

Health Insurance Made Easy

EasyInsure Plan Comparator & Rate Sheet





| | PLAN 1 HEALTH | PLAN 2 DENTAL/HEALTH | PLAN 3 DENTAL/HEALTH | FUNDAMENTAL PLAN | PLAN 4 DRUG/HEALTH | PLAN 5 DRUG/DENTAL/HEALTH | PLAN 6 DRUG/DENTAL/HEALTH |
|--|--|--|--|--|--|---|---|
| NO MEDICAL UNDERWRITING REQUIRED | | | | MEDICAL UNDERWRITING REQUIRED | | | |
| PRESCRIPTION DRUGS | | | | | | | |
| NOTE: ALL MAXIMUMS SHOWN ARE PER COVERED PERSON. | | | | | | | |
| Maximum | Not included | Not included | Not included | \$550 per person per year Paid at 70% (100% in Quebec*) | \$2,500 per person per year Paid at 80% (100% in Quebec*) | \$5,000 per person per year Paid at 90% (100% in Quebec*) | \$10,000 per person per year Paid at 90% (100% in Quebec*) |
| DENTAL | | | | | | | |
| Maximums | Not included | Year 1: \$500 Year 2: \$650 Year 3+: \$800 per person per year | Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per person per year | \$450 per person per year | Not included | Year 1: \$700 Year 2: \$900 Year 3+: \$1,100 per person per year | Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300 per person per year |
| Recall Frequency | Not included | 9 months | 9 months | 9 months | Not included | 9 months | 6 months |
| Basic Services | Not included | Paid at 80% | Paid at 80% | Paid at 70% | Not included | Paid at 80% | Paid at 80% |
| Comprehensive Basic Services | Not included | Year 1: Paid at 50% Year 2: Paid at 70% Year 3+: Paid at 80% | Paid at 80% | Paid at 70% | Not included | Year 1: Paid at 60% Year 2: Paid at 70% Year 3+: Paid at 80% | Paid at 80% |
| Major Services | Not included | Not included | Available in Year 3 - Paid at 50% | Not included | Not included | Available in Year 3 - Paid at 50% | Available in Year 3 - Paid at 50% |
| VISION CARE | | | | | | | |
| Vision Care Prescription eyeglasses, contact lenses, laser eye surgery | \$150 per person every 2 years | \$150 per person every 2 years | \$150 per person every 2 years | \$150 per person every 2 years | \$150 per person every 2 years | Year 1-2: \$150 per person every 2 yrs Year 3-4: \$200 per person every 2 yrs Year 5+: \$250 per person every 2 yrs | Year 1-2: \$200 per person every 2 yrs Year 3-4: \$250 per person every 2 yrs Year 5+: \$300 per person every 2 yrs |
| Eye Examination | \$65 per person every 2 years | \$65 per person every 2 years | \$65 per person every 2 years | \$65 per person every 2 years | \$65 per person every 2 years | \$80 per person every 2 years | \$80 per person every 2 years |
| EXTENDED HEALTH CARE | | | | | | | |
| Professional Services/ Registered Therapists | | | | | | | |
| <i>Acupuncturist, Chiropractor Chiropractist/Podiatrist Massage Therapist Naturopath, Osteopath, Physiotherapist</i> | \$20 per visit, \$300 per person per practitioner, per year | \$20 per visit, \$300 per person per practitioner, per year | \$20 per visit, \$400 per person per practitioner, per year | \$20 per visit, \$400 per person per practitioner, per year | \$20 per visit, \$400 per person per practitioner, per year | \$25 per visit, \$500 per person per practitioner, per year | \$25 per visit, \$600 per person per practitioner, per year |
| <i>Psychologist/Registered Social Worker, Speech Therapist</i> | \$300 per person, per practitioner per year | \$300 per person, per practitioner per year | \$400 per person, per practitioner per year | \$400 per person, per practitioner per year | \$400 per person, per practitioner per year | \$500 per person, per practitioner per year | \$600 per person, per practitioner per year |
| Accidental Dental | \$5,000 per person per year | \$5,000 per person per year | \$5,000 per person per year | \$3,000 per person per year | \$5,000 per person per year | \$10,000 per person per year | \$10,000 per person per year |
| Ambulance Transportation | Includes land and air | Includes land and air | Includes land and air | Includes land and air | Includes land and air | Includes land and air | Includes land and air |
| Hearing Aids | Year 1-4: \$300 per person every 4 years Year 5+: \$400 per person every 4 years | Year 1-4: \$300 per person every 4 years Year 5+: \$400 per person every 4 years | Year 1-4: \$350 per person every 4 years Year 5+: \$500 per person every 4 years | Year 1-4: \$350 per person every 4 years Year 5+: \$500 per person every 4 years | Year 1-4: \$350 per person every 4 years Year 5+: \$500 per person every 4 years | \$500 per person every 4 years | \$500 per person every 4 years |
| Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests | \$2,000 per person per year | \$2,000 per person per year | \$2,000 per person per year | \$2,000 per person per year | \$2,000 per person per year | \$2,000 per person per year | \$2,000 per person 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 person per benefit category, per year | Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per person per benefit category, per year | Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per person per benefit category, per year | Year 1: \$1,500 Year 2: \$2,000 Year 3: \$3,000 Year 4+: \$4,000 per person per benefit category, per year | Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per person per benefit category, per year | Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 per person per benefit category, per year | Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 per person per benefit category, per year |
| TRAVEL | | | | | | | |
| Emergency Medical Travel Coverage Out-of-Province/Country | 15 days per trip \$5,000,000 per person per year | 15 days per trip \$5,000,000 per person per year | 15 days per trip \$5,000,000 per person per year | 15 days per trip \$5,000,000 per person per year | 15 days per trip \$5,000,000 per person per year | 30 days per trip \$5,000,000 per person per year | 30 days per trip \$5,000,000 per person per year |
| OPTIONAL HOSPITAL ACCOMMODATION | | | | | | | |
| 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 person per year | Up to 30 days per person per year | Up to 30 days per person per year | Up to 30 days per person per year | Up to 30 days per person per year | Up to 30 days per person per year | Up to 30 days per person per year |

