenses related to pre-existing medical conditions where symptoms have appeared or have required medical attention, hospitalization or treatment (this includes changes in medication or dosage) in the last 3 months (*6 months if older than 60*) would be excluded from coverage.

Accidental Death and Dismemberment

- No Coverage

Eligibility Requirements

- Applicants must have valid provincial health coverage
- A medical questionnaire and provider approval

Disclosure

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