



Paragon Health Solutions Benefit Summary

Benefits Included	Paragon Health Solutions BASIC	Paragon Health Solutions PLUS	Paragon Health Solutions SELECT
EHC BENEFITS			
Echelon General Insurance Co.	100% Reimbursement except Drugs	100% Reimbursement except Drugs	80% Reimbursement NO DEDUCTIBLE
Prescription Drugs	70% 1st 500/calendar year, 100% of next \$3,000 Generic Drugs. Dispensing fee cap of \$7.50 per prescription. ESI Pay Direct card.	80% Reimbursement of first \$500, 100% of next \$4,000 per calendar year, Brand name drugs ESI Pay Direct card.	80% to \$5,000/calendar Yr. Generic Drugs unless Physician indicates "no substitution" ESI Pay-Direct Drug card
Accidental Dental	\$2,500 per calendar year	\$2,500 per calendar year	Up to \$2,500/calendar year
Ambulance	Ground UNLIMITED; \$4,000 air ambulance per calendar year.	Ground UNLIMITED; \$4,000 air ambulance per calendar year.	Ambulance services not covered by Provincial Plan up to \$250/trip
Home Support	\$3,000 per calendar year	Combined calendar year maximum of \$7,500 for Home Support & Durable Medical Equipment, Private Duty Nursing, and Prosthetic appliances and orthotics	See Private Duty Nursing
Durable Medical Equipment	\$3,000 per calendar year		\$1,750/calendar year for Durable Medical Equipment
Prosthetics	\$3,000 per calendar year	Included above	Included Above
Medical Supplies	Included	Included	\$1,500/calendar year
Orthopedic footwear or Orthotics	Custom Orthotics to \$225 per calendar year	Custom Orthotics to \$225 per calendar year as part of Durable Medical Equipment maximum	Reasonable & Customary charges for Orthopedic footwear or Orthotics prescribed by a Chiropracist or Physician to a maximum of \$150/calendar year
Private Duty Nurse	Included in Home Support up to \$3,000 per policy year	Included in Home Support and Durable Equipment maximum of \$7,500 per calendar year	\$2,000/calendar year
Paramedical Services	\$450/mamimum per practitioner per calendar year - \$50 maximum per visit Acupuncturist; Chiropractor; Chiropracist; Naturopath; Osteopath; Physiotherapist; Podiatrist; Registered Massage Therapist. \$35 for Chiropractic X-rays per policy year. Psychologist limited to 15 visits per year, maximum of \$75 first visit and \$60 subsequent; Speech Therapist \$60 and \$40.	\$500 maximum per practitioner per calendar year with a \$50 per visit maximum for: Acupuncturist; Chiropractor; Chiropracist; Naturopath; Osteopath; Podiatrist; Physiotherapist; Registered massage Therapist. Psychologist limited to 15 visits per year, maximum of \$75 first visit and \$60 subsequent for Psychologist; Speech Therapist \$60 and \$40	Up to \$300/practitioner per calendar year with a \$50 per visit maximum on a "top up" basis to any Provincial benefits, including: Chiropractors, Chiropracist, Nutritionist, Podiatrist, Physiotherapist, Speech Therapist, Osteopath, Reg. Massage Therapist, Up to \$360 for Psychologist per policy year.
Hearing Aids	\$400/4 calendar years.	\$400/4 calendar years.	\$300/ 5 calendar years
Vision	Eye glasses - \$150/2 calendar years \$100 Eye Examinations/24 months After 6 month waiting period	\$250/2 calendar years. \$100 Eye Examinations/24 months After 6 month waiting period	Eye Glasses up to \$150 every 2 calendar years, after 6 month waiting period. \$100 for Eye Examinations/24 months

Hospital	Semi-private \$150/day to a maximum of \$4,500 per calendar year.	Semi-private or private up to \$200/day -maximum \$25,000 per calendar year.	Semi-Private room up to \$170 per day for 30 days (\$5,100 maximum/calendar year)
Maximum per person	Benefit maximums	Benefit maximums	\$25,000 per calendar year
Lifetime Maximum	\$250,000	\$250,000	No Maximum
Out-of-Province/Country Travel Insurance Coordinators Ltd.	100% up to \$1M for trips of up to 30 days plus Emergency Travel Assistance Services	100% up to \$1M for trips of up to 30 days plus Emergency Travel Assistance Services	100% up to \$1M for trips of up to 30 days plus Emergency Travel Assistance Services
DENTAL			
Echelon General Insurance Company			
Preventive Services	80% reimbursement 8 units scaling 9 month recall Oral Surgery, Endodontics, Periodontics	80 % reimbursement up to \$1,250/calendar year - no waiting period: Exams, cleaning, scaling every 9 months; fillings, x-rays, fluoride, space maintainers extractions, anesthesia, endodontics, periodontics, denture repairs	Must be purchased with EHC. No deductible, 80% reimbursement up to \$1,000 per person per calendar year. Basic Care including fillings, oral surgery, anesthetic and minor restorations; Periodontics covered at 50% reimbursement
Major Restorative Services	Not included	Crowns, bridges, dentures & orthodontics Available Year 3+ at 60% reimbursement	Not Included
Orthodontia	Not included	See above	Not Included
Maximum	80% to \$500 year One; 80% to \$750 year Two+	80% up to \$500 Year One; 80% to \$750 Year Two 80% up to \$1,000 Year Three and Year Four and \$1,250 Year Five incl. combined Perio/Endo max. of \$500/year; 50% Perio. Reimbursement.	80% up to \$1,000 per person per calendar year
Critical Illness ACE INA Insurance	Optional Benefit of \$10,000; \$25,000 or \$50,000 covering TEN Life threatening conditions	Optional Benefit of \$10,000; \$25,000 or \$50,000 covering TEN Life threatening conditions	Optional Benefit of \$10,000; \$25,000; or \$50,000 cover TEN life threatening conditions
Disability Insurance Lloyd's of London	Individual Disability Insurance Program available as an option	Individual Disability Insurance Program available as an option	Individual Disability Insurance Program available as an option
AD&D ACE INA Insurance	Optional Employee/Family Program in units of \$50,000 to \$300,000 full benefit schedule	Optional Employee/Family Program in units of \$50,000 to \$300,000 full benefit schedule	Optional Employee/Family Program in units of \$50,000 to \$300,000 full benefit schedule