

# Health Insurance Made Easy

## EasyInsure Plan Comparator & Rate Sheet



Benefits effective April 1, 2023	No Medical Underwriting Required — Your Acceptance is Guaranteed			
	PLAN 1 HEALTH	PLAN 2 DENTAL/HEALTH	PLAN 3 DENTAL/HEALTH	FUNDAMENTAL PLAN
<b>PRESCRIPTION DRUGS (benefits per person)</b>				
<b>Maximums</b>	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Plan pays 70% to annual max.
<b>DENTAL CARE (benefits per person)</b>				
<b>Maximums</b>	Not included	Year 1: \$500 Year 2: \$650 Year 3+: \$800	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000	\$450 per year
<b>Recall Frequency</b>		9 months	9 months	9 months
<b>Basic Services</b>		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
<b>Comprehensive Basic Services</b>		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.
<b>Major Services</b>		Not included	Available in Year 3 - Plan pays 50%, subject to annual max.	Not included
<b>Orthodontic Services</b>	Not included	Not included	Not included	Not included
<b>VISION CARE (benefits per person)</b>				
<b>Vision Care</b> Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years
<b>Eye Examination</b>	\$65 every 2 years	\$65 every 2 years	\$65 every 2 years	\$80 every 2 years
<b>EXTENDED HEALTH CARE (benefits per person)</b>				
<b>Professional Services/Registered Therapists</b>				
Chiropractor, Physiotherapist, Massage Therapist, Acupuncturist, Chiropracist/Podiatrist, Dietician, Naturopath, Osteopath	\$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
Speech Therapist	\$300 per year	\$300 per year	\$400 per year	\$400 per year
<b>Mental Health Services</b>				
Psychologist/Psychotherapist/Social Worker	\$300 per year, combined	\$300 per year, combined	\$400 per year, combined	\$400 per year, combined
Inkblot Therapy™	Virtual counselling with the qualified Inkblot therapist of your choice; 2 hours for individual therapy, 2 hours for couples therapy, per year; additional therapy is eligible for coverage under the Psychology benefit.			
<b>Accidental Dental</b>	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$3,000 per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b>	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
<b>Medical Services</b> 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
<b>Medical Items and Home Support Services</b> (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
<b>TRAVEL (benefits per person) Out of Province/Country</b>				
<b>Emergency Medical Travel Coverage</b>	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
<b>OPTIONAL HOSPITAL ACCOMMODATION (benefits per person)</b> Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence. Medical underwriting is required.				
<b>Semi-Private and/or Private</b>	Up to 30 days per year	Up to 30 days per year	Up to 30 days per year	Up to 30 days per year

Benefits effective April 1, 2023	Medical Underwriting Required							
	PLAN 4 DRUG/HEALTH		PLAN 5 DRUG/DENTAL/HEALTH		PLAN 6 DRUG/DENTAL/HEALTH		PLAN 7 DRUG/DENTAL/HEALTH	
<b>PRESCRIPTION DRUGS (benefits per person)</b>								
<b>Maximums</b>	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.
<b>DENTAL CARE (benefits per person)</b>								
<b>Maximums</b>	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			
<b>Recall Frequency</b>			9 months	6 months	6 months			
<b>Basic Services</b>			Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.				
<b>Comprehensive Basic Services</b>			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.	Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.			
<b>Major Services</b>			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.			
<b>Orthodontic Services</b>			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.			
<b>VISION CARE (benefits per person)</b>								
<b>Vision Care</b> 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			
<b>Eye Examination</b>	\$80 every 2 years		\$100 every 2 years	\$100 every 2 years	\$120 every 2 years			
<b>EXTENDED HEALTH CARE (benefits per person)</b>								
<b>Professional Services/Registered Therapists</b>								
Chiropractor, Physiotherapist, Massage Therapist, Acupuncturist, Chiropodist/Podiatrist, Dietician, Naturopath, Osteopath	\$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			
Speech Therapist	\$400 per year		\$500 per year	\$600 per year	\$750 per year			
<b>Mental Health Services</b>								
Psychologist/Psychotherapist/Social Worker	\$400 per year, combined		\$500 per year, combined	\$600 per year, combined	\$750 per year, combined			
Inkblot Therapy™	Virtual counselling with the qualified Inkblot therapist of your choice; 2 hours for individual therapy, 2 hours for couples therapy, per year; additional therapy is eligible for coverage under the Psychology benefit.							
<b>Accidental Dental</b>	\$5,000 per year		\$10,000 per year	\$10,000 per year	\$15,000 per year			
<b>Ambulance Transportation</b>	Includes land and air		Includes land and air	Includes land and air	Includes land and air			
<b>Hearing Aids</b>	Year 1-4: \$350 Year 5+: \$500 every 4 years		\$500 every 4 years	\$500 every 4 years	\$600 every 4 years			
<b>Medical Services</b> 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			
<b>Medical Items and Home Support Services</b> (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
<b>TRAVEL (benefits per person) Out of Province/Country</b>								
<b>Emergency Medical Travel Coverage</b>	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			
<b>OPTIONAL HOSPITAL ACCOMMODATION (benefits per person)</b> Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence. Medical underwriting is required.								
<b>Semi-Private and/or Private</b>	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:

British Columbia		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	\$32	\$59	\$75	\$86	\$162	\$212	\$94	\$178	\$232	\$96	\$170	\$249			
	45 - 54	\$33	\$61	\$81	\$87	\$166	\$217	\$95	\$180	\$235	\$115	\$204	\$293			
	55 - 59	\$36	\$67	\$83	\$91	\$170	\$221	\$96	\$182	\$238	\$120	\$214	\$311			
	60 - 64	\$37	\$70	\$91	\$93	\$171	\$223	\$97	\$184	\$240	\$127	\$233	\$331			
	65+	\$43	\$84	\$107	\$99	\$185	\$240	\$106	\$200	\$256	\$122	\$220	\$316			
		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	\$58	\$109	\$139	\$122	\$233	\$302	\$140	\$263	\$343	\$177	\$337	\$451	\$5	\$8	\$11
45 - 54	\$64	\$120	\$159	\$128	\$243	\$316	\$145	\$276	\$360	\$185	\$357	\$482	\$6	\$13	\$16	
55 - 59	\$72	\$133	\$175	\$137	\$258	\$336	\$156	\$295	\$385	\$198	\$378	\$495	\$7	\$14	\$20	
60 - 64	\$80	\$154	\$199	\$144	\$277	\$357	\$165	\$313	\$409	\$212	\$406	\$531	\$13	\$22	\$28	
65+	\$72	\$139	\$178	\$143	\$272	\$350	\$163	\$307	\$397	\$208	\$399	\$514	\$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	\$37	\$67	\$86	\$85	\$158	\$204	\$98	\$183	\$238	\$108	\$184	\$271			
	45 - 54	\$39	\$70	\$90	\$87	\$161	\$210	\$100	\$188	\$244	\$124	\$226	\$322			
	55 - 59	\$40	\$74	\$93	\$89	\$165	\$214	\$101	\$190	\$247	\$131	\$237	\$339			
	60 - 64	\$41	\$78	\$97	\$90	\$169	\$218	\$102	\$194	\$252	\$137	\$250	\$356			
	65+	\$49	\$90	\$116	\$97	\$184	\$235	\$109	\$209	\$267	\$125	\$225	\$311			
		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	\$65	\$119	\$158	\$132	\$250	\$324	\$152	\$290	\$377	\$195	\$374	\$503	\$6	\$11	\$13
45 - 54	\$73	\$134	\$173	\$140	\$263	\$344	\$161	\$303	\$397	\$206	\$399	\$539	\$7	\$15	\$19	
55 - 59	\$82	\$155	\$199	\$149	\$283	\$367	\$173	\$327	\$427	\$225	\$423	\$557	\$10	\$19	\$23	
60 - 64	\$92	\$173	\$225	\$160	\$301	\$395	\$183	\$349	\$457	\$238	\$458	\$599	\$16	\$27	\$36	
65+	\$83	\$155	\$201	\$151	\$295	\$380	\$177	\$340	\$438	\$231	\$450	\$576	\$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	\$29	\$55	\$69	\$65	\$118	\$154	\$74	\$139	\$180	\$97	\$159	\$254			
	45 - 54	\$30	\$56	\$72	\$66	\$122	\$156	\$75	\$142	\$183	\$107	\$194	\$275			
	55 - 59	\$31	\$60	\$76	\$67	\$123	\$163	\$77	\$144	\$188	\$112	\$203	\$293			
	60 - 64	\$33	\$63	\$78	\$68	\$125	\$165	\$78	\$146	\$191	\$123	\$217	\$308			
	65+	\$38	\$73	\$93	\$74	\$140	\$181	\$84	\$164	\$206	\$135	\$237	\$327			
		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	\$58	\$110	\$141	\$103	\$195	\$254	\$120	\$231	\$299	\$153	\$296	\$396	\$5	\$8	\$11
45 - 54	\$64	\$122	\$160	\$109	\$208	\$271	\$126	\$243	\$319	\$162	\$316	\$430	\$6	\$13	\$16	
55 - 59	\$73	\$138	\$177	\$117	\$226	\$290	\$138	\$263	\$343	\$177	\$339	\$442	\$7	\$14	\$19	
60 - 64	\$84	\$156	\$206	\$125	\$242	\$315	\$147	\$282	\$369	\$189	\$366	\$481	\$13	\$22	\$28	
65+	\$77	\$145	\$187	\$122	\$237	\$303	\$143	\$237	\$352	\$185	\$354	\$459	\$18	\$31	\$39	