Legal Assistance via toll-free telephone and an online Wellness Resource Library included in all plans.

This Plan Comparator is a summary and does not constitute a contract. Actual terms, conditions, limitations and exclusions are detailed in the contract issued by Green Shield Canada upon application approval. All maximums shown are per covered person. Reimbursement will be made for eligible expenses incurred, paid for and received by the covered person provided such services and supplies are, in the opinion of Green Shield Canada, medically necessary for the treatment of an illness or injury and reasonable and customary, taking all factors into account. Coverage amounts shown are in Canadian Dollars. Premiums and/or benefits are subject to change with thirty (30) days written notice. If you have any questions or require more information, please contact your Benefits Advisor.

| Monthly premiums for residents of: | | British Columbia | | | Alberta | | | Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut Territory | | | Ontario | | | New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador | | | Quebec | | |
|--|-------|------------------|--------|--------|---------|--------|--------|--|--------|--------|---------|--------|--------|---|--------|--------|--------|--------|--------|
| PLAN | AGE | SINGLE | COUPLE | FAMILY | SINGLE | COUPLE | FAMILY | SINGLE | COUPLE | FAMILY | SINGLE | COUPLE | FAMILY | SINGLE | COUPLE | FAMILY | SINGLE | COUPLE | FAMILY |
| | 1 | 18-44 | \$20 | \$37 | \$48 | \$23 | \$43 | \$56 | \$20 | \$38 | \$48 | \$25 | \$48 | \$61 | \$25 | \$48 | \$62 | \$31 | \$58 |
| 45-54 | | \$21 | \$39 | \$51 | \$25 | \$47 | \$59 | \$21 | \$40 | \$51 | \$27 | \$51 | \$64 | \$27 | \$52 | \$65 | \$33 | \$62 | \$79 |
| 55-59 | | \$23 | \$42 | \$53 | \$26 | \$49 | \$62 | \$22 | \$42 | \$54 | \$28 | \$54 | \$68 | \$28 | \$55 | \$70 | \$35 | \$66 | \$84 |
| 60-64 | | \$23 | \$44 | \$56 | \$27 | \$52 | \$65 | \$23 | \$44 | \$56 | \$30 | \$57 | \$73 | \$31 | \$58 | \$74 | \$36 | \$70 | \$89 |
| 65+ | | \$28 | \$52 | \$65 | \$32 | \$60 | \$75 | \$28 | \$52 | \$66 | \$34 | \$65 | \$82 | \$35 | \$66 | \$83 | \$42 | \$80 | \$101 |
| 2 | 18-44 | \$65 | \$122 | \$158 | \$65 | \$122 | \$159 | \$49 | \$92 | \$120 | \$67 | \$125 | \$164 | \$55 | \$103 | \$134 | \$82 | \$154 | \$202 |
| | 45-54 | \$66 | \$124 | \$160 | \$66 | \$124 | \$162 | \$50 | \$95 | \$122 | \$68 | \$129 | \$167 | \$56 | \$105 | \$137 | \$84 | \$158 | \$206 |
| | 55-59 | \$67 | \$126 | \$164 | \$68 | \$127 | \$165 | \$51 | \$96 | \$126 | \$70 | \$132 | \$171 | \$57 | \$108 | \$141 | \$85 | \$161 | \$210 |
| | 60-64 | \$68 | \$127 | \$166 | \$69 | \$130 | \$168 | \$52 | \$98 | \$128 | \$71 | \$134 | \$174 | \$59 | \$111 | \$144 | \$87 | \$165 | \$215 |
| | 65+ | \$72 | \$136 | \$175 | \$73 | \$138 | \$177 | \$56 | \$107 | \$137 | \$75 | \$143 | \$183 | \$63 | \$120 | \$154 | \$92 | \$175 | \$226 |
