

	DRUG/HEALTH Basic	DRUG/DENTAL/HEALTH Select
<b>PRESCRIPTION DRUGS</b>		
Maximums	\$ 2,500 per year Paid at 80% Pay-Direct Card	\$ 5,000 per year Paid at 90% Pay-Direct Card
<b>DENTAL</b>		
Maximums	Not Included	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300 per year thereafter
Recall Frequency	Not Included	6 months
<b>Schedule A</b> - Basic Services	Not Included	Paid at 80%
<b>Schedule B</b> - Comprehensive Basic Services	Not Included	Paid at 80%
<b>Schedule C</b> - Major Services	Not Included	Available in year 3 Paid at 50%
<b>EXTENDED HEALTH</b>		
<b>Accidental Dental</b>	\$5,000 per year	\$10,000 per year
<b>Ambulance Transportation</b>	Includes Land and Air	Includes Land and Air
<b>Hearing Aids</b>	Year 1 - 4: \$350 every 4 years Year 5+: \$500 every 4 years thereafter	\$500 every 4 years
<b>Medical Services</b> Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year	\$2,000 per year
<b>Medical Items and Home Support Services (in home nursing)</b> 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: \$4,000 Year 3: \$6,000 per year thereafter
<b>Professional Services/Registered Therapists</b> <b>Maximums per practitioner</b>		
<i>Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist</i>	\$ 400 per year \$ 20 per visit	\$ 600 per year \$ 25 per visit
<i>Psychologist, Speech Therapist</i>	\$ 400 per year	\$ 600 per year
<b>Vision</b> Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	Year 1 - 2: \$200 every 2 years Year 3 - 4: \$250 every 2 years Year 5+: \$300 every 2 years thereafter
<b>Eye Examination</b>	\$65 every 2 years	\$80 every 2 years
<b>Emergency Travel</b> 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
<b>OPTIONAL SEMI-PRIVATE HOSPITAL ACCOMMODATION</b>		
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.		

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.