



***The HDF Advantage***  
***Dental Plan***

**HDF Insurance and Financial Group**  
**Main Floor, Energy Square, 10109-106 Street, Edmonton, AB. T5J 3L7**  
**Tel: (780) 488-0921 • Fax:(780) 485-9879 • Toll Free 1-800-567-2048**

**Underwritten by Manulife Financial**

**Choose any level of Dental Benefits and automatically receive Base Core Health Benefits**

<b>DENTAL BENEFITS</b>	<b>BASE PLAN</b> Medical Questionnaire NOT required	<b>BRONZE PLAN</b> Medical Questionnaire NOT required	<b>SILVER PLAN</b> Medical Questionnaire NOT required	<b>GOLD PLAN</b> Medical Questionnaire NOT required
<p><b>DENTAL SERVICES</b> Covers basic services, paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.</p> <ul style="list-style-type: none"> <li>• Reimbursement on exams, cleanings, fillings, scaling, polishing, root planning, diagnostic and other basic dental services.</li> <li>• Reimbursement on extensive services including endodontics, periodontics and denture services.</li> <li>• Reimbursement on crowns, bridges, dentures and orthodontics.</li> <li>• Anniversary year maximums.</li> </ul> <ul style="list-style-type: none"> <li>• Recall visits.</li> </ul>	<ul style="list-style-type: none"> <li>• 70%</li> <li>• 70%</li> <li>• NOT COVERED</li> <li>• \$245 per year</li> </ul> <ul style="list-style-type: none"> <li>• 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 70%</li> <li>• 70%</li> <li>• NOT COVERED</li> <li>• \$500 per year</li> </ul> <ul style="list-style-type: none"> <li>• 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> <li>• 80%</li> <li>• NOT COVERED</li> <li>• Year 1: \$500 Year 2+: \$750</li> </ul> <ul style="list-style-type: none"> <li>• 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• 80%</li> <li>• 80%</li> <li>• Year 1&amp;2: 0% Year 3+: 60%</li> <li>• Year 1: \$500 Year 2: \$750 Year 3: \$1,000 Year 4: \$1,000 Year 5: \$1,250</li> </ul> <ul style="list-style-type: none"> <li>• 6 months</li> </ul>
<b>HEALTH BENEFITS</b>	<b>BASE CORE</b>	<b>BASE CORE</b>	<b>BASE CORE</b>	<b>BASE CORE</b>
<p><b>VISION CARE</b> Covers the cost to purchase prescription lenses and frames as well as contact lenses. This benefit does not include industrial safety glasses.</p>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 per 2 years plus \$30 for Optometrist visits</li> </ul>
<p><b>ACCIDENTAL DEATH AND DISMEMBERMENT</b> Payment for a loss directly resulting from accidental bodily injury or accidental loss of life occurring within a year of the date of the accident.</p>	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>	<ul style="list-style-type: none"> <li>• \$10,000 per adult</li> <li>• \$4,000 per child or senior over 65</li> </ul>

HEALTH BENEFITS	BASE CORE	BASE CORE	BASE CORE	BASE CORE
<p><b>EXTENDED HEALTH CARE BENEFITS:</b>  - <b>registered specialist and therapists</b>  Includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrist, Naturopaths, Chiropodists, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists.  <b>Registered Specialists and Therapists</b></p> <ul style="list-style-type: none"> <li>• Maximum claims paid</li> <li>• Per visit maximum</li> <li>• Chiropractic x-rays</li> </ul> <p><b>Psychologist</b></p> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul> <p><b>Speech Therapist</b></p> <ul style="list-style-type: none"> <li>• Maximum per first visit</li> <li>• Maximum per subsequent visit</li> <li>• Maximum visits per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$300</li> <li>• \$15</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$75</li> <li>• \$60</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$60</li> <li>• \$40</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$300</li> <li>• \$15</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$75</li> <li>• \$60</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$60</li> <li>• \$40</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$300</li> <li>• \$15</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$75</li> <li>• \$60</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$60</li> <li>• \$40</li> <li>• 10</li> </ul>	<ul style="list-style-type: none"> <li>• \$300</li> <li>• \$15</li> <li>• \$35 per year</li> </ul> <ul style="list-style-type: none"> <li>• \$75</li> <li>• \$60</li> <li>• 10</li> </ul> <ul style="list-style-type: none"> <li>• \$60</li> <li>• \$40</li> <li>• 10</li> </ul>
<p><b>LIFELINE RESPONSE SERVICE</b>  Provides 24-hour monitoring service for people coping with medical problems at home.</p>	<ul style="list-style-type: none"> <li>• 3 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• 3 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• 3 months per lifetime</li> </ul>	<ul style="list-style-type: none"> <li>• 3 months per lifetime</li> </ul>
<p><b>HEMOCARE AND NURSING, PROSTHETIC APPLIANCES AND DURABLE MEDICAL EQUIPMENT</b>  Covers the services of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheel-chairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Liberty health. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.</p>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; nursing,</li> <li>• Prosthetic Appliances and Durable medical Equipment:</li> </ul> <p>Year 1: \$500  Year 2: \$800  Year 3: \$1,000  Year 4: \$1,000  Year 5: \$2,000  Orthotics: \$225 per year as part of Durable Medical Equipment</p>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; nursing,</li> <li>• Prosthetic Appliances and Durable medical Equipment:</li> </ul> <p>Year 1: \$500  Year 2: \$800  Year 3: \$1,000  Year 4: \$1,000  Year 5: \$2,000  Orthotics: \$225 per year as part of Durable Medical Equipment</p>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; nursing,</li> <li>• Prosthetic Appliances and Durable medical Equipment:</li> </ul> <p>Year 1: \$500  Year 2: \$800  Year 3: \$1,000  Year 4: \$1,000  Year 5: \$2,000  Orthotics: \$225 per year as part of Durable Medical Equipment</p>	<ul style="list-style-type: none"> <li>• For each of Homecare &amp; nursing,</li> <li>• Prosthetic Appliances and Durable medical Equipment:</li> </ul> <p>Year 1: \$500  Year 2: \$800  Year 3: \$1,000  Year 4: \$1,000  Year 5: \$2,000  Orthotics: \$225 per year as part of Durable Medical Equipment</p>

HEALTH BENEFITS	BASE CORE	BASE CORE	BASE CORE	BASE CORE
<p><b>HEARING AIDS</b> Covers the cost to purchase and/or repair up to the allowed maximum.</p>	<ul style="list-style-type: none"> <li>\$300 per 4 year period</li> </ul>	<ul style="list-style-type: none"> <li>\$300 per 4 year period</li> </ul>	<ul style="list-style-type: none"> <li>\$400 per 4 year period</li> </ul>	<ul style="list-style-type: none"> <li>\$500 per 4 year period</li> </ul>
<p><b>AMBULANCE SERVICES</b> Covers trips to hospitals in a licensed ground ambulance covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial health insurance plan maximum has been reached, if applicable.</p>	<ul style="list-style-type: none"> <li>Unlimited ground transport</li> <li>\$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited ground transport</li> <li>\$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited ground transport</li> <li>\$4,000 maximum air ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited ground transport</li> <li>\$4,000 maximum air ambulance</li> </ul>
<p><b>ACCIDENTAL DENTAL</b> 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.</p>	<ul style="list-style-type: none"> <li>\$2,000 per year</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per year</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per year</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per year</li> </ul>
<p><b>LIFETIME MAXIMUM (all benefits)</b></p>	<ul style="list-style-type: none"> <li>\$50,000</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> </ul>	<ul style="list-style-type: none"> <li>\$50,000</li> </ul>

All maximum limits apply to each individual family member.