

A plan designed to help you maintain your healthy LIFESTYLE.

LIVING today, while PLANNING for tomorrow!"

CONSIDER THIS:

Having your own Medical plan is a smart way to fill the gap between those medical expenses that occur, but are not covered by government health plans.

We can help ease your financial burden.

the
EDGE

GREEN SHIELD
CANADA

HEALTH BENEFITS

Prescription Drugs *(not available for Quebec residents)*

Pay Direct Drug Card

BASE PLAN Covered at 80%

Maximum \$1,000 per person, per benefit year

DELUXE PLAN Covered at 90%

Maximums per person, per benefit year:

| First 12 months | Next 12 months | Each 12 months thereafter |
|-----------------|----------------|---------------------------|
| \$1,000 | \$1,500 | \$2,000 |

Please note: Benefits do not include smoking cessation products, medication for the treatment of obesity, erectile dysfunction or fertility. Serums and vitamins are also ineligible unless injected and medically necessary.

Health Services No deductible and no co-payment

Ambulance Transportation, by land or air to the nearest hospital.

Hearing Aids, \$500 every 3 years.

Vision Care, eye exams \$60 every 2 years (applicable to **DELUXE PLAN** only). As a Green Shield Plan Member, you have access to a national preferred provider vision network arrangement where all Green Shield Plan Members are eligible to receive a discount on eyewear. See your plan booklet, when received, for the features of this great value-added service.

Paramedical Services; Maximum of \$400 per person, per calendar year for Physiotherapist, Psychologist, Speech Therapist, Chiropractor, Osteopath, Homeopath, Podiatrist/Chiropodist, Naturopath.

Acupuncturist & Registered Massage Therapist; \$20.00 per visit to a maximum of 20 visits per person per calendar year.

Home Support Services up to \$5,000 **BASE PLAN**, \$7,500 **DELUXE PLAN**

Medical Items including Prosthetic appliances, braces, wheelchair & hospital bed.

Accidental Dental Coverage

The repair or replacement of natural teeth damaged as a direct result of an accident. Payment will be made based on the current Provincial Dental Association fee guide for general practitioners, maximum \$10,000 per benefit year.

EMERGENCY TRAVEL MEDICAL

Eligible travel benefits will be paid at 100% based on usual, reasonable and customary charges in the area where they were received, less the amount payable by your government health plan. Emergency services paid to a maximum of \$1,000,000 per calendar year. Reimbursement of eligible benefits will be made only if the services were required as a result of emergency injury or illness which occurred while vacationing or traveling for other than health reasons. Benefits are limited to a maximum of 60 days per trip commencing with the date of departure from your province of residence. If hospitalized on the 60th day, benefits will be extended.

PLAN MEMBER ONLINE SERVICES



Green Shield Canada's Plan Member Online Services website makes it easier and faster for you to see claims information, check benefit eligibility and get your claims payments.

Here's what you can do:

- Access your personal claims information and see a breakdown of how your claims were processed
- Run a "mock claim" to instantly find out when and what portion of an eligible benefit or service will be covered
- Have your claim payments deposited directly into your bank account
- Print out personalized claim forms
- Print out your personal explanation of benefits statements for coordination of benefits

Your information is secure

Green Shield Canada is committed to the protection of any personal information collected by us or in our custody. Our Online Services are password protected. To ensure that your confidential information is protected, we will mail an Access Code to the address that we have on file for you. In the meantime, you will have access to basic services within the site. When you receive the letter, simply use the Access Code provided to fully activate your account.

DENTAL BENEFITS

can only be purchased in conjunction with Health Benefits

Basic Dental Services covered at 80%

- **Preventive services** include recall examinations every 9 months; preventive cleaning of teeth; topical application of fluoride for persons age 19 or under; pit and fissure sealants on permanent molars, for children age 15 or under; space maintainers that replace prematurely lost teeth for persons age 18 or under.
- **Periodontal scaling/cleaning** the fees for periodontal treatment are based on units of time (15 minutes per unit) and/or number of teeth in a surgical site in accordance with the Fee Guide for General Practitioners.
BASE PLAN: up to 6 units every 12 months; **DELUXE PLAN:** up to 8 units every 12 months.
- **Diagnostic services** including complete oral examinations once every 3 years; emergency and specific oral examinations once every 3 years; full series x-rays and panoramic x-rays once every 3 years; bitewing x-rays once every 9 months.
- **Basic oral surgery** including extractions of teeth and/or residual roots.

Comprehensive Dental Services covered at 70%

- **Endodontic treatment** including root canal therapy; removal of the pulp from the crown and root portion of the tooth; assistance of root tip closure; root resections and retrograde fillings, root amputation; emergency procedures.
- **Periodontal treatment** including provisional splinting and certain periodontal appliances; displacement packing, management of infections and desensitization.
- **Standard denture services** including, denture cleaning once every 9 months; denture repairs and/or tooth/teeth additions; standard relining and rebasing of dentures; denture adjustments, remount and equilibration procedures.
- **Comprehensive oral surgery** including, surgical exposure, repositioning, transplantation or enucleation of teeth; removal of cysts and tumours; incision, drainage and/or exploration of soft or hard tissue.

