

# Health Insurance Made Easy

## EasyInsure Plan Comparator & Rate Sheet

Benefits effective April 1, 2021	No Medical Underwriting Required — Your Acceptance is Guaranteed							
	PLAN 1 HEALTH		PLAN 2 DENTAL/HEALTH		PLAN 3 DENTAL/HEALTH		FUNDAMENTAL PLAN	
PRESCRIPTION DRUGS (benefits per person)								
Maximums	Not included		Not included		Not included		Year 1: \$550 Year 2: \$600 Year 3+: \$650	Plan pays 70% to annual max.
DENTAL CARE (benefits per person)								
Maximums	Not included		Year 1: \$500 Year 2: \$650 Year 3+: \$800		Year 1: \$600 Year 2: \$800 Year 3+: \$1,000		\$450 per year	
Recall Frequency			9 months		9 months		9 months	
Basic Services			Plan pays 80%, subject to annual max.		Plan pays 80%, subject to annual max.		Plan pays 70%, subject to annual max.	
Comprehensive Basic Services			Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.		Plan pays 80%, subject to annual max.		Plan pays 70%, subject to annual max.	
Major Services			Not included		Available in Year 3 - Plan pays 50%, subject to annual max.		Not included	
Orthodontic Services			Not included		Not included		Not included	
VISION CARE (benefits per person)								
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years		\$150 every 2 years		\$150 every 2 years		\$150 every 2 years	
Eye Examination	\$65 every 2 years		\$65 every 2 years		\$65 every 2 years		\$80 every 2 years	
EXTENDED HEALTH CARE (benefits per person)								
Professional Services/Registered Therapists								
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$300 per practitioner, per year		\$20 per visit to a max. of \$300 per practitioner, per year		\$20 per visit to a max. of \$400 per practitioner, per year		\$20 per visit to a max. of \$400 per practitioner, per year	
Psychologist/Registered Social Worker, Speech Therapist	\$300 per practitioner, per year		\$300 per practitioner, per year		\$400 per practitioner, per year		\$400 per practitioner, per year	
MindBeacon™ Online Mental Health Therapy	Personalized cognitive behavioural therapy delivered digitally (iCBD); one standard therapy course (up to 12 weeks) per year							
Accidental Dental	\$5,000 per year		\$5,000 per year		\$5,000 per year		\$3,000 per year	
Ambulance Transportation	Includes land and air		Includes land and air		Includes land and air		Includes land and air	
Hearing Aids	Year 1-4: \$300 Year 5+: \$400 every 4 years		Year 1-4: \$300 Year 5+: \$400 every 4 years		Year 1-4: \$350 Year 5+: \$500 every 4 years		Year 1-4: \$350 Year 5+: \$500 every 4 years	
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year		\$2,000 per year		\$2,000 per year		\$2,000 per year	
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$1,000 Year 2: \$1,500 Year 3: \$2,000 Year 4+: \$2,500	per benefit category, per year	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000	per benefit category, per year	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000	per benefit category, per year	Year 1: \$1,500 Year 2: \$2,000 Year 3: \$3,000 Year 4+: \$4,000	per benefit category, per year
TRAVEL (benefits per person) Out of Province/Country								
Emergency Medical Travel Coverage	15 days per trip; \$5,000,000 per year		15 days per trip; \$5,000,000 per year		15 days per trip; \$5,000,000 per year		15 days per trip; \$5,000,000 per year	
OPTIONAL HOSPITAL ACCOMMODATION (benefits per person) Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.								
Semi-Private and/or Private	Up to 30 days per year		Up to 30 days per year		Up to 30 days per year		Up to 30 days per year	

