

Plan Information

Application to this plan **does not require a medical questionnaire.**

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

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

No lifetime policy maximum

Policy Documents; [Sample Policy](#), [Brochure](#), [LifeWorks](#)

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.

Accidental Dental Care

- covered at 100% with \$2,000 per injury

Preventative Dental Care

- 80% reimbursement and \$1,000 per person annual maximum reimbursement combined with basic dental coverage
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride

Basic Dental Coverage

- 80% reimbursement and \$1,000 per person annual maximum reimbursement combined with preventative dental 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*)



Prescription Drug Coverage

- No deductible
- 70% reimbursement
- \$1,000 per person annual maximum reimbursement

Vision Care

- Eye exams, lenses and frames covered at 100% up to \$60 per person every 2 years

Supplemental Health Coverage

- Ground and Air **Ambulance**: covered at 100% with \$1,500 per event limit
- **In-home nursing and home care**: covered at 100% up to \$2,500 per year
- **Paramedical practitioners**: covered at 100% with a \$250 per person, per year limit, all practitioners combined in maximum. This includes.
 - **Acupuncturists**; *no per visit maximum*
 - **Massage Therapist**; *no per visit maximum*
 - **Chiropractors**; *no per visit maximum*
 - **Naturopaths**; *no per visit maximum*
 - **Physiotherapists** *no per visit maximum*
 - **Podiatrist/Chiropodist**; *no per visit maximum*
 - **Psychologists**; *no per visit maximum*
 - **Speech Therapist**; *no per visit maximum*
- **Medical equipment and services**: covered at a 100% up to \$500 per year with subcategories and limits
 - Artificial limbs or other prosthetic appliances
 - Orthopaedic shoes and orthotics
 - Splints, crutches, casts and braces
 - Eligible durable equipment includes, but is not limited to, items such as: Wheelchairs, Walkers, Hospital Beds, Traction Kits

Hospitalization

- Semi-private or private rooms covered 100%



Emergency Medical Travel Coverage

- Covered at 100%
- No deductible
- Maximum reimbursement limit of \$5,000,000
- Coverage provided for the first 30 days of travel out of province
- No maximum of days of coverage per year

Disclosure

This plan is presented and distributed by [Red Helm Insurance Ltd](#), an independent brokerage, but underwritten and provided by [Group Medical Services \(GMS\)](#). Rates and benefits may be subject to change. It is recommended that you speak with a provincially licensed personal insurance advisor prior to purchasing any plan. See a link to your brokers license in the signature of their email. There is no additional cost to purchasing your coverage through a broker (*or advisor*) though a licensed representative is compensated by commission. This plan description does not constitute an offer of insurance and is meant for informational purposes only.

