

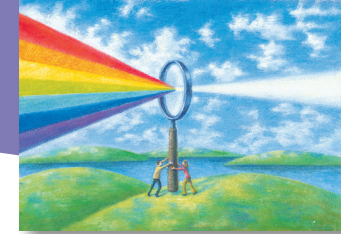
<b>Prism Precision® Benefits</b> Please see "Benefit Descriptions" for more details	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>ELIGIBILITY RULES</b>	Apply before age 80	Apply before age 80	Apply before age 80	Apply before age 80
<b>PRESCRIPTION DRUGS</b> - maximum per person	Not covered	\$250 per year Paid at 70% Brand name drugs covered if no generic equivalent exists	Not covered	Not covered
<b>DENTAL</b> Combined maximums per person for Basic, Comprehensive Basic and Major Services (if applicable)	Not covered	\$250 per year	\$500 in the first 12 months \$750 in the next 12 months \$1,000 every 12 months thereafter	\$1,000 in the first 12 months \$1,000 in the next 12 months \$1,250 every 12 months thereafter
<b>Basic</b> - recall frequency	Not covered	Paid at 70% - every 9 months	Paid at 80% - every 9 months	Paid at 80% - every 6 months
<b>Comprehensive Basic</b>	Not covered	Not covered	Paid at 60% in the first 12 months Paid at 70% in the next 12 months Paid at 80% thereafter	Paid at 60% in the first 12 months Paid at 70% in the next 12 months Paid at 80% thereafter
<b>Major Services</b>	Not covered	Not covered	Paid at 50%, starting in the 3rd benefit year	Paid at 50%, starting in the 3rd benefit year
<b>Orthodontic Services</b>	Not covered	Not covered	Not covered	Paid at 50%, starting in the 3rd benefit year \$2,000 lifetime maximum
<b>EXTENDED HEALTH</b> <b>Vision</b> - maximum per person	\$150 every 24 months	Not covered	\$150 every 24 months	\$150 in the first 24 months \$200 in the next 24 months \$300 every 24 months thereafter
<b>Accidental Dental</b> - maximum per person	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$5,000 per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b> - maximum per person	\$300 in the first 4 years \$500 every 4 years thereafter	\$300 every 4 years	\$300 in the first 4 years \$500 every 4 years thereafter	\$500 every 3 years
<b>Home Support Services</b> - maximum per person	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter	\$1,500 per year	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter
<b>Medical Items</b> - maximum per person	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 per year foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months
<b>Medical Services</b> Eye examinations - maximum per person	Covered \$50 every 24 months	Covered Not covered	Covered \$50 every 24 months	Covered \$65 every 24 months
<b>Professional/Registered Therapists</b> - maximums per practitioner per person • Chiropractor, Footcare Specialist (Chiropodist/Podiatrist), Naturopath, Osteopath, Physiotherapist, Massage Therapist, Acupuncturist • Psychologist, Registered Social Worker • Speech Therapist	\$20 per visit; 20 visits per year  \$600 per year combined maximum \$400 per year	\$20 per visit; 15 visits per year  \$600 per year combined maximum \$300 per year	\$20 per visit; 20 visits per year  \$600 per year combined maximum \$400 per year	\$30 per visit; 20 visits per year  \$600 per year combined maximum \$600 per year
<b>TRAVEL</b> - maximum per person	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 15 days per trip
<b>HOSPITAL ACCOMMODATION</b> (Semi-Private and/or Private) Optional benefit - medical questionnaire required - maximum per person	<b>NOTE: Optional Benefit – Additional premium required, please refer to pages (6) and (7)</b>			
	\$200 per day, 30 days per year	\$200 per day, 30 days per year	\$200 per day, 30 days per year	\$250 per day, 30 days per year

This is not a contract. These details are a marketing piece for informative purposes only.

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# Benefit Descriptions



## PRESCRIPTION DRUGS

Prescription drugs/medications approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.

**NOTE:** Excludes vitamins, patent or proprietary medicines, over-the-counter drugs, smoking cessation products, erectile dysfunction (ED) agents, fertility and obesity drugs.

