

LINK

Plan Comparison

No Medical Underwriting Required Your Acceptance is Guaranteed	LINK 1 Standard	LINK 2 Classic
PRESCRIPTION DRUGS		
Maximums	Year 1: \$500 Year 2: \$650 Year 3+: \$800 Plan pays 80% per person per year, to annual max.	Year 1: \$750 Year 2: \$900 Year 3+: \$1,100 Plan pays 80% per person per year, to annual max.
DENTAL CARE		
Maximums	Not included	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per person per year
Recall Frequency		9 months
Basic Services		Plan pays 80%, subject to annual max.
Comprehensive Basic Services		Plan pays 80%, subject to annual max.
Major Services		Not included
Orthodontic Services		
VISION CARE		
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	\$200 per person every 2 years
Eye Examination	\$50 per person every 2 years	
EXTENDED HEALTH CARE		
Professional Services/Registered Therapists		
Chiropractor, Chiropracist/Podiatrist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, 15 visits per person per practitioner, per year	\$300 per person per practitioner, per year
Massage Therapist, Acupuncturist	\$20 per visit, 15 visits per person per practitioner, per year	
Psychologist/Registered Social Worker	\$600 per person per year combined	
BEACON®† Online Mental Health Therapy	Personalized cognitive behavioural therapy delivered digitally (iCBT); one Standard therapy course (up to 12 weeks) per person per year	
Speech Therapist	\$300 per person per year	
Accidental Dental	\$2,500 per person per year	\$5,000 per person per year
Ambulance Transportation	Includes land and air	
Hearing Aids	\$300 per person every 4 years	\$400 per person every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year	
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	\$1,500 per person per benefit category, per year	\$2,500 per person per benefit category, per year
HOSPITAL ACCOMMODATION – Semi-Private and/or Private		
Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital in your province/territory of residence	\$200 per person per day 30 days maximum per year	
TRAVEL – Out of Province/Country		
Multi-Trip Emergency Medical Travel Coverage	10 days per trip \$5,000,000 per person per year	

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Plan Comparison

No Medical Underwriting Required Your Acceptance is Guaranteed	LINK 3 Supreme	LINK 4 Elite
PRESCRIPTION DRUGS		
Maximums	Year 1: \$1,200 Year 2: \$1,350 Year 3+: \$1,500 Plan pays 80% per person per year, to annual max.	Year 1: \$2,300 Year 2: \$2,400 Year 3: \$2,500 Year 4+: \$2,700 Plan pays 80% per person per year, to annual max.
DENTAL CARE		
Maximums	Year 1: \$750 Year 2: \$1,000 Year 3+: \$1,250 per person per year	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,750 per person per year
Recall Frequency	9 months	6 months
Basic Services	Plan pays 80%, subject to annual max.	
Comprehensive Basic Services	Plan pays 80%, subject to annual max.	
Major Services	Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 60%, subject to annual max.
Orthodontic Services	Not included	Available in Year 3 - Plan pays 60%; \$2,000 lifetime max. per person
VISION CARE		
Prescription eyeglasses, contact lenses, laser eye surgery	\$250 per person every 2 years	\$300 per person every 2 years
Eye Examination	\$65 per person every 2 years	\$80 per person every 2 years
EXTENDED HEALTH CARE		
Professional Services/Registered Therapists		
Chiropractor, Chiropracist/Podiatrist, Naturopath, Osteopath, Physiotherapist	\$400 per person per practitioner, per year	\$600 per person per practitioner, per year; up to \$1,200 per person per year combined
Massage Therapist, Acupuncturist	\$20 per visit, 20 visits per person per practitioner, per year	\$30 per visit, 20 visits per person per practitioner, per year
Psychologist/Registered Social Worker	\$600 per person per year combined	
BEACON®+ Online Mental Health Therapy	Personalized cognitive behavioural therapy delivered digitally (iCBT); one Standard therapy course (up to 12 weeks) per person per year	
Speech Therapist	\$400 per person per year	\$600 per person per year
Accidental Dental	\$10,000 per person per year	
Ambulance Transportation	Includes land and air	
Hearing Aids	\$500 per person every 4 years	\$600 per person every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year	
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	\$5,000 per person per benefit category, per year	
HOSPITAL ACCOMMODATION – Semi-Private and/or Private		
Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital in your province/territory of residence	\$200 per person per day 30 days maximum per year	\$250 per person per day 30 days maximum per year
TRAVEL – Out of Province/Country		
Multi-Trip Emergency Medical Travel Coverage	15 days per trip \$5,000,000 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 LINK prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) plan. Your prescription drug claims must be submitted to RAMQ first. When RAMQ reimburses a portion of the drug cost, unpaid balances (including co-payments and deductibles) will be co-ordinated so that you may be reimbursed up to 100% of the eligible expense incurred. If the drug is not covered by RAMQ, the standard co-pay applies.

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

ORTHODONTIC SERVICES

- Orthodontic treatment to straighten teeth and correct the bite

EXTENDED HEALTH CARE

BEACON®† Online Mental Health Therapy

Personalized cognitive behavioural therapy delivered digitally (iCBT). The BEACON Standard therapy course includes an assessment and a dedicated therapist who tailors therapy, online exercises and activities, and who interacts with you via secure digital messaging for up to 12 weeks, plus access to online resources available for one year. Every BEACON therapist is a registered mental health professional.

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)

A couple of things to keep in mind...

Guaranteed Acceptance

Your acceptance for all SureHealth™ LINK plans is guaranteed as long as you apply within 90 days of your employee group benefits end date and GSC receives your initial payment.

Best of all, LINK plans are specially designed to provide coverage for pre-existing medical conditions – up to the stated maximums, of course.

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.

Benefits are subject to change; GSC will provide policy owners with thirty (30) days written notice.

Ready to get a quote?

www.surehealth.ca

Any questions?

1.844.850.7873

Plans provided by

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