

Choose a plan that's right for you!

Extended Health Care (EHC) Plan

	Revive	Thrive	Energize
Benefit Year	Calendar year	Calendar year	Calendar year
Deductible	Single - \$0 Family - \$0	Single - \$0 Family - \$0	Single - \$0 Family - \$0
Co-Insurance	Drugs - 70% Other EHC services - 80% Hospital/convalescent care - 100% Emergency out of Canada - 100% Out of Canada referral - 50% Vision care - no coverage	Drugs - 80% Other EHC services - 90% Hospital/convalescent care - 100% Emergency out of Canada - 100% Out of Canada referral - 50% Vision care - no coverage	Drugs - 90% Other EHC services - 100% Hospital/convalescent care - 100% Emergency out of Canada - 100% Out of Canada referral - 50% Vision care - 100%
Drug Plan	Standard drug formulary Pay direct drug card Mandatory Generic Equivalent Only Pharmacy dispensing fee maximum: Reasonable and customary Drug annual maximum - \$5,000 Anti-smoking drugs - no coverage Fertility drugs - no coverage Anti-obesity drugs - no coverage Sexual dysfunction drugs - no coverage	Standard drug formulary Pay direct drug card Mandatory Generic Equivalent Only Pharmacy dispensing fee maximum: Reasonable and customary Drug annual maximum - \$7,500 Anti-smoking drugs - no coverage Fertility drugs - no coverage Anti-obesity drugs - no coverage Sexual dysfunction drugs - no coverage	Standard drug formulary Pay direct drug card Mandatory Generic Equivalent Only Pharmacy dispensing fee maximum: Reasonable and customary Drug annual maximum - \$10,000 Anti-smoking drugs - no coverage Fertility drugs - no coverage Anti-obesity drugs - no coverage Sexual dysfunction drugs - no coverage

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	* for Quebec residents who are working - the EHC termination age will not apply to drugs, in accordance with RAMQ legislation	* for Quebec residents who are working - the EHC termination age will not apply to drugs, in accordance with RAMQ legislation	* for Quebec residents who are working - the EHC termination age will not apply to drugs, in accordance with RAMQ legislation
Hospital / Convalescent Care	Hospital room accommodation - semi-private (daily dollar max - reasonable and customary expenses) Convalescent care - 180 days per occurrence (daily dollar max - unlimited)	Hospital room accommodation - semi-private (daily dollar max - reasonable and customary expenses) Convalescent care - 180 days per occurrence (daily dollar max - unlimited)	Hospital room accommodation - semi-private (daily dollar max - reasonable and customary expenses) Convalescent care - 180 days per occurrence (daily dollar max - unlimited)
Home nursing care	\$10,000 per year	\$10,000 per year	\$10,000 per year
Paramedical Practitioners	Acupuncturist - no coverage Audiologist - no coverage Chiropractor - \$300 per year Massage Therapist - no coverage Naturopath/Homeopath - no coverage Nutritionist/Dietitian - no coverage Occupational Therapist - no coverage Osteopath - no coverage Physiotherapist/Athletic Therapist - \$300 per year Podiatrist/Chiropodist - no coverage Psychologist/Psychotherapist/ Social Worker/Clinical Counsellor - \$500 per year Speech Therapist - no coverage	Acupuncturist - \$300 per year Audiologist - \$300 per year Chiropractor - \$300 per year Massage Therapist - no coverage Naturopath/Homeopath - \$300 per year Nutritionist/Dietitian - \$300 per year Occupational Therapist - \$300 per year Osteopath - \$300 per year Physiotherapist/Athletic Therapist- \$300 per year Podiatrist/Chiropodist - \$300 per year Psychologist/Psychotherapist/ Social Worker/Clinical Counsellor - \$500 per year Speech Therapist - \$300 per year	Acupuncturist - \$500 per year Audiologist - \$500 per year Chiropractor - \$500 per year Massage Therapist - \$500 per year Naturopath/Homeopath - \$500 per year Nutritionist/Dietitian - \$500 per year Occupational Therapist - \$500 per year Osteopath - \$500 per year Physiotherapist/Athletic Therapist- \$500 per year Podiatrist/Chiropodist - \$500 per year Psychologist/Psychotherapist/ Social Worker/Clinical Counsellor - \$500 per year Speech Therapist - \$500 per year
Eye Examinations	Adult maximum - no coverage Child maximum - no coverage	Adult maximum - one exam per person per 24 months Child maximum - one exam per person per 12 months	Adult maximum - one exam per person per 24 months Child maximum - one exam per person per 12 months

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Vision Care	Adult maximum - no coverage Child maximum - no coverage	Adult maximum - no coverage Child maximum - no coverage	Adult maximum - \$200 per person per 24 months Child maximum - \$200 per person per 12 months
Other Health Care Benefits	Ambulance services included Diabetic supplies - unlimited Hair pieces - \$200 per lifetime Hearing aids - \$500 per 5 years Orthopedic shoes and orthotics -\$300 combined per year Speech aids - \$1,000 per lifetime Therapeutic equipment - \$5,000 per piece per lifetime Diagnostic laboratory expenses -\$500 per year Each prosthetic limb and each artificial eye - \$25,000 per lifetime Prosthetic socks - 5 pair per year Hair piece following surgery or treatment - \$200 per lifetime External breast prosthesis (mastectomy forms) - 2 per 24 months Surgical brassieres - 2 per year Graduated compression hose - 2 pair per year	Ambulance services included Diabetic supplies - unlimited Hair pieces - \$200 per lifetime Hearing aids - \$500 per 5 years Orthopedic shoes and orthotics -\$300 combined per year Speech aids - \$1,000 per lifetime Therapeutic equipment - \$5,000 per piece per lifetime Diagnostic laboratory expenses -\$500 per year Each prosthetic limb and each artificial eye - \$25,000 per lifetime Prosthetic socks - 5 pair per year Hair piece following surgery or treatment - \$200 per lifetime External breast prosthesis (mastectomy forms) - 2 per 24 months Surgical brassieres - 2 per year Graduated compression hose - 2 pair per year	Ambulance services included Diabetic supplies - unlimited Hair pieces - \$200 per lifetime Hearing aids - \$500 per 5 years Orthopedic shoes and orthotics -\$300 combined per year Speech aids - \$1,000 per lifetime Therapeutic equipment - \$5,000 per piece per lifetime Diagnostic laboratory expenses -\$500 per year Each prosthetic limb and each artificial eye - \$25,000 per lifetime Prosthetic socks - 5 pair per year Hair piece following surgery or treatment - \$200 per lifetime External breast prosthesis (mastectomy forms) - 2 per 24 months Surgical brassieres - 2 per year Graduated compression hose - 2 pair per year
Overall Maximum (excluding emergency out of Canada)	Unlimited	Unlimited	Unlimited
Emergency out of Canada	Duration - 90 days Maximum - \$5,000,000 per lifetime Out of Canada Referral - \$15,000 per lifetime Travel benefits plus - included	Duration - 90 days Maximum - \$5,000,000 per lifetime Out of Canada Referral - \$15,000 per lifetime Travel benefits plus - included	Duration - 90 days Maximum - \$5,000,000 per lifetime Out of Canada Referral - \$15,000 per lifetime Travel benefits plus - included