	Medical Underwriting Required							
Benefits effective April 1, 2021	PLAN 4 DRUG/HEALTH		PLAN 5 DRUG/DENTAL/HEALTH		PLAN 6 DRUG/DENTAL/HEALTH		PLAN 7 DRUG/DENTAL/HEALTH	
PRESCRIPTION DRUGS (benefits per person)								
Maximums	Year 1-2: \$2,500 Year 3+: \$3,500	Plan pays 80% to annual max.	\$5,000	Plan pays 90% to annual max.	\$10,000	Plan pays 90% to annual max.	\$20,000	Plan pays 90% to annual max.
DENTAL CARE (benefits per person)								
Maximums	Not included		Year 1: \$700 Year 2: \$900 Year 3+: \$1,100	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300		Year 1: \$1,000 Year 2: \$1,200 Year 3+: \$1,500		
Recall Frequency			9 months	6 months		6 months		
Basic Services			Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.		Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.		
Comprehensive Basic Services			Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.	Plan pays 80%, subject to annual max.				
Major Services			Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 50%, subject to annual max.		Available in Year 3 - Plan pays 50%, subject to annual max.		
Orthodontic Services			Not included	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.		Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.		
VISION CARE (benefits per person)								
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years		Year 1-2: \$150 Year 3-4: \$200 Year 5+: \$250 every 2 years		Year 1-2: \$200 Year 3-4: \$250 Year 5+: \$300 every 2 years		Year 1-2: \$250 Year 3-4: \$300 Year 5+: \$350 every 2 years	
Eye Examination	\$80 every 2 years		\$100 every 2 years		\$100 every 2 years		\$120 every 2 years	
EXTENDED HEALTH CARE (benefits per person)								
Professional Services/Registered Therapists								
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$400 per practitioner, per year		\$25 per visit to a max. of \$500 per practitioner, per year		\$25 per visit to a max. of \$600 per practitioner, per year		\$50 per visit to a max. of \$750 per practitioner; \$2,000 combined per year	
Psychologist/Registered Social Worker, Speech Therapist	\$400 per practitioner, per year		\$500 per practitioner, per year		\$600 per practitioner, per year		\$750 per practitioner, per year	
MindBeacon™ Online Mental Health Therapy Personalized cognitive behavioural therapy delivered digitally (iCBD); one standard therapy course (up to 12 weeks) per year								
Accidental Dental	\$5,000 per year		\$10,000 per year		\$10,000 per year		\$15,000 per year	
Ambulance Transportation	Includes land and air		Includes land and air		Includes land and air		Includes land and air	
Hearing Aids	Year 1-4: \$350 Year 5+: \$500 every 4 years		\$500 every 4 years		\$500 every 4 years		\$600 every 4 years	
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year		\$2,000 per year		\$2,000 per year		\$2,500 per year	
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000	per benefit category, per year	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000	per benefit category, per year	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000	per benefit category, per year	Year 1: \$3,000 Year 2: \$5,000 Year 3+: \$8,000	per benefit category, per year
TRAVEL (benefits per person) Out of Province/Country								
Emergency Medical Travel Coverage	15 days per trip; \$5,000,000 per year		30 days per trip; \$5,000,000 per year		30 days per trip; \$5,000,000 per year		30 days per trip; \$5,000,000 per year	
OPTIONAL HOSPITAL ACCOMMODATION (benefits per person) Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.								
Semi-Private and/or Private	Up to 30 days per year		Up to 30 days per year		Up to 30 days per year		Up to 30 days per year	

