

Core Benefits	Core Plans						Please note: All Core Plans include the Core Benefits.
	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™ Basic	DrugPlus™ Enhanced	ComboPlus™ Starter	ComboPlus™ Basic	
<p>Vision (Basic), Chiropractor, Chiroprapist, Osteopath, Naturopath, Podiatrist, Registered Massage Therapist, Acupuncturist, Psychologist, Speech Pathologist/Therapist, Physiotherapist, Homecare and Nursing, Prosthetic Appliances, Durable Medical Equipment, Best Doctors®, Accidental Dental, Ambulance, Hearing Aid, Emergency Travel Health Coverage, Accidental Death and Dismemberment, Survivor Benefits.</p> <p>Extended Health Care (EHC) Lifetime maximum \$250,000</p>	<p>Ongoing Maintenance 9 month recall Total benefits payable: Year 1: 50% of first \$1,150 <i>Total payable per anniversary year in Year 1: \$575</i> Year 2 and beyond: 80% of first \$300; 50% of next \$850 <i>Total payable per anniversary year in Year 2+: \$665</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>DentalPlus Basic and Enhanced have an escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> </div> <p><i>No medical questionnaire required.</i></p>	<p>Ongoing Maintenance 6 month recall Total benefits payable: Year 1: 60% of first \$1,200 <i>Total payable per anniversary year in Year 1: \$720</i> Year 2 and beyond: 90% of first \$500; 60% of next \$700 <i>Total payable per anniversary year in Year 2+: \$870</i></p> <p>Combined maximum of \$1,250/3 year period for: Oral Surgery, Endodontics, Periodontics: Year 1: 0%; Year 2: 60% Year 3 and beyond: 80%</p> <p>Major Restorative First 2 years: 0% Year 3 and beyond: 60% <i>No medical questionnaire required.</i></p>	<p>Generic Drug Plan 70% first \$765 90% next \$3,850</p> <p>Total benefits payable per year: \$4,000</p> <p>Full coverage of reasonable and customary dispensing fees</p> <p>Exclusions – smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs, and drugs not requiring a prescription</p>	<p>Name Brand Drug Plan 90% first \$2,220 100% next \$6,000</p> <p>Total benefits payable per year: \$8,000</p> <p>Name brand or generic drugs, including birth control and fertility drugs</p> <p>Full coverage of reasonable and customary dispensing fees</p> <p>Exclusions – smoking cessation drugs, over-the-counter drugs, and drugs not requiring a prescription</p>	<p>DENTAL: Ongoing Maintenance 9 month recall 70% of first \$350 Total benefits payable per year: \$245</p> <p>PRESCRIPTION DRUGS: Generic Drug Plan 70% of first \$430 Dispensing Fee Cap: \$6.50 Total benefits payable per year: \$300</p> <p>Excludes Vision Care</p> <div style="border: 1px solid black; padding: 5px;"> <p>Escalating yearly maximum for Home Support, Durable Medical and Prosthetic Appliances</p> </div> <p><i>No medical questionnaire required.