| 3 | 18-44 | \$73 | \$138 | \$180 | \$73 | \$138 | \$180 | \$55 | \$105 | \$136 | \$75 | \$143 | \$186 | \$61 | \$116 | \$151 | \$90 | \$172 | \$225 |
| | 45-54 | \$74 | \$140 | \$183 | \$75 | \$142 | \$184 | \$56 | \$107 | \$139 | \$77 | \$146 | \$190 | \$63 | \$121 | \$155 | \$92 | \$176 | \$230 |
| | 55-59 | \$75 | \$142 | \$186 | \$76 | \$144 | \$187 | \$57 | \$109 | \$142 | \$78 | \$149 | \$194 | \$64 | \$124 | \$160 | \$94 | \$180 | \$235 |
| | 60-64 | \$76 | \$144 | \$188 | \$77 | \$147 | \$190 | \$58 | \$111 | \$144 | \$80 | \$152 | \$198 | \$67 | \$126 | \$164 | \$96 | \$183 | \$239 |
| | 65+ | \$81 | \$154 | \$197 | \$82 | \$156 | \$200 | \$63 | \$121 | \$154 | \$84 | \$161 | \$208 | \$71 | \$135 | \$174 | \$101 | \$194 | \$252 |
| FUNDAMENTAL PLAN | 18-44 | \$75 | \$134 | \$195 | \$84 | \$148 | \$216 | \$76 | \$128 | \$202 | \$91 | \$163 | \$233 | \$78 | \$134 | \$221 | \$77 | \$131 | \$206 |
| | 45-54 | \$90 | \$162 | \$232 | \$99 | \$179 | \$256 | \$85 | \$156 | \$221 | \$109 | \$199 | \$282 | \$93 | \$172 | \$242 | \$100 | \$171 | \$246 |
| | 55-59 | \$95 | \$171 | \$246 | \$105 | \$190 | \$272 | \$90 | \$164 | \$235 | \$119 | \$212 | \$306 | \$101 | \$187 | \$264 | \$109 | \$187 | \$261 |
| | 60-64 | \$101 | \$185 | \$262 | \$110 | \$201 | \$285 | \$98 | \$174 | \$248 | \$122 | \$223 | \$316 | \$110 | \$201 | \$286 | \$116 | \$204 | \$278 |
| | 65+ | \$95 | \$170 | \$245 | \$99 | \$176 | \$244 | \$107 | \$188 | \$259 | \$106 | \$191 | \$274 | \$101 | \$173 | \$260 | \$122 | \$214 | \$289 |
| 4 | 18-44 | \$44 | \$83 | \$107 | \$51 | \$96 | \$125 | \$46 | \$87 | \$113 | \$59 | \$113 | \$147 | \$59 | \$111 | \$146 | \$51 | \$97 | \$126 |
| | 45-54 | \$49 | \$92 | \$120 | \$56 | \$107 | \$138 | \$51 | \$97 | \$126 | \$66 | \$126 | \$164 | \$65 | \$125 | \$161 | \$56 | \$106 | \$138 |
| | 55-59 | \$55 | \$104 | \$136 | \$64 | \$122 | \$158 | \$58 | \$111 | \$143 | \$76 | \$144 | \$186 | \$76 | \$142 | \$185 | \$62 | \$120 | \$155 |
| | 60-64 | \$62 | \$119 | \$154 | \$73 | \$138 | \$179 | \$67 | \$125 | \$164 | \$86 | \$164 | \$214 | \$85 | \$162 | \$211 | \$70 | \$133 | \$172 |
| | 65+ | \$56 | \$107 | \$137 | \$64 | \$121 | \$156 | \$59 | \$113 | \$145 | \$75 | \$142 | \$183 | \$74 | \$140 | \$180 | \$65 | \$124 | \$160 |
| 5 | 18-44 | \$99 | \$188 | \$244 | \$103 | \$196 | \$253 | \$83 | \$159 | \$205 | \$112 | \$212 | \$276 | \$97 | \$185 | \$240 | \$112 | \$212 | \$275 |
| | 45-54 | \$104 | \$197 | \$255 | \$108 | \$206 | \$268 | \$88 | \$169 | \$218 | \$118 | \$225 | \$293 | \$104 | \$197 | \$256 | \$116 | \$221 | \$289 |
| | 55-59 | \$110 | \$209 | \$272 | \$116 | \$221 | \$287 | \$95 | \$182 | \$235 | \$128 | \$242 | \$316 | \$113 | \$215 | \$278 | \$123 | \$234 | \$304 |
| | 60-64 | \$117 | \$224 | \$289 | \$125 | \$236 | \$308 | \$102 | \$197 | \$255 | \$138 | \$262 | \$341 | \$123 | \$233 | \$304 | \$131 | \$248 | \$322 |
| | 65+ | \$114 | \$218 | \$278 | \$118 | \$226 | \$291 | \$98 | \$188 | \$240 | \$128 | \$246 | \$317 | \$115 | \$219 | \$281 | \$129 | \$246 | \$317 |
