my health my plan

My Coverage

Here is an overview of your plan options:

(Please note: unless otherwise stated, all maxiumums are per insured person per plan year.)

Plan Options:	Standard	Enhanced
Eligible expense limits		
Lifetime maximum	\$250,000	\$300,000 — not applicable to emergency out-of-province/country coverage
Drugs		
Maximum for prescription drugs [♦]	\$1,000	\$2,000
Dispensing fees [♦]	Full, up to a reasonable and customary limit	Full, up to a reasonable and customary limit
Drugs co-insurance [♦]	80%	80%
Drugs covered	Costs of drugs or supplies that are prescribed in writing by a dentist or physician and are obtained from a pharmacist are covered	Costs of drugs or supplies that are prescribed in writing by a dentist or physician and are obtained from a pharmacist are covered
Vision care		
Vision	80% co-insurance, maximum \$150 every two years	80% co-insurance, maximum \$200 every two years
Eye examination	Not covered	Up to \$30 for optometrist fees every two plan years
Paramedical services		
Paramedical services	\$300 per practitioner, up to a maximum of \$500 for all services combined.	\$300 per practitioner, up to a maximum of \$650 for all services combined.
	Includes: physiotherapist, chiropractor, osteopath, podiatrist, naturopath, chiropodist, registered massage therapist, & speech therapist	Includes: physiotherapist, chiropractor, osteopath, podiatrist, naturopath, chiropodist, registered massage therapist, & speech therapist
Psychologist	\$60 per visit, maximum seven visits per plan year	\$60 per visit, maximum ten visits per plan year
Semi-private hospital (in Canada	a)	
Semi-private hospital (in Canada)	80% during the first 30 days, 50% of the balance to a maximum of \$5,000	80% during the first 30 days, 50% of the balance to a maximum of \$10,000
Convalescent hospital	\$20 per day, for a maximum of 180 days. Not custodial.	\$20 per day, for a maximum of 180 days. Not custodial.



Plan Options:	Standard	Enhanced	
Medical services and equipment			
Ambulance (in Canada)	Unlimited ground ambulance	Unlimited ground ambulance. Air ambulance to a maximum of \$5,000 per instance	
Private duty nursing	\$5,000 (\$25,000 lifetime maximum)	\$5,000 (\$25,000 lifetime maximum)	
Accidental dental	\$5,000 lifetime maximum	\$5,000 lifetime maximum	
Durable equipment	\$2,500 per insured per plan year	\$5,000 per insured per plan year	
	Wheelchair: \$4,000 lifetime maximum (with some restrictions)	Wheelchair: \$4,000 lifetime maximum (with some restrictions)	
	Hospital beds: \$1,500 per lifetime	Hospital beds: \$1,500 per lifetime	
Hearing aids	\$350 every 5 plan years	\$500 every 5 plan years	
Orthopedic shoes & supplies	Orthopedic shoes & orthopedic alterations & orthotics maximum \$200 (prescription required)	Orthopedic shoes & orthopedic alterations & orthotics maximum \$200 (prescription required)	
Medical services and equipment continued			
Medical services & equipment	\$2,500 per insured person per plan year for all expenses listed in this category • Diagnostic services: Reasonable and customary • Casts, splints, trusses, braces or crutches: \$300 • Wigs following chemotherapy: \$350 lifetime maximum • Breast prosthesis: \$200 • Other: Reasonable and customary for artificial limbs and eyes; stockings; surgical brassieres; intraocular lenses following cataract surgery; stump socks; radiotherapy or coagulotherapy; oxygen, plasma and blood transfusion	\$5,000 per insured person per plan year for all expenses listed in this category • Diagnostic services: Reasonable and customary • Casts, splints, trusses, braces or crutches: \$500 • Wigs following chemotherapy: \$500 lifetime maximum • Breast prosthesis: \$200 • Other: Reasonable and customary for artificial limbs and eyes; stockings; surgical brassieres; intraocular lenses following cataract surgery; stump socks; radiotherapy or coagulotherapy; oxygen, plasma and blood transfusion	
Emergency out-of-province/country			
Emergency out-of-province/country	Not covered	Up to \$1 million (lifetime maximum) of hospital expenses covered during the first 60-days of travel subject to a 9-month pre-existing condition limitation*.	
		Travel assistance, medical assistance, family service and support, additional service (i.e. assistance in finding lost luggage).	
		The emergency out-of-province/country (including travel assistance) coverage terminates when you reach age 80.	
Dental Care			
Dental coverage	Not covered	80%, diagnostic and preventative dental procedures (oral examination, oral hygiene instructions, fluoride treatment, scaling and polishing) 50%, Basic dental procedures (filling, removal of teeth, oral surgery, minor restoration, endodontics	
		and periodontics) Maximum of \$750 in the first plan year of coverage,	
		maximum of \$1,000 per plan year in subsequent years.	

[†] This plan is second payor to any government - sponsored drug plan. In Quebec, this plan will be second payor to comply with RAMQ legislation.

^{*} Emergency travel medical does not cover any pre-existing condition. A pre-existing condition is a medical condition where symptoms have appeared or required medical attention, hospitalization or treatment (this includes changes in medication or dosage) during the nine-month period before you leave your province. Certain provisions may apply, please read your policy carefully before you travel.