

## Personal Health Plan Types

### Summary of Benefits

Benefits	BasicPlan	ExtendaPlan®	OmniPlan®
<b>Vision Care</b> <i>eye exams and frames/lenses</i>	n/a	80% to \$200 per 2 years combined	\$90/ eye exam / 2 years 90% to \$250 / 2 years for Frames / Lenses
<b>Health Practitioners</b>	70% to \$250 combined maximum <i>Acupuncturist, Chiropodist/Podiatrist, Naturopath, Dietitian, Osteopath</i>	80% to \$350 combined maximum <i>Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Dietitian, Osteopath, Physiotherapist</i>	90% to \$300 maximum per specialty <i>Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Dietitian, Osteopath, Physiotherapist</i>
<b>Speech Pathologist/Therapist</b>	\$45 per visit, 5 visits combined	\$45 per visit, 10 visits combined	\$45 per visit, 10 visits combined
<b>Counselling Services</b> <i>Psychologist, Psychotherapist, &amp; Registered Social Worker</i>	n/a	\$65 per visit, 10 visits combined	\$65 per visit, 15 visits combined
<b>Hearing Aids</b>	n/a	\$500 / 5 years	\$800 / 5 years
<b>Health Supplies &amp; Equipment</b>	n/a	\$500	\$500
<b>Diabetic Supplies &amp; Equipment</b>	n/a	\$300	\$300
<b>Oxygen Equipment</b>	n/a	\$500/year; \$1,500 lifetime maximum	\$500/year; \$2,500 lifetime maximum
<b>Blood Pressure Monitors</b>	n/a	1 / policy / 5 years	1 / policy / 5 years
<b>Custom Made Foot Orthotics</b>	n/a	80% / 5 years	80% / 3 years
<b>Orthopedic Shoes</b>	n/a	\$225	\$225
<b>Mobility Aids</b>	n/a	\$300	\$300
<b>Ostomy Supplies</b>	n/a	\$300	\$300
<b>Ambulance</b>	\$2,000	Unlimited	Unlimited
<b>Air Ambulance</b>	Unlimited	Unlimited	Unlimited
<b>Casts &amp; Crutches</b>	Unlimited	Unlimited	Unlimited
<b>Preferred Hospital Rooms</b>	\$500	\$1,000	45 days to \$3,500
<b>Private Duty Nursing</b>	80% to \$1,500 (in-hospital only)	80% to \$3,000	80% to \$5,000
<b>Accidental Dental</b>	\$500 / injury	\$2,000 / injury	\$5,000 / injury
<b>Wheelchairs, Motorized Scooters &amp; Adjustable Beds</b>	\$500 / 5 years	\$750 / 5 years	\$1,000 / 5 years
<b>Prosthetic Appliances</b>	Artificial eyes, limbs, breast prostheses, surgical bras	Artificial eyes, limbs, breast prostheses, surgical bras	Artificial eyes, limbs, breast prostheses, surgical bras
<b>Patient Walkers</b>	80% to \$300 / 5 years	80% to \$300 / 5 years	80% to \$300 / 5 years
<b>LifeWorks</b>	Included	Included	Included

### Additional Coverage Options

<b>Basic Prescription Drug†</b>	Payment up to \$3,500 for newly prescribed drugs, including birth control.	<b>Hospital Cash*</b>	\$100 per day up to a maximum of \$3,000 per policy year.
<b>Enhanced Prescription Drug†</b>	Payment to an overall maximum of \$5,000 for prescription drugs and birth control. Includes \$800 for pre-existing medications.	<b>Annual Travel</b>	Out-of-country and out-of-province coverage \$2,000,000; 15, 30, 48 days. Includes \$500,000 of coverage for COVID-19.
<b>Dental Care*</b>	Preventative Care, Basic and Major Services. Year 1 \$500, Year 2 \$750, Year 3+ \$1,000.		

This is a summary of benefits only. Please refer to the policy wording for complete details.

†Newly prescribed drugs are limited to those covered under your provincial drug plan (formulary).

\*Subject to a waiting period.