

## Plan Information

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

Pre-Existing medical conditions would be covered with possible exceptions on travel insurance.

Existing (*or alternative*) medications associated to pre-existing medical conditions would be covered

The applicant may cancel coverage at any time without penalty.

Policy Documents; [Brochure](#)

\$350,000 lifetime policy maximum

Access to a Pay Direct claim card, plan member online services and the mobile application which lets you manage your health plan on the go.

Find out if you qualify by completing a [short medical questionnaire](#)

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

## Dental Coverage

### **Accidental Dental Care**

- covered at 80% with a maximum reimbursement of \$5,000 annually

### **Preventative Dental Care (*basic*)**

- 80% reimbursement
- **Year 1:** \$750 per person annual maximum combined with basic and major services
- **Year 2:** \$1,100 per person annual maximum combined with basic and major services
- **Year 3+:** \$1,500 per person annual maximum combined with basic and major services
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride

### **Basic Dental Coverage (*comprehensive*)**

- 80% reimbursement
- **Year 1:** \$750 annual maximum combined with preventative and major services
- **Year 2:** \$1,100 annual maximum combined with preventative and major services



- **Year 3+:** \$1,500 annual maximum combined with preventative and major services
- **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**

- 50% reimbursement
- **Year 1:** \$750 annual maximum combined with preventative and basic services
- **Year 2:** \$1,100 annual maximum combined with preventative and basic services
- **Year 3+:** \$1,500 annual maximum combined with preventative and basic services
- **Major restorative dental coverage includes:**
  - Removable prosthodontics and denture treatment
  - Onlays, bridges and crown

#### **Orthodontic Dental Coverage**

- No Coverage

#### **Prescription Drug Coverage**

- Claims made with a pay direct card
- No deductible
- 80% reimbursement
- \$5,000 per person annual maximum reimbursement

#### **Visioncare**

- 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
- **Includes coverage for:** prescription eyeglasses, prescription contact lenses and laser eye surgery
- **Excludes coverage for:** safety glasses, sunglasses, adjustments to contact lenses or glasses



**Supplemental Health Coverage**

- **Hearing aids:** covered at 80% with a maximum reimbursement of \$500 per person every 3 years
- Ground or Air **Ambulance:** covered at 80% with \$5,000 lifetime maximum
- **In-home nursing and home care:** covered at 80% up to \$10,000 annually, per person
- **Paramedical practitioners:** covered at 80% with a \$400 per person, per year, per practitioner (*with exceptions*) maximum with an overall per person maximum of \$1,200 per year. This includes.
  - **Acupuncturists;** no *per visit maximum*
  - **Massage Therapist;** no *per visit maximum*
  - **Chiropractors;** no *per visit maximum*
  - **Naturopaths;** no *per visit maximum*
  - **Osteopaths;** no *per visit maximum*
  - **Dietitian;** no *per visit maximum*
  - **Homeopath;** no *per visit maximum*
  - **Physiotherapists** no *per visit maximum*
  - **Podiatrist/Chiropodist;** no *per visit maximum*
  - **Psychologists;** no *per visit maximum*
  - **Speech-Language Therapist;** no *per visit maximum*
  - **Occupational Therapist;** no *per visit maximum*
- **Medical equipment and services:** covered at 80%. This includes.
  - Artificial limbs, wigs or other prosthetic appliances
  - Sclerotherapy, 15 visits per year covered
  - Stockings for varicose veins and phlebitis, 2 pair per calendar year
  - Orthopaedic supports and inserts, annual maximum of \$200
  - Purchase of an IUD, annual maximum of \$100
  - Splints, crutches, casts and braces
  - Diagnostic tests, x-ray examinations and MRI Scans
  - Diabetic supplies, without annual limits but subject to policy and subcategory limits
    - Insulin pump & accessories: \$2,000 lifetime maximum
    - Reagent strips, syringes and needles: unlimited
    - Dextrometer or Glucometer: \$200 every 36 months
  - 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, CPAP, Traction Kits



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### **Hospitalization**

- Semiprivate hospital room covered at 100% at a maximum of \$200 per day up to policy limits
- Convalescent hospital covered up to \$40 per day, 120 days per year

### **Emergency Medical Travel Coverage**

- Covered at 100%
- No deductible
- Maximum reimbursement limit of \$5,000,000 lifetime
- Trip cancellation with a maximum reimbursement of \$5,000 per trip
- Coverage provided for the first 90 days of travel out of province
- 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 would be excluded from coverage.
- Coverage available until the age of 70

### **Eligibility Requirements**

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

### **Disclosure**

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