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 GSC drug plan, 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 drug plan.

DENTAL

SCHEDULE A - BASIC SERVICES

Preventive cleaning

Routine examinations, x-rays

Fillings and extractions

Fluoride treatment for children

SCHEDULE B - COMPREHENSIVE BASIC SERVICES

Endodontic treatment - root canal therapy

Periodontal treatment - scaling and root planing,

occlusal adjustment and equilibration

Denture repairs, rebasing and relining

SCHEDULE C - MAJOR SERVICES

Payable in Year 3

Crowns and onlays

CIOWIIS and Offic

Dentures Bridgework

EXTENDED HEALTH

MEDICAL ITEMS INCLUDE:

Aids for daily living

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)



POWERED BY



healthassist

healthassist	ZONE 1 HEALTH	ZONE 2 DENTAL / HEALTH	ZONE 3 DENTAL / HEALTH	ZONE 4 DRUG / HEALTH	ZONE 5 DRUG / DENTAL / HEALTH	ZONE 6 DRUG / DENTAL / HEALTH
NO MEDICAL UNDERWRITING REQUIRED MEDICAL UNDERWRITING REQUIRED PRESCRIPTION DRUGS						
Maximum	Not included	Not included	Not included	\$2,500 per year Paid at 80% (100% in Quebec*) Pay-Direct card	\$5,000 per year Paid at 90% (100% in Quebec*) Pay-Direct card	\$10,000 per year Paid at 90% (100% in Quebec*) Pay-Direct card
DENTAL						
Maximums	Not included	Year 1: \$500 Year 2: \$650 Year 3+: \$800 per year thereafter	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per year thereafter	Not included	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100 per year thereafter	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300 per year thereafter
Recall Frequency	Not included	9 month	9 month	Not included	9 month	6 month
Schedule A Basic Services	Not included	Paid at 80%	Paid at 80%	Not included	Paid at 80%	Paid at 80%
Schedule B Comprehensive Basic Services	Not included	Year 1: Paid at 50% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%	Not included	Year 1: Paid at 60% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%
Schedule C Major Services	Not included	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%
EXTENDED HEALTH						
Accidental Dental	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
Ambulance Transportation	Includes land and air	Includes land and air				
Hearing Aids	Year 1-4: \$300 every 4 years Year 5+: \$400 every 4 years thereafter	Year 1-4: \$300 every 4 years Year 5+: \$400 every 4 years thereafter	Year 1-4: \$350 every 4 years Year 5+: \$500 every 4 years thereafter	Year 1-4: \$350 every 4 years Year 5+: \$500 every 4 years thereafter	\$500 every 4 years	\$500 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment laboratory tests	\$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: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per year thereafter	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per year thereafter	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per year thereafter	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 per year thereafter	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 per year thereafter	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 per year thereafter
Professional Services/Registered Therapists Maximums per practitioner						
Acupuncturist, Chiropractor Chiropodist/Podiatrist Massage Therapist Naturopath, Osteopath Physiotherapist	\$300 per year \$20 per visit	\$300 per year \$20 per visit	\$400 per year \$20 per visit	\$400 per year \$20 per visit	\$500 per year \$25 per visit	\$600 per year \$25 per visit
Psychologist, Speech Therapist	\$300 per year	\$300 per year	\$400 per year	\$400 per year	\$500 per year	\$600 per year
Vision Prescription eyeglasses contact lenses, laser eye surgery	\$150 every 2 years	Year 1-2: \$150 every 2 years Year 3-4: \$200 every 2 years Year 5+: \$250 every 2 years thereafter	Year 1-2: \$200 every 2 years Year 3-4: \$250 every 2 years Year 5+: \$300 every 2 years thereafter			
Eye Examination	\$65 every 2 years	\$80 every 2 years	\$80 every 2 years			
Emergency Travel Out of Province/Country coverage	First 15 days of trip \$1,000,000 per year	First 30 days of trip \$1,000,000 per year	First 30 days of trip \$1,000,000 per year			
OPTIONAL SEMI-PRIVATE HOSPITAL ACCOMMODATION						

Benefit pays for the difference in cost between standard ward charges and semi-private accommodation in a public general hospital for up to 30 days per year; can be added to all plans listed above - medical underwriting required.

Wellness Resource Library included in all plans.

Legal Assistance via toll-free telephone and an online 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 GSC 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 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. 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. *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.