Monthly Rates for Residents of:		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan		
British Columbia	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$27	\$50	\$64	\$79	\$149	\$195	\$86	\$162	\$211	\$88	\$156	\$228			
	45 - 54	\$28	\$52	\$68	\$80	\$153	\$199	\$87	\$164	\$214	\$105	\$187	\$268			
	55 - 59	\$30	\$56	\$70	\$83	\$156	\$203	\$88	\$166	\$217	\$110	\$197	\$285			
	60 - 64	\$31	\$59	\$76	\$85	\$157	\$204	\$89	\$168	\$219	\$116	\$214	\$303			
	65+	\$37	\$73	\$91	\$91	\$171	\$221	\$97	\$183	\$234	\$112	\$203	\$290			
	PLAN 4			PLAN 5			PLAN 6			PLAN 7						
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$54	\$101	\$129	\$112	\$213	\$276	\$127	\$239	\$311	\$163	\$310	\$414	\$5	\$8	\$11
	45 - 54	\$60	\$111	\$147	\$117	\$223	\$288	\$132	\$251	\$326	\$170	\$328	\$442	\$6	\$13	\$16
	55 - 59	\$66	\$123	\$162	\$125	\$236	\$307	\$141	\$268	\$349	\$182	\$347	\$454	\$7	\$14	\$20
	60 - 64	\$74	\$142	\$184	\$132	\$253	\$326	\$150	\$284	\$371	\$195	\$373	\$487	\$13	\$22	\$28
	65+	\$67	\$129	\$165	\$131	\$250	\$321	\$148	\$280	\$361	\$191	\$368	\$473	\$19	\$32	\$39
Alberta	PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan			
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple				Family
	18 - 44	\$31	\$57	\$73	\$77	\$142	\$184	\$88	\$165	\$214	\$98	\$168				\$247
	45 - 54	\$33	\$60	\$76	\$79	\$145	\$189	\$90	\$169	\$219	\$113	\$206				\$293
	55 - 59	\$34	\$63	\$79	\$80	\$149	\$193	\$91	\$171	\$222	\$119	\$216				\$309
	60 - 64	\$35	\$66	\$82	\$81	\$152	\$196	\$92	\$174	\$226	\$125	\$228				\$324
	65+	\$43	\$78	\$100	\$88	\$167	\$212	\$99	\$189	\$241	\$115	\$206				\$284
	PLAN 4			PLAN 5			PLAN 6			PLAN 7						
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$59	\$108	\$142	\$118	\$224	\$289	\$136	\$259	\$337	\$174	\$335	\$449	\$6	\$11	\$13
	45 - 54	\$65	\$121	\$156	\$125	\$236	\$307	\$144	\$272	\$355	\$184	\$356	\$481	\$7	\$15	\$19
	55 - 59	\$74	\$139	\$179	\$133	\$254	\$328	\$155	\$292	\$382	\$201	\$378	\$497	\$10	\$19	\$23
	60 - 64	\$83	\$156	\$203	\$143	\$270	\$353	\$164	\$312	\$408	\$213	\$409	\$535	\$16	\$27	\$36
65+	\$75	\$141	\$182	\$136	\$266	\$341	\$159	\$305	\$393	\$207	\$403	\$516	\$21	\$38	\$48	
Saskatchewan, Manitoba, Northwest Territories, Yukon and Nunavut	PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan			
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple				Family
	18 - 44	\$26	\$49	\$61	\$59	\$108	\$140	\$66	\$125	\$162	\$89	\$147				\$234
	45 - 54	\$27	\$50	\$63	\$60	\$111	\$142	\$67	\$128	\$165	\$99	\$179				\$254
	55 - 59	\$28	\$53	\$67	\$61	\$112	\$148	\$69	\$130	\$169	\$104	\$187				\$270
	60 - 64	\$29	\$56	\$69	\$62	\$114	\$150	\$70	\$132	\$171	\$113	\$200				\$284
	65+	\$34	\$66	\$83	\$68	\$129	\$166	\$76	\$148	\$186	\$125	\$219				\$302
	PLAN 4			PLAN 5			PLAN 6			PLAN 7						
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$54	\$102	\$131	\$95	\$180	\$233	\$109	\$209	\$271	\$140	\$270	\$361	\$5	\$8	\$11
	45 - 54	\$60	\$113	\$148	\$100	\$191	\$248	\$115	\$221	\$289	\$148	\$289	\$392	\$6	\$13	\$16
	55 - 59	\$67	\$128	\$164	\$107	\$207	\$266	\$125	\$239	\$310	\$162	\$310	\$403	\$7	\$14	\$19
	60 - 64	\$78	\$144	\$190	\$115	\$223	\$289	\$133	\$256	\$334	\$173	\$335	\$439	\$13	\$22	\$28
65+	\$71	\$135	\$174	\$113	\$218	\$279	\$130	\$246	\$320	\$170	\$325	\$420	\$18	\$31	\$39	

Monthly Rates  
for Residents of:

