

Application to this plan **does require a medical questionnaire** and can be done over the phone within 15 minutes.

Existing medications and conditions would not be covered.

The applicant may cancel coverage at any time without penalty.

Access to 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 to complete an application over the phone

### **Dental Coverage**

#### **Accidental Dental Care**

- covered at 60% with \$7,000 lifetime limit

#### **Preventative Dental Care**

- 80% reimbursement
- 6 month waiting period
- No annual maximum coverage limit
- **Preventive dental coverage includes** examinations and diagnostics, tests, x-rays and lab exams, fillings, cleaning, scaling (2 units), and topical application of fluoride

#### **Basic Dental Coverage**

- 80% reimbursement
- 6 month waiting period
- No annual maximum coverage limit
- **Basic dental coverage includes:**
  - Root Canals, and endodontic services
  - Minor Oral surgery
  - Minor denture repair, rebasing, and relining
  - Extraction of erupted teeth and residual roots (*uncomplicated*)
  - Periodontal services: covered at 60% up to \$1,200 per year (2 year waiting period). Provides an additional 6 scaling unit per year.

**Major Restorative Dental Coverage**

- 2 year waiting period
- 60% reimbursement
- \$500 annual maximum
- **Major restorative dental coverage includes: (major service)**
- Removable prosthodontics and new denture treatment
- Inlays, onlays, bridges and crown

**Orthodontic Dental Coverage**

- 60% reimbursement
- 2 year waiting period
- \$1,500 lifetime maximum
- Only available to those under the age of 18

**Prescription Drug Coverage**

- No Coverage

**Visioncare**

- Eye exams, Lenses and frames covered at 60%
- \$100 reimbursement limit every 2 years
- 6 month waiting period

**Supplemental Health Coverage**

- **Hearing aids:** No Coverage
- Ground or Air **Ambulance:** Not covered
- **Private nursing duties:** Not covered
- **Paramedical practitioners:** covered at 60% with a \$250 per person, per year, per discipline limit (based on usual and customary fee schedules). This includes.
  - Audiologist, Chiropractor, Dietician, Occupational Therapist, Osteopath, Physiotherapist, Podiatrist/Chiropodist, Psychologist/Psychotherapist, Speech Therapist
- **Mobility Aids:** covered at 60%
- **Artificial limbs or other prosthetic appliances:** Not covered
- **Orthotics/Orthopedic (custom):** covered at 60% with a \$150 annual limit
- **Ostomy supplies:** Not covered
- **Oxygen equipment:** Not covered

## **Plan #5111**

- **Medical Equipment:** No covered
- **Diabetic supplies:** Not covered
- **Chronic disease management:** covered at 60% up to \$250 annually
- **Virtual Doctor:** Included
- **Virtual Mental Health Services:** Included
- **Medical discount program:** Included

### **Hospitalization**

- No Coverage

### **Emergency Medical Travel Coverage**

- No Coverage

### **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.