

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
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)

PLANS

WELL WELL WELL WELL WELL

POWERED BY



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	Includes land and air	Includes land and air	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	\$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: \$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 Chiropract/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	\$150 every 2 years	\$150 every 2 years	\$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	\$65 every 2 years	\$65 every 2 years	\$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 15 days of trip \$1,000,000 per year	First 15 days of trip \$1,000,000 per year	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.						