



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.



HEALTH BENEFITS

PRESCRIPTION DRUGS with pay direct drug card

(not available for Quebec residents)

BASE PLAN Covered at 80% to a maximum of \$1,000 per person, per benefit year

DELUXE PLAN Covered at 90% to the following maximums per person, per benefit year:

First 12 months \$1,000	Next 12 months \$1,500	Each 12 months thereafter \$2,000
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PLATINUM PLAN Covered at 90% to the following maximums per person, per benefit year:

First 12 months \$1,500	Next 12 months \$2,500	Each 12 months thereafter \$3,500
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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.

Paramedical Services, Maximum of \$400 per person, per calendar year for each 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.

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

	BASE PLAN	DELUXE PLAN	PLATINUM PLAN
Orthotics	Not Covered	\$200 every 3 years	\$300 every 3 years

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.

Vision Care, All Plan members have access to a national preferred provider vision network arrangement, where you are eligible to receive a discount on eye wear. Details on this feature are available online at www.greenshield.ca

	BASE PLAN	DELUXE PLAN	PLATINUM PLAN
Eye exams	Not Covered	\$60 every 2 years	\$60 every 2 years
Eyeglasses/ Contact Lenses/ Laser Eye Surgery	Not Covered	Not Covered	\$250 every 2 years

Home Support Services, charges for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home only on a full or part shift bases.

	BASE PLAN	DELUXE PLAN	PLATINUM PLAN
Home Support Services	\$5,000	\$7,500	\$10,000

Semi-Private Hospital Accommodations (Platinum Plan ONLY)

Reimbursement for the difference in cost between standard ward charges and the cost of semi-private accommodations (**maximum 30 days/ benefit year**)

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.

EMERGENCY TRAVEL MEDICAL

Eligible medical 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.

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 (6 months for **Platinum Plan**); 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 and PLATINUM 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% (80% for the PLATINUM PLAN ONLY)

- **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 and PLATINUM PLAN:

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

Cost Plus

All EDGE Medical Plan members have access to a tax relief feature that allows small businesses to claim expenses related to health care.

All EDGE Medical Plan members have access to this feature regardless of the level of coverage they have. Any health expenses not covered under the EDGE Insured Medical portion of the plan may be eligible under Cost Plus.

There is no set up fee to access this service there is an administration fee (plus applicable taxes) charged ONLY when expenses are claimed.

Cost Plus is not an insurable benefit, but provides the small business owner with access to a tax advantage when medical expenses are paid out of company dollars, which are tax deductible.

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. You will be given 30 days notice of any change to your premium rates.

Premiums are level for all ages, issued 18 to 64 with coverage to age 75. Premiums will increase at age 70. Dependent children are covered up to age 21 or 25, if enrolled as a student full-time.

PLAN TYPE: BASE PLAN DELUXE PLAN PLATINUM 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.