DENTAL BENEFIT MAXIMUMS

BASE PLAN:

\$750 in the first 12 months and \$1,000 every 12 months thereafter.

DELUXE PLAN:

\$1,000 in the first 12 months, \$1,000 in the second 12 months and \$1,200 every 12 months thereafter.

COST-PLUS

Cost-Plus is designed to cover Medical Expenses, as determined by the Income Tax Act, that are not covered under the terms of the group insurance contract.

When is Cost-Plus used?

To top up Health or Dental Benefits covered at less than 100% or when a fixed dollar maximum has been reached and a claim exceeds that dollar maximum. To provide reimbursement for a procedure and/or expense that is not covered under the terms of the contract.

Why Cost-Plus?

It allows for Medical and Dental expenses to be paid out of "company dollars" which are tax deductible. If an employee pays for these medical expenses out of his or her own pocket, it must be paid out of after tax dollars. For more information on how Cost Plus works, including how to claim, please refer to your plan booklet for details.

PREMIUM RECEIPT & INFORMATION NOTICE

The Edge Health and Dental benefits are part of a group program. Rates may be adjusted annually for the entire group each June.

Premiums are level for all ages, issued from age 18 to 64 with coverage to age 70. Premiums increase at age 65. Dependent children are covered up to age 21 or 25, if enrolled as a student full-time.

Benefit Applied for: BASE PLAN DELUXE PLAN Health Only Health & Dental Single Couple Family

Coverage takes effect on the 1st of the month following notification of approval.

Received from: _____ **the sum of \$** _____ payable to **The Edge Benefits Inc.** for the first premium when approved. If for any reason the policy is not issued, payment will be refunded in full. The effective date of coverage will be the first day of the month following notification of approval, provided the applicant's (and any listed dependents') health and other conditions remain as described in the application from the time applied for until the time the policy is issued.

PRE-AUTHORIZED CHEQUING (PAC) AGREEMENT

The Payor named under Section 4: Pre-Authorized Chequing on the Application form agrees that:

- a)** The Edge Benefits Inc. (the "Administrator") is authorized to make scheduled withdrawals to pay the premiums for this policy or policies, against the account at the financial institution indicated under Section 4 on the application, or any other financial institution that the Payor may later designate, in accordance with the rules of the Canadian Payments Association ("CPA").
- b)** such withdrawals will be on dates and in amounts in accordance with the premium schedule as set out in the Schedule of Benefits issued by the Administrator.
- c)** if the amount of withdrawal should vary, pre-notification by the Administrator is waived.
- d)** the financial institution indicated under Section 4 on the application is authorized now or at any subsequent time to honor any requests made by the Administrator to withdraw from the account indicated in the VOID cheque provided, including a representation or redraw within 30 days should any withdrawal not clear the account.
- e)** such withdrawals shall be dated on the day of the month selected under Section 4 on the application.
- f)** notification of any change to the account information provided by the Payor, shall be given to the Administrator by the Payor 5 days prior to the next scheduled withdrawal.
I /We agree that from time to time I/we may authorize the Administrator to deduct such payments from another account upon my/our written instructions.
- g)** this Agreement will terminate in respect of all policies included in it upon 10 days written notice by the Administrator or the Payor.
- h)** A PAC may be disputed by the Payor under the following conditions: (i) If the PAC was not drawn in accordance with this Agreement; or (ii) If this Agreement was revoked. In the event that either (i) or (ii) applies, the Payor agrees to contact the Administrator. If a satisfactory resolution cannot be achieved between the Payor and the Administrator then in accordance with CPA rules, in order to be reimbursed, the Payor acknowledge(s) that a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch holding the account up to and including 90 calendar days in the case of a personal PAC (or up to and including 10 business days in the case of a business PAC), after the date on which the PAC in dispute was posted to the account indicated in the VOID cheque provided. I/We acknowledge that a claim on the basis that this agreement was revoked, or any other reason, is a matter to be resolved solely between me/us and the Administrator when disputing any PAC after the 90 calendar days in the case of a personal PAC (or up to and including 10 business days in the case of a business PAC).
- i)** the names and signatures of all persons required to authorize withdrawals from the indicated account are included under Section 4 on the Application.

PRIVACY STATEMENT *your privacy matters to us.*

At The Edge Benefits Inc., we are committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

HOW WE COLLECT YOUR INFORMATION.

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

HOW WE USE YOUR INFORMATION

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with other third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc, please contact us at 1-800-908-9917.



™ 1255 Nicholson Road
Newmarket ON L3Y 9C3
Tel: 1-800-908-9917
Fax: 1-866-273-5557
hdcustomerservice@edgebenefits.com

The Edge Benefits is proud to be an independently owned and operated Canadian Company.

All Edge Plans are developed and administered by The Edge Benefits Inc., partnering with leading insurers to provide a wide range of Lifestyle Protection. ~Simply.