

# 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: Brochure, LifeWorks

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

## **Dental Coverage**

### Accidental Dental Care

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

#### **Preventative Dental Care**

- 100% reimbursement and \$2,000 per person annual maximum reimbursement combined with basic dental coverage, major restorative coverage, and orthodontic coverage
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, white fillings, cleaning, topical application of fluoride

#### **Basic Dental Coverage**

- 100% reimbursement and \$2,000 per person annual maximum reimbursement combined with preventative dental care, major restorative coverage, and orthodontic coverage
- 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

- 80% reimbursement and \$2,000 per person annual maximum reimbursement combined with preventative dental care, basic dental coverage, and orthodontic coverage
- Major restorative dental coverage includes:
  - Root canal treatment (complicated)
  - Gingival graft
  - Appliances such as occlusal guards
  - Extraction of erupted teeth and residual roots (complicated)
  - Extraction of unerupted teeth
  - Removable prosthodontics and denture treatment
  - Onlays, veneers, inlays, bridges, and crown

#### **Orthodontic Dental Coverage**

- 50% reimbursement
- \$1,500 per person lifetime maximum
- For dependants under the age of 18 years old

### Prescription Drug Coverage

- No deductible
- 80% reimbursement
- \$3,000 per person annual maximum reimbursement

#### Vision Care

• Eye exams, lenses and frames covered at 100% up to \$150 per person every 2 years

## **Supplemental Health Coverage**

- Ground and Air Ambulance: covered at 100%
- In-home nursing and home care: covered at 100% up to \$2,500 per year
- *Paramedical practitioners:* covered at **100% with a \$350 per person, annual limit that is combined across all specialists**. This includes. Acupuncturists, Massage Therapist, Chiropractors, Naturopaths, Physiotherapists, Podiatrist/Chiropodist, Psychologists, Speech Therapist
- Medical equipment and services: covered at a 100% up to \$500 per year with subcategory limits
  - o Artificial limbs or other prosthetic appliances
  - Orthopaedic shoes and orthotics



# Plan #40030



- 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 90 days of travel out of province
- No maximum of days of coverage per year

#### Life Insurance

No Coverage

## Critical Illness Insurance

No Coverage

#### Disclosure

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