| 6 | 18-44 | \$110 | \$208 | \$269 | \$114 | \$217 | \$283 | \$93 | \$178 | \$230 | \$124 | \$237 | \$308 | \$109 | \$207 | \$269 | \$126 | \$239 | \$311 |
| | 45-54 | \$115 | \$218 | \$283 | \$120 | \$229 | \$298 | \$98 | \$188 | \$245 | \$132 | \$250 | \$327 | \$116 | \$221 | \$287 | \$131 | \$249 | \$326 |
| | 55-59 | \$122 | \$232 | \$302 | \$129 | \$246 | \$320 | \$106 | \$204 | \$264 | \$142 | \$271 | \$353 | \$127 | \$240 | \$313 | \$138 | \$265 | \$345 |
| | 60-64 | \$130 | \$247 | \$322 | \$138 | \$263 | \$342 | \$115 | \$219 | \$286 | \$153 | \$292 | \$381 | \$137 | \$261 | \$341 | \$147 | \$279 | \$364 |
| | 65+ | \$126 | \$240 | \$309 | \$131 | \$251 | \$325 | \$109 | \$208 | \$268 | \$145 | \$274 | \$355 | \$128 | \$244 | \$315 | \$145 | \$276 | \$359 |
| Optional semi-private hospital accommodation monthly premiums - can be added to all plans listed above | | | | | | | | | | | | | | | | | | | |
| | 18-44 | \$5 | \$8 | \$10 | \$6 | \$10 | \$12 | \$5 | \$8 | \$10 | \$6 | \$11 | \$15 | \$6 | \$11 | \$13 | \$6 | \$11 | \$15 |
| | 45-54 | \$6 | \$11 | \$14 | \$7 | \$14 | \$17 | \$6 | \$11 | \$14 | \$8 | \$16 | \$20 | \$7 | \$14 | \$17 | \$8 | \$14 | \$20 |
| | 55-59 | \$7 | \$14 | \$18 | \$9 | \$17 | \$21 | \$7 | \$14 | \$18 | \$10 | \$19 | \$24 | \$10 | \$17 | \$21 | \$11 | \$17 | \$24 |
| | 60-64 | \$11 | \$20 | \$26 | \$14 | \$24 | \$31 | \$11 | \$20 | \$26 | \$16 | \$28 | \$36 | \$14 | \$24 | \$32 | \$16 | \$24 | \$37 |
| | 65+ | \$15 | \$27 | \$34 | \$18 | \$32 | \$42 | \$15 | \$27 | \$34 | \$21 | \$37 | \$48 | \$18 | \$33 | \$42 | \$21 | \$33 | \$49 |

Definitions: **Single:** applies to applicant only. **Couple:** applies to applicant and spouse/partner OR applicant and one dependent child under age 21. **Family:** applies to applicant and spouse/partner and dependent children under age 21.

Note: Rate are effective April 1st, 2017. Premiums and/or benefits are subject to change with thirty (30) days written notice to the applicant. Rates are based on age at the time of application. Rates will increase as an individual's age increases in accordance with published age bands.

Benefit Descriptions



PRESCRIPTION DRUGS

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 if no generic equivalent exists.

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

For Quebec residents: To be eligible for the ZONE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) plan. Amounts not paid by RAMQ, including the drug plan co-pay and the deductible (regardless of age), are eligible expenses under your GSC Health Assist® plan.

DENTAL

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

EXTENDED HEALTH

Medical Items include:

- Aids for daily living (such as hospital style beds, standard IV stand, trapex, 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)



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