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	Emergency medical transportation - Reasonable	Emergency medical transportation - Reasonable	Emergency medical transportation - Reasonable
	and customary expenses	and customary expenses	and customary expenses
	In flight medical attendant - Reasonable and	In flight medical attendant - Reasonable and	In flight medical attendant - Reasonable and
	customary expenses	customary expenses	customary expenses
	Return transportation for family members -	Return transportation for family members -	Return transportation for family members -
	Reasonable and customary expenses	Reasonable and customary expenses	Reasonable and customary expenses
Travel Benefits Plus	In flight bedside attendance -Reasonable and	In flight bedside attendance -Reasonable and	In flight bedside attendance -Reasonable and
	customary expenses	customary expenses	customary expenses
	Vehicle return - Up to \$3,000 Canadian	Vehicle return - Up to \$3,000 Canadian	Vehicle return - Up to \$3,000 Canadian
	Out of pocket allowance - Up to \$2,500 Canadian	Out of pocket allowance - Up to \$2,500 Canadian	Out of pocket allowance - Up to \$2,500 Canadian
	Return of remains - Up to \$10,000 Canadian	Return of remains - Up to \$10,000 Canadian	Return of remains - Up to \$10,000 Canadian
	Identification of deceased - economy airfare of	Identification of deceased - economy airfare of	Identification of deceased - economy airfare of
	family member	family member	family member
Survivor Benefit	24 months	24 months	24 months
Termination Age	75 (70 if no Basic Life)	75 (70 if no Basic Life)	75 (70 if no Basic Life)
Waiver of Premium	Not covered	Not covered	Not covered

Dental Plan

	Revive	Thrive	Energize
Benefit Year	Calendar year	Calendar year	Calendar year
Deductible	Single - \$0 Family - \$0	Single - \$0 Family - \$0	Single - \$0 Family - \$0
Co-Insurance	Basic - 80% Endo/Perio - 80% Major - no coverage Ortho - no coverage	Basic - 90% Endo/Perio - 90% Major - 50% Ortho - no coverage	Basic - 90% Endo/Perio - 90% Major - 50% Ortho - 50%
Benefit Maximums	Basic and endo/perio - combined \$1,000 per	Basic, endo/perio, and major - combined \$1,500	Basic, endo/perio, major and ortho - combined
Dontal Foo Cuido	benefit year	per benefit year	\$2,000 per benefit year
Dental Fee Guide	Current year	Current year	Current year
Basic Restorative Services	Recall exams - 1 per 12 months Cleaning - 1 per 12 months Bitewing - 2 per 12 months Fluoride treatments - 1 per 12 months for children up to the age of 21 no coverage for adults Complete x-rays - 1 per 24 months Complete exams - 1 per 36 months Reline/repair dentures - 1 per 36 months Oral hygiene instruction - no coverage Pit and fissure sealants - available for children up	Recall exams - 1 per 12 months Cleaning - 1 per 12 months Bitewing - 2 per 12 months Fluoride treatments - 1 per 12 months for children up to the age of 21 no coverage for adults Complete x-rays - 1 per 24 months Complete exams - 1 per 36 months Reline/repair dentures - 1 per 36 months Oral hygiene instruction - no coverage Pit and fissure sealants - available for children up	Recall exams - 1 per 12 months Cleaning - 1 per 12 months Bitewing - 2 per 12 months Fluoride treatments - 1 per 12 months for children up to the age of 21 no coverage for adults Complete x-rays - 1 per 24 months Complete exams - 1 per 36 months Reline/repair dentures - 1 per 36 months Oral hygiene instruction - no coverage Pit and fissure sealants - available for children up
Endodontic and Periodontic Services	to age 14 Periodontic scaling - 8 units Root planing - 8 units Occlusal adjustment and equilibration - 8 units per benefit year	to age 14 Periodontic scaling - 8 units Root planing - 8 units Occlusal adjustment and equilibration - 8 units per benefit year	to age 14 Periodontic scaling - 8 units Root planing - 8 units Occlusal adjustment and equilibration - 8 units per benefit year
Major Restorative Services	No coverage	Crowns, onlays, dentures, bridges and implants - included with replacement after 5 years Missing tooth exclusion	Crowns, onlays, dentures, bridges and implants - included with replacement after 5 years Missing tooth exclusion
Orthodontic Services	No coverage	No coverage	Covers dependent children up to the age of 19
Survivor Benefit	24 months	24 months	24 months

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Termination Age	75 (70 if no Basic Life)	75 (70 if no Basic Life)	75 (70 if no Basic Life)
Waiver of Premium	Not covered	Not covered	Not covered

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