

ZONE

Plan Comparison

Guaranteed Acceptance No Health Questions Asked	ZONE 2 Primary	ZONE 3 Basic	ZONE Fundamental
PRESCRIPTION DRUGS			
Maximums	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Plan pays 70% per person per year, to annual max.
DENTAL CARE			
Maximums	Year 1: \$500 per person Year 2: \$650 per year Year 3+: \$800	Year 1: \$600 per person Year 2: \$800 per year Year 3+: \$1,000	\$450 per person per year
Recall Frequency	9 months		
Basic Services	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Comprehensive Basic Services	Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Major Services	Not included	Available in Year 3 – Plan pays 50%, subject to annual max.	Not included
Orthodontic Services	Not included		
VISION CARE			
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years		
Eye Examination	\$65 per person every 2 years	\$65 per person every 2 years	\$80 per person every 2 years
EXTENDED HEALTH CARE			
Professional Services/Registered Therapists			
Chiropractor, Massage Therapist, Physiotherapist, Acupuncturist, Chiropracist/ Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit to a max. of \$300 per person per practitioner, per year	\$20 per visit to a max. of \$400 per person per practitioner, per year	\$20 per visit to a max. of \$400 per person per practitioner, per year
Speech Therapist	\$300 per person per year	\$400 per person per year	\$400 per person per year
Mental Health Services			
Psychologist/Psychotherapist/ Registered Social Worker	\$300 per person per year combined	\$400 per person per year combined	\$400 per person per year combined
Inkblot™ Therapy	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit		
Accidental Dental	\$5,000 per person per year	\$5,000 per person per year	\$3,000 per person per year
Ambulance Transportation	Includes land and air		
Hearing Aids	Year 1-4: \$300 per person Year 5+: \$400 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 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	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, per year Year 4+: \$5,000	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, per year Year 4+: \$5,000	Year 1: \$1,500 per person Year 2: \$2,000 per benefit Year 3: \$3,000 category, per year Year 4+: \$4,000
TRAVEL – Out of Province/Country			
Multi-Trip Emergