## Plan comparison chart

<table>
<thead>
<tr>
<th>Plan</th>
<th>Basic</th>
<th>Enhanced</th>
<th>Enhanced Plus</th>
<th>Premiere</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>• Generic coverage</td>
<td>• Generic coverage</td>
<td>• Generic coverage</td>
<td>• Generic coverage</td>
</tr>
<tr>
<td></td>
<td>• Shared dispensing fee</td>
<td>• Shared dispensing fee</td>
<td>• Shared dispensing fee</td>
<td>• Shared dispensing fee</td>
</tr>
<tr>
<td></td>
<td>• Reimbursement</td>
<td>• Reimbursement</td>
<td>• Reimbursement</td>
<td>• Reimbursement</td>
</tr>
<tr>
<td></td>
<td>• Anniversary year maximums</td>
<td>• Anniversary year maximums</td>
<td>• Anniversary year maximums</td>
<td>• Anniversary year maximums</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
</tr>
<tr>
<td></td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
</tr>
<tr>
<td></td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
<td>• Not covered</td>
</tr>
<tr>
<td></td>
<td>• N/A</td>
<td>• N/A</td>
<td>• N/A</td>
<td>• N/A</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>• $150 per 2 benefit years plus</td>
<td>• $200 per 2 benefit years plus</td>
<td>• $200 per 2 benefit years plus</td>
<td>• $250 per 2 benefit years plus</td>
</tr>
<tr>
<td></td>
<td>• $50 for Optometrist visit‡ per 2 benefit years</td>
<td>• $50 for Optometrist visit‡ per 2 benefit years</td>
<td>• $50 for Optometrist visit‡ per 2 benefit years</td>
<td>• $50 for Optometrist visit‡ per 2 benefit years</td>
</tr>
<tr>
<td><strong>Hospital Benefits</strong></td>
<td>• Semi-private room</td>
<td>• Semi-private room</td>
<td>• Semi-private room</td>
<td>• Semi-private room</td>
</tr>
<tr>
<td></td>
<td>• $25/day</td>
<td>• $50/day</td>
<td>• $50/day</td>
<td>• $50/day</td>
</tr>
<tr>
<td></td>
<td>• $1,500 anniversary year maximum</td>
<td>• $3,000 anniversary year maximum</td>
<td>• $3,000 anniversary year maximum</td>
<td>• $5,000 anniversary year maximum</td>
</tr>
<tr>
<td><strong>Registered Specialists and Therapists</strong></td>
<td>• Maximum claims paid</td>
<td>• Maximum claims paid</td>
<td>• Maximum claims paid</td>
<td>• Maximum claims paid</td>
</tr>
<tr>
<td></td>
<td>• $175 per visit</td>
<td>• $175 per visit</td>
<td>• $175 per visit</td>
<td>• $175 per visit</td>
</tr>
<tr>
<td><strong>Registered Psychologist</strong></td>
<td>• $80</td>
<td>• $80</td>
<td>• $80</td>
<td>• $80</td>
</tr>
</tbody>
</table>

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* Generic – coverage...

† Includes services such as dental procedures, orthodontics, and other services.

‡ Includes services such as eye exams, contact lenses, and other vision services.

§ Includes services such as physiotherapy, occupational therapy, and other therapies.

‖ Includes services such as acupuncture, naturopathy, and other therapies.

Note: If applicable, dental coverage begins at the age when your provincial health insurance plan coverage ends.
**Extended Healthcare Benefits (continued)**

<table>
<thead>
<tr>
<th>Basic</th>
<th>Enhanced</th>
<th>Enhanced Plus</th>
<th>Premiere</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Speech Therapist</strong>&lt;sup&gt;†&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maximum per first visit</td>
<td>• $65</td>
<td>• $65</td>
<td>• $65</td>
</tr>
<tr>
<td>• Maximum per subsequent visit</td>
<td>• $45</td>
<td>• $45</td>
<td>• $45</td>
</tr>
<tr>
<td>• Maximum visits per year</td>
<td>• 10</td>
<td>• 10</td>
<td>• 10</td>
</tr>
</tbody>
</table>
| **Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment** – Covers the services of registered health professionals including Registered Nurse, Registered Practical Nurse, Certified Home Support Worker, Occupational Therapist, Registered Dietician, Registered Nursing Assistant or healthcare aide; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment. Payment will be coordinated where benefits are available through the Assistive Devices Program.

- For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:
  - Year 1: $500
  - Year 2: $750
  - Year 3+: $1,250
- For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:
  - Year 1: $1,000
  - Year 2: $1,500
  - Year 3+: $3,000
- For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment:
  - Year 1: $1,000
  - Year 2: $1,500
  - Year 3+: $3,000
- For each of Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: $3,000 per year |
| **Custom-Made Orthotics** – Covers charges for the purchase of custom-made orthotics (plaster cast or computer topography).

- Maximum of $2,000 per year
- Maximum of $2,500 per year
- Maximum of $3,500 per year |
| **Accidental Dental** – Covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90-day period following the accident.

- $300/5 benefit years
- $400/5 benefit years
- $400/5 benefit years
- $600/4 benefit years |
| **Ambulance Services**<sup>‡</sup> – Covers trips to hospitals in a licensed ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.

- Unlimited ground transport
- Up to $4,000 air ambulance per year
- Unlimited ground transport
- Up to $4,000 air ambulance per year
- Unlimited ground transport
- Up to $4,000 air ambulance per year |
| **Lifeline® Emergency Response Service** – Provides 24-hour monitoring service for people coping with medical problems at home.

- Maximum of 6 months per lifetime
- Maximum of 6 months per lifetime
- Maximum of 6 months per lifetime
- Maximum of 6 months per lifetime |
| **Health Service Navigator**<sup>‡</sup> Offers evaluation of medical records upon diagnosis of serious illness or injury.

- Included
- Included
- Included
- Included |
| **Preferred Vision & Hearing Services (PVS)**<sup>‡</sup> Offers discounts for vision and hearing aid products and services through participating optical outlets and PVS Preferred provider Hearing Healthcare Centers.

- Included
- Included
- Included
- Included |
| **Fracture Benefit** Pays a scheduled amount depending on which bone is fractured. If more than one bone is fractured in a single accident, the amount payable is for the most severe fracture.

- Not available
- Up to $350
- Up to $350
- Up to $350 |
| **Accidental Death and Dismemberment** Payment for accidental death or dismemberment directly resulting from an accident, occurring within one year of the date of the accident.

- Up to $10,000 for adults
- Up to $5,000 for children and persons aged 65 years or over
- Up to $25,000 for adults
- Up to $10,000 for children and persons aged 65 years or over
- Up to $25,000 for adults
- Up to $10,000 for children and persons aged 65 years or over
- Up to $50,000 for adults
- Up to $15,000 for children and persons aged 65 years or over |
| **Survivor Benefit** Provides continuous coverage for 1 year, following the death of an adult policyholder.

- Included
- Included
- Included
- Included |

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**Generic Drug** – A generally less expensive alternative to an interchangeable brand-name drug product. Exclusions: smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, erectile dysfunction drugs, and drugs not requiring a prescription. Other exclusions apply; please consult your policy for details.

- Prescription drug coverage in the provinces of British Columbia and Saskatchewan is based on calendar year.

- Please note: not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

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*Throughout the year, follow the effective dates of the agreement, and each 12-month period thereafter. Benefits year means the 12 consecutive months following the incurred date of the claim. Calendar year means each successive 12-month period commencing January 1 and ending December 31. All references to “year” refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, year refers to benefit year.*