		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN					
Ontario	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$32	\$61	\$78	\$78	\$147	\$191	\$89	\$169	\$219	\$105	\$187	\$267			
	45 - 54	\$34	\$64	\$81	\$79	\$151	\$195	\$91	\$172	\$223	\$124	\$227	\$322			
	55 - 59	\$35	\$67	\$85	\$82	\$154	\$200	\$92	\$175	\$228	\$137	\$242	\$348			
	60 - 64	\$37	\$69	\$88	\$83	\$156	\$203	\$94	\$178	\$232	\$140	\$253	\$359			
	65+	\$43	\$82	\$103	\$90	\$173	\$219	\$102	\$193	\$247	\$123	\$223	\$320			
		PLAN 4			PLAN 5			PLAN 6			PLAN 7			Optional Hospital Accommodation can be added to any plan		
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$67	\$129	\$166	\$127	\$238	\$311	\$144	\$273	\$356	\$184	\$354	\$473	\$6	\$12	\$17
	45 - 54	\$75	\$143	\$185	\$133	\$253	\$329	\$153	\$288	\$376	\$197	\$377	\$510	\$9	\$17	\$23
	55 - 59	\$86	\$164	\$212	\$144	\$272	\$355	\$163	\$312	\$408	\$211	\$404	\$530	\$12	\$21	\$26
	60 - 64	\$97	\$184	\$243	\$1541	\$293	\$383	\$176	\$334	\$436	\$229	\$438	\$573	\$18	\$31	\$41
	65+	\$88	\$167	\$214	\$147	\$282	\$362	\$168	\$319	\$413	\$219	\$421	\$541	\$24	\$43	\$56
New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN					
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$31	\$58	\$75	\$65	\$122	\$159	\$72	\$136	\$177	\$91	\$156	\$257			
	45 - 54	\$33	\$62	\$78	\$67	\$124	\$162	\$73	\$139	\$179	\$108	\$198	\$279			
	55 - 59	\$34	\$66	\$84	\$68	\$127	\$166	\$75	\$144	\$185	\$116	\$216	\$304			
	60 - 64	\$38	\$70	\$89	\$70	\$130	\$169	\$77	\$145	\$189	\$126	\$232	\$328			
	65+	\$43	\$82	\$104	\$76	\$146	\$187	\$84	\$161	\$207	\$119	\$205	\$305			
		PLAN 4			PLAN 5			PLAN 6			PLAN 7			Optional Hospital Accommodation can be added to any plan		
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$67	\$126	\$165	\$108	\$208	\$271	\$127	\$239	\$311	\$163	\$310	\$414	\$6	\$12	\$15
	45 - 54	\$73	\$142	\$182	\$115	\$221	\$287	\$135	\$256	\$332	\$173	\$334	\$451	\$8	\$15	\$19
	55 - 59	\$86	\$161	\$210	\$127	\$241	\$313	\$146	\$276	\$361	\$189	\$358	\$469	\$12	\$18	\$23
	60 - 64	\$96	\$182	\$238	\$138	\$261	\$342	\$158	\$301	\$393	\$206	\$394	\$517	\$15	\$26	\$36
	65+	\$85	\$165	\$211	\$133	\$250	\$321	\$150	\$287	\$370	\$196	\$379	\$485	\$21	\$38	\$48

# Benefit Descriptions

## **PRESCRIPTION DRUGS**

Prescription drug benefits cover prescription drugs approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.

Brand name drugs are covered if no generic equivalent exists.

Smoking cessation products and drugs for the treatment of obesity, infertility and erectile dysfunction are not covered.

## **DENTAL CARE**

### **BASIC SERVICES**

- Preventive cleaning
- Routine examinations, x-rays
- Fillings and extractions
- Fluoride treatment for children

### **COMPREHENSIVE BASIC SERVICES**

- Endodontic treatment – root canal therapy
- Periodontal treatment – scaling and root planing, occlusal adjustment and equilibration
- Denture repairs, rebasing and relining

### **MAJOR SERVICES**

- Crowns and onlays, dentures, bridgework

### **ORTHODONTIC SERVICES**

- Orthodontic treatment to straighten teeth and correct the bite

## **EXTENDED HEALTH**

### **MEDICAL ITEMS**

- Aids for daily living (such as hospital style beds, IV stand, trapeze, bedpan)
- Braces, casts, catheters and ostomy supplies
- Compression stockings
- Diabetic supplies
- Custom made boots or shoes, custom made foot orthotics
- Mobility aids (such as canes, crutches, walkers, wheelchairs)
- Prosthetics
- Respiratory/Cardiology items (such as breathing and heart monitors for infants, compressors, oxygen)

### **EMERGENCY MEDICAL TRAVEL COVERAGE**

Multi-trip emergency medical coverage when travelling out-of-province or out-of-country

### **OPTIONAL HOSPITAL ACCOMMODATION**

Semi-private and/or private accommodation in a public general hospital in your province/territory of residence

