## %healthassist®

# ZONE

Benefit & Coverage Details

# Green Shield Canada

# If you do not currently have a health plan ...

GSC Health Assist ZONE® plans provide coverage for day-to-day medical, dental and travel expenses, as well as unforeseen health expenses

## Time to ZONE in on the plan that's right for you ...

Now you can ZONE in on getting the health plan that you and your family need – without all the hassles of trying to decipher what exactly the plan includes – or better yet, excludes.

GSC Health Assist ZONE plans offer varying levels of health, dental, drug and travel coverage in seven bundled plans – at competitive prices. Get in the ZONE today.

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	ZONE Plan 1	ZONE Plan 2	ZONE Plan 3	ZONE Fundamental Plan	ZONE Plan 4	ZONE Plan 5	ZONE Plan 6
PRESCRIPTION DRUGS							
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 CARE							
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		9 months	9 months	9 months		9 months	6 months
Basic Services		Paid at 80%	Paid at 80%	Paid at 70%		Paid at 80%	Paid at 80%
Comprehensive Basic Services		Year 1: Paid at 50% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%	Paid at 70%		Year 1: Paid at 60% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%
Major Services		Not included	Available in Year 3 - Paid at 50%	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	Year 1-2: \$150 per person every 2 years Year 3-4: \$200 per person every 2 years Year 5+: \$250 per person every 2 years	Year 1-2: \$200 per person every 2 years Year 3-4: \$250 per person every 2 years Year 5+: \$300 per person every 2 years				
Eye Examination	\$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							
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$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
Psychologist/Registered Social Worker, Speech Therapist	\$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					
Hearing Aids		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
<b>Medical Services</b> Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$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 b	etween standard ward charges and Semi-P	rivate and/or Private accommodation in a p	ublic general hospital. Medical underwriting	g 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

## 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 covered 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 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, equilibration
Denture repairs, rebasing, relining

#### **MAJOR SERVICES**

Crowns and onlays, dentures, bridgework

#### **EXTENDED HEALTH CARE**

#### MEDICAL ITEMS INCLUDE:

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)

#### Additional information

This Plan Comparison is a summary and does not constitute a contract. Actual terms, conditions, limitations and exclusions are detailed in the contract issued by GSC upon application approval.

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 GSC, 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.

Rates and/or benefits are subject to change with thirty (30) days written notice.

\*Quebec residents can be covered up to 100% only if the drug is listed on the RAMQ formulary. If the drug is not covered by RAMQ, the standard co-pay applies.

Plans provided by

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Green Shield Canada, 8677 Anchor Drive, PO Box 1606 Windsor, ON N9A 6W1