## DENTAL

### Basic

- Preventative cleaning and polishing
- Routine examinations, x-rays
- Fillings and extractions
- Fluoride treatments for children
- Pit and fissure sealants for children
- Space maintainers for children
- General anaesthetics

### Comprehensive Basic

- Periodontal treatment including: cleaning and scaling (8 units every 12 months) treatment of gums and tissues of the mouth
- Endodontics – root canal therapy
- Denture cleaning, repairs, rebasing and relining

### Major Services

- Dentures (full or partial)
- Standard crown restorations or onlays on natural teeth
- Standard bridges, including pontics, abutment retainers/crowns on natural teeth
- Standard repair or recementing of crowns, onlays and bridgework on natural teeth

### Orthodontic Services

- Orthodontic treatment to straighten teeth and correct the bite

**NOTE:** All of the dental benefits are based on the current Provincial Dental Association fee guide for general practitioners.

**NOTE:** All benefits are paid at the reasonable and customary level, and are coordinated with any other health coverage you may have.

## EXTENDED HEALTH

### Vision

Prescription eye glasses, contact lenses, laser eye surgery or replacement parts to prescription eye glasses.

**NOTE:** For information regarding eye examinations please see description under Medical Services.

### Accidental Dental

The repair or replacement of natural teeth which were damaged as a result of an accident to the mouth (blow to the mouth).

**NOTE:** Damage to teeth as a result of eating something is **not covered**.

### Ambulance Transportation

When required as the result of an accident or acute physical disability, professional land or air ambulance to the nearest hospital equipped to provide the required treatment.

### Hearing Aids

Hearing aids, repairs or replacement parts.

**NOTE:** Does not include the replacement cost for batteries.

### Home Support Services

Services of a Registered Nurse (RN), Registered Practical Nurse (RPN), Licensed Practical Nurse (LPN) or Personal Support Worker (PSW) in the home when certified medically necessary by the attending physician.

### Medical Items

- Aids for daily living include: hospital style beds including rails and mattress, decubitus (ulcer care) supplies, trapeze
- Braces, casts, diabetic supplies (blood glucose monitor, lancets), catheter supplies, ostomy supplies, custom made foot orthotics
- Mobility Aids include: cane, crutches, walker, wheelchair, traction equipment
- Prosthetics include: artificial limbs, eyes, prosthetic accessories, modifications and repairs, surgical brassieres after a mastectomy, wigs
- Respiratory Cardiology includes: continuous positive airway pressure pump (CPAP), apnea monitor for respiratory dysrhythmias (for infants), compressor, inhalant devices, tracheotomy supplies, oxygen
- Vascular compression includes: intermittent compression pump and sleeve, pressure gradient surgical stockings

## Medical Services

Includes diagnostic tests and x-rays, dialysis equipment, laboratory tests, and eye examinations.

**NOTE:** Eye examinations are available only in those provinces where eye examinations are not covered by the provincial government health plan on an annual basis.

## Professional/Registered Therapists

Chiropractor, Footcare Specialists (Chiropodist/Podiatrist), Naturopath, Osteopath, Physiotherapist, Psychologist, Registered Social Worker, Speech Therapist, Acupuncturist and Registered Massage Therapist (RMT).

**NOTE:** Extended Health benefits are not payable for services and supplies provided in a chronic care or psychiatric hospital or institution, chronic care unit of a general hospital, or when a patient is confined to a nursing home or home for the aged and receives provincial government assistance.

## TRAVEL

Services that are required as a result of emergency illness or injuries which occurred while you were vacationing or traveling for other than health reasons. Covers hospital services and accommodation, medical/surgical services, emergency transportation, repatriation and air ambulance.

## HOSPITAL ACCOMMODATION

This benefit pays for the difference in cost between standard ward and Semi-Private and/or Private accommodation in a public or general (acute care) hospital when you have occupied an active treatment bed. Your provincial government health plan must accept or agree to pay the standard ward rate.

- NOTE:**
- The hospital benefit cannot be purchased on its own.
  - This benefit does not apply to accommodation in a long-term care facility (i.e. chronic care facility/hospital), private hospital or program treatment facility.
  - Benefits are not payable for hospitalization due to pregnancy or pregnancy-related conditions which commenced during the first ten (10) month period following the effective date of the coverage.