Monthly Rates  
for Residents of:

		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			
Ontario	18 - 44	\$37	\$69	\$90	\$84	\$159	\$207	\$95	\$182	\$236	\$113	\$201	\$287			
	45 - 54	\$39	\$73	\$93	\$86	\$163	\$211	\$98	\$185	\$240	\$132	\$243	\$346			
	55 - 59	\$40	\$77	\$98	\$89	\$166	\$216	\$99	\$188	\$245	\$147	\$260	\$374			
	60 - 64	\$42	\$79	\$101	\$90	\$168	\$219	\$101	\$191	\$249	\$150	\$271	\$385			
	65+	\$48	\$92	\$116	\$97	\$186	\$235	\$109	\$206	\$264	\$131	\$239	\$342			
		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	\$72	\$138	\$179	\$137	\$256	\$334	\$156	\$296	\$387	\$198	\$381	\$509	\$6	\$12	\$17
	45 - 54	\$81	\$154	\$199	\$143	\$272	\$354	\$166	\$313	\$408	\$212	\$405	\$549	\$9	\$17	\$23
	55 - 59	\$93	\$177	\$228	\$155	\$293	\$382	\$177	\$339	\$444	\$227	\$434	\$570	\$12	\$21	\$26
60 - 64	\$104	\$198	\$262	\$166	\$316	\$412	\$191	\$363	\$474	\$246	\$472	\$617	\$18	\$31	\$41	
65+	\$93	\$179	\$230	\$158	\$303	\$389	\$182	\$346	\$447	\$236	\$452	\$581	\$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	Single	Couple	Family
	18 - 44	\$34	\$64	\$83	\$71	\$133	\$172	\$79	\$149	\$194	\$98	\$170	\$280			
	45 - 54	\$36	\$69	\$86	\$73	\$135	\$177	\$80	\$152	\$196	\$117	\$216	\$304			
	55 - 59	\$37	\$73	\$94	\$74	\$138	\$181	\$83	\$158	\$203	\$126	\$235	\$331			
	60 - 64	\$42	\$77	\$99	\$76	\$141	\$184	\$85	\$159	\$207	\$137	\$253	\$358			
	65+	\$47	\$90	\$114	\$82	\$157	\$202	\$92	\$175	\$226	\$129	\$222	\$331			
		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	\$73	\$136	\$179	\$118	\$226	\$295	\$138	\$260	\$338	\$178	\$338	\$453	\$6	\$12	\$15
45 - 54	\$79	\$154	\$198	\$125	\$240	\$312	\$147	\$278	\$361	\$189	\$365	\$494	\$8	\$15	\$19	
55 - 59	\$94	\$175	\$228	\$138	\$262	\$340	\$159	\$300	\$393	\$207	\$391	\$513	\$12	\$18	\$23	
60 - 64	\$104	\$198	\$259	\$150	\$284	\$372	\$172	\$328	\$428	\$225	\$431	\$566	\$15	\$26	\$36	
65+	\$92	\$179	\$229	\$144	\$270	\$348	\$162	\$311	\$401	\$214	\$413	\$530	\$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



880 North Service Road | Suite 104 | Windsor, ON N8X 3J5

**P** 519.915.0293 **T** 800.679.2640 **F** 877.252.1499 [www.easyinsure.ca/health](http://www.easyinsure.ca/health)