</i></p>	<p>DENTAL: Ongoing Maintenance 9 month recall 80% of first \$300 50% of next \$850 Total benefits payable per year: \$665</p> <p>PRESCRIPTION DRUGS: Coverage as outlined in DrugPlus Basic</p>	<p>DENTAL: Ongoing Maintenance 6 month recall 100% of first \$500 of examinations, scalings, diagnostic services 90% of all other Ongoing Maintenance services 60% of next \$700 of all Ongoing Maintenance services Total benefit payable per year: \$920</p> <p>Oral Surgery, Endodontics, Periodontics: Year 1 & 2: 60% Year 3 and beyond: 80% Maximum payable first year: \$400</p> <p>Major Restorative: Year 1 & 2: 0% Year 3 and beyond: 60% Ongoing maximum of \$1,250/3 years</p> <p>PRESCRIPTION DRUGS: Coverage as outlined in DrugPlus Enhanced</p>
AGES: Single Adults	DentalPlus™ Basic	DentalPlus™ Enhanced	DrugPlus™ Basic	DrugPlus™ Enhanced	ComboPlus™ Starter	ComboPlus™ Basic	ComboPlus™ Enhanced
< 45	\$59.30	\$96.70	\$45.60	\$70.30	\$60.20	\$69.90	\$117.20
45 – 54	\$62.00	\$115.80	\$52.50	\$72.80	\$72.50	\$86.80	\$141.10
55 – 59	\$62.60	\$118.20	\$60.10	\$81.50	\$77.10	\$91.50	\$151.40
60 – 64	\$64.30	\$119.70	\$65.50	\$89.60	\$81.20	\$97.30	\$158.10
65 – 69	\$63.90	\$115.40	\$47.20	\$60.50	\$69.70	\$77.30	\$126.80
70 – 79	\$64.50	\$113.60	\$52.60	\$66.50	\$74.80	\$81.80	\$127.40
80 – 89	\$64.90	\$108.90	\$58.70	\$77.90	\$77.70	\$80.20	\$127.90
90+	\$84.40	\$112.30	\$85.70	\$109.10	\$103.30	\$101.60	\$128.50
Couples – Per Adult							
< 45	\$48.80	\$81.50	\$37.80	\$59.90	\$51.80	\$61.20	\$106.30
45 – 54	\$51.30	\$98.60	\$44.90	\$62.70	\$63.30	\$77.00	\$129.30
55 – 59	\$52.00	\$101.20	\$51.90	\$71.10	\$67.70	\$81.10	\$139.00
60 – 64	\$53.70	\$102.00	\$57.10	\$78.60	\$71.30	\$86.90	\$145.50
65 – 69	\$52.80	\$98.20	\$39.50	\$51.10	\$60.40	\$67.80	\$115.60
70 – 79	\$53.80	\$96.30	\$44.80	\$56.80	\$65.10	\$72.10	\$115.90
80 – 89	\$53.70	\$91.90	\$50.90	\$67.30	\$68.00	\$70.80	\$116.70
90+	\$72.30	\$95.10	\$76.90	\$96.90	\$92.80	\$91.70	\$117.30
1-2 Children – Per Child							
< 5	\$17.30	\$19.90	\$21.30	\$31.40	\$25.70	\$27.50	\$36.60
5 – 20	\$29.80	\$61.30	\$17.00	\$22.90	\$30.30	\$35.30	\$67.00
3+ Children – Per Child							
< 5	\$15.70	\$18.10	\$19.30	\$28.20	\$23.10	\$25.00	\$32.90
5 – 20	\$26.90	\$55.00	\$15.20	\$20.70	\$27.00	\$31.70	\$60.30
Seniors Adjustments							
65+			Generic Drug Plan 100% first \$750 90% next \$3,850/yr of costs not covered by the provincial drug plan	Name Brand Drug Plan 100% first \$750 90% next \$7,500/yr of costs not covered by the provincial drug plan	Dental No Change Prescription Drugs 100% of first \$430	Generic Drug Plan 100% first \$750 90% next \$3,850/yr of costs not covered by the provincial drug plan	Name Brand Drug Plan 100% first \$750 90% next \$7,500/yr of costs not covered by the provincial drug plan
<div style="border: 1px solid black; padding: 5px;"> <p>EHC Lifetime maximum \$260,000</p> </div> <p><i>Travel coverage not available</i></p>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>	<i>Travel coverage not available</i>

All benefits are based on Anniversary year maximums except for Vision and Hearing Aid benefits, which are based on Benefit year. Rates are effective May 1, 2008 and are subject to change without notice.

Add-On Coverages

	Catastrophic	EHC Enhanced	Hospital Basic	Hospital Enhanced	Hospital Cash	Vision Enhanced	Travel +8 Days	Travel +21 Days	AD&D Enhanced
	Unlimited 100% coverage for drugs after \$4,500 deductible. Up to \$25,000 coverage for Homecare and Nursing, Durable Medical Equipment & Prosthetic Appliances after \$7,500 deductible. Unlimited Chiropractor and Physiotherapist for 1 year following accident requiring hospitalization.	Chiropractor, Chiropracist, Naturopath, Podiatrist, Registered Massage Therapist, Osteopath, Physiotherapist, Acupuncturist, Psychologist, Speech Pathologist/Therapist, Homecare and Nursing, Prosthetic Appliances, Durable Medical Equipment, Best Doctors®, Accidental Dental, Ambulance, Hearing Aids Lifetime max: \$350,000	Semi-private room 100% first 30 days; 50% next 100 days; per day maximum \$150 Cash Benefit in lieu of room: \$25/day after 3rd day Maximum of 30 days	100% of private and semi-private room coverage per anniversary year; per day maximum \$200 Cash Benefit in lieu of room: \$50/day after 3rd day Maximum of 60 days	Cash Benefit of: \$50/day after 3rd day \$5,000 maximum per anniversary year	Includes prescription eyeglass warranty \$500 maximum per 3 consecutive benefit years. Optometrists to maximum of \$30/2 years. Not available with ComboPlus Starter <i>No medical questionnaire required.</i>	Trips of up to 17 days are covered (i.e. 9 days + 8 days) \$5,000,000 per covered person per trip Not available with ComboPlus Starter <i>No medical questionnaire required.</i>	Trips of up to 30 days are covered (i.e. 9 days + 21 days) \$5,000,000 per covered person per trip Not available with ComboPlus Starter <i>No medical questionnaire required.</i>	Total coverage is: \$50,000 for adults and \$20,000 for children (\$25,000 Core coverage & \$25,000 Add-On coverage for adults; \$10,000 Core coverage & \$10,000 Add-On coverage for children.) Not available with ComboPlus Starter <i>No medical questionnaire required.</i>
AGES: Single Adults	Catastrophic	EHC Enhanced	Hospital Basic	Hospital Enhanced	Hospital Cash	Vision Enhanced	Travel +8 Days	Travel +21 Days	AD&D Enhanced
< 45	\$11.30	\$7.90	\$10.70	\$14.00	\$6.90	\$12.40	\$3.80	\$5.90	\$2.60
45 – 54	\$12.50	\$8.00	\$8.70	\$11.80	\$7.90	\$13.10	\$3.80	\$5.90	\$2.70
55 – 59	\$13.90	\$8.10	\$10.50	\$14.20	\$12.60	\$13.40	\$4.20	\$6.60	\$2.80
60 – 64	\$15.10	\$8.60	\$16.20	\$21.90	\$14.10	\$13.60	\$5.50	\$9.00	\$2.80
65 – 69	n/a	\$10.00	\$22.60	\$28.90	\$22.90	\$13.60	n/a	n/a	\$2.50
70 – 79	n/a	\$10.90	\$33.40	\$43.40	\$27.80	\$11.90	n/a	n/a	\$3.30
80 – 89	n/a	\$11.50	\$49.00	\$63.80	\$33.40	\$10.80	n/a	n/a	\$5.70
90+	n/a	\$21.60	\$64.40	\$84.10	\$40.20	\$10.30	n/a	n/a	\$8.90
Couples – Per Adult									
< 45	\$11.30	\$7.60	\$9.80	\$13.00	\$6.70	\$10.50	\$3.80	\$5.90	\$2.60
45 – 54	\$12.50	\$7.70	\$8.40	\$11.20	\$7.80	\$11.10	\$3.80	\$5.90	\$2.70
55 – 59	\$13.90	\$7.90	\$9.70	\$13.40	\$12.30	\$11.40	\$4.20	\$6.60	\$2.80
60 – 64	\$15.10	\$8.00	\$15.00	\$19.10	\$13.40	\$11.50	\$5.50	\$9.00	\$2.80
65 – 69	n/a	\$9.50	\$20.80	\$26.80	\$22.20	\$11.40	n/a	n/a	\$2.50
70 – 79	n/a	\$10.30	\$30.90	\$40.00	\$26.80	\$10.20	n/a	n/a	\$3.30
80 – 89	n/a	\$10.80	\$45.30	\$58.80	\$31.60	\$9.40	n/a	n/a	\$5.70
90+	n/a	\$20.10	\$59.60	\$77.80	\$37.80	\$8.50	n/a	n/a	\$8.90
1-2 Children – Per Child									
< 5	\$10.00	\$4.60	\$7.70	\$9.00	\$4.40	\$4.20	\$3.70	\$5.40	\$2.30
5 – 20	\$10.00	\$6.00	\$5.90	\$6.90	\$3.50	\$11.80	\$3.70	\$5.40	\$2.20
3+ Children – Per Child									
< 5	\$10.00	\$4.20	\$6.60	\$8.20	\$3.80	\$3.60	\$3.30	\$4.90	\$2.10
5 – 20	\$10.00	\$5.40	\$5.40	\$6.40	\$3.30	\$10.70	\$3.30	\$4.90	\$2.00
Seniors Adj.									
65+	Available as renewal only.	Speech Pathologist increased to 20 visits per year. Homecare and Nursing, Prosthetic Appliances and Durable Medical Equipment have a combined max. of \$9,500.	No Change	No Change	No Change	No Change	Coverage not available	Coverage not available	\$10,000 Core coverage and \$10,000 Add-On coverage.

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