


Blue Cross Express Plan - with Dental

<u>Benefits</u>	<u>Coverage Maximums</u>	Monthly Rates	
<p>Dental 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"> Reimbursement on examinations, cleanings, fillings, scaling, polishing, diagnostic, radiographs and other basic preventative dental services (including root canals) Reimbursement per calendar year Major Restorative Services (3 year waiting period) No waiting period for basic preventative services! 	<ul style="list-style-type: none"> <u>First Year</u>: 70% up to \$750 per person (pro-rated) <u>Second Year</u>: 75% up to \$1,000 per person <u>Third Year and Beyond</u>: 80% up to \$1,250 per person, including Major Dental at 50% up to \$500 per person 	Age Group	Rate
		INDIVIDUAL	
		16-39	\$93.50
<p>Prescription Drugs</p> <ul style="list-style-type: none"> No lifetime maximum No Dispensing Fee cap Reimbursement per calendar year Pay Direct Drug card Drug benefit ends at age 65 Coverage for oral contraceptives 	<ul style="list-style-type: none"> Covers lowest cost generic equivalent <u>First Year</u>: 80% up to \$500 per person <u>Second Year and Beyond</u>: 80% up to \$750 per person 	40-54	\$115.00
		55-64	\$144.75
		65-74	\$103.85
		75+	\$113.40
		COUPLES (per person)	
<p>Vision Care – For individuals under 65 years of age: one eye exam with an optometrist or ophthalmologist.</p> <ul style="list-style-type: none"> Discount privileges with major vision providers (see Assistance Program) 	<ul style="list-style-type: none"> Optometrist/Ophthalmologist \$50 per two calendar years. 	COUPLES (per person)	
<p>Ambulance Services – covers trips to hospitals in a licensed ground or air ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.</p>	<ul style="list-style-type: none"> Ground/air ambulance 	16-39	\$84.82
<p>Emergency Travel Coverage: For unlimited trips lasting a maximum of 15 days.</p>	<ul style="list-style-type: none"> Included 	40-54	\$104.03
		55-64	\$131.35
		65-74	\$92.60
		75+	\$102.41
<p>Registered Specialists and Therapists – includes visits to Chiropractors, Acupuncturist, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Physiotherapists (per visit maximum)</p> <ul style="list-style-type: none"> Per visit maximum for Massage Therapist (see Note 1) Per visit maximum for Psychologist Per visit maximum for Speech therapist Chiropractic x-rays 	<ul style="list-style-type: none"> 100% reimbursement up to specified maximums below \$12 up to 25 visits \$15 up to 20 visits \$70 on first visit; subsequent visits at \$60 up to 12 visits \$60 on first visit; subsequent visits at \$40 up to 12 visits \$25 maximum 	Family Coverage (3+ person; 2 adults with maximum of 4 dependents)	
		16-39	\$291.19
		40-54	\$321.43
		55-64	\$386.73
		65-74	\$267.95
		75+	\$304.39
<p>Homecare and Nursing Prosthetic Appliances Durable Medical Equipment Orthopedic Shoes</p> <p>See your contract for other details and list of supplies covered.</p>	<ul style="list-style-type: none"> 80% up to \$2,500 80% up to \$2,500 80% up to \$2,500 80% up to \$175 <p>* Reimbursement is per person per calendar year.</p>	Single Parent (1 parent with 1-4 dependents)	
		16-39	\$189.99
		40-54	\$193.94
		55-64	\$230.19
		65-74	\$167.95
<p>Accidental Dental – covers 24/7 service for people who have an accident and or are injured at home or work.</p>	<ul style="list-style-type: none"> 80% up to \$2,000 per person per calendar year 	75+	\$171.80
<p>Hearing Aids – covers the cost to purchase and/or repair up to the allowed amount. 3 month waiting period*</p>	<ul style="list-style-type: none"> 80% up to \$300 every 60 months 	<p>Premiums are based on individual age at the time of application. Premiums will increase as an individual's age increases in accordance with published age groups.</p> <p style="text-align: center;"> Rates effective as of February 1, 2009</p>	
<p>Assistance Program – a unique program of services and privileges for your wellbeing.</p>	<ul style="list-style-type: none"> Free legal assistance Post hospital assistance Child Birth Benefit Discounts through many service providers 		
<p>Hospital Care – Covers a semi-private or private hospital room. Coverage for up to 90 days per calendar year.</p>	<ul style="list-style-type: none"> 100% reimbursement Maximum of \$200 per day 		

The plan will **only** reimburse medical expenses that are not covered by the insured person's provincial health care plan.

***Waiting periods:** An insured person becomes eligible for the benefit after the indicated period from the effective start date of the policy.

Note 1: Services of a registered massage therapist requires a referral letter from a licensed medical practitioner and can be included with first claim. The referral must be renewed and submitted to Blue Cross every calendar year.