



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

Existing medications and conditions would be covered with possible exceptions on travel insurance.

The applicant may cancel coverage at any time without penalty.

No lifetime policy maximum

Access to plan member online services which lets you manage your health plan on the go.

How to Apply – Call us at 1.866.230.5565 to complete an application over the phone

Dental Coverage

Accidental Dental Care

- covered at 100% with \$3,000 annual per person limit

Preventative Dental Care

- 30 day waiting period (*no claims*)
- 80% reimbursement
- **Year 1:** \$1,000 per person annual maximum combine with basic care
- **Year 2:** \$1,000 per person annual maximum combine with basic care
- **Year 3:** \$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

- 30 day waiting period (*no claims*)
- 70% reimbursement
- **Year 1:** \$1,000 per person annual maximum combine with preventative care
- **Year 2:** \$1,000 per person annual maximum combine with preventative care
- **Year 3:** \$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



Plan #9004

- Extraction of erupted teeth and residual roots (*uncomplicated*)

Major Restorative Dental Coverage

- No Coverage

Orthodontic Dental Coverage

- No Coverage

Prescription Drug Coverage

- Reimbursement made with a pay-direct card
- No deductible
- 70% reimbursement
- \$400 per person annual maximum reimbursement

Visioncare

- Lenses and frames covered at 100% up to \$250 per person every 2 years
- Eye Exams covered at 100% up to \$65 per person every 2 years

Supplemental Health Coverage

- **Hearing aids:** covered at 100% with a \$500 per person limit every 3-year period
- Ground or Air **Ambulance:** covered at 100% with no limit
- **In-home nursing and home care:** covered at 100% with a \$10,000 per person annual limit
- **Paramedical practitioners:** covered at 100% with a \$500 per person, per year, per disciplines limit.

Annual limit of \$1,500 per person across all disciplines. This includes;

- **Acupuncturists:** \$40 maximum reimbursement per visit
- **Massage Therapist:** \$40 maximum reimbursement per visit
- **Chiropractors:** \$40 maximum reimbursement per visit
- **Naturopaths:** \$40 maximum reimbursement per visit
- **Osteopaths:** \$40 maximum reimbursement per visit
- **Physiotherapists:** \$40 maximum reimbursement per visit
- **Podiatrist/Chiropodist:** \$40 maximum reimbursement per visit
- **Psychologists:** No per visit reimbursement limit
- **Speech/Hearing Therapist:** No per visit reimbursement limit
- **Medical equipment and services:** covered at 100% with a \$10,000 per person annual limit. This includes;



Plan #9004

- Artificial limbs or other prosthetic appliances
- Orthopaedic shoes and orthotics: \$250 every 2 years ‘
- Compression socks: 2 pairs every 4 months
- Medical Services and diagnostics: \$3,000 per person annual limit
- Wigs: \$400 lifetime
- Splints, crutches, casts, braces and diabetic supplies

Hospitalization

- No Coverage

Emergency Medical Travel Coverage

- Covered at 100%
- \$100 deductible
- Maximum reimbursement limit of \$5,000,000
- Maximum reimbursement of \$50,000 for referral services
- Coverage provided for the first 15 days of travel out of province
- Expenses related to pre-existing medical conditions where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage) 9 months.

Accidental Death and Dismemberment

- \$50,000 death benefit if death is accidental for primary insured
- \$25,000 death benefit if death is accidental for spouse (*if couples or family plan is selected*)
- \$7,500 death benefit if death is accidental for children (*if family plan is selected*)
- All benefits within this section are only available until the age of 64.

Disclosure

This plan is presented and distributed by [Red Helm Insurance Ltd](#), an independent brokerage. It is recommended that you speak with a provincially licensed personal insurance broker 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.

Plan #9004



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HEALTH LIFE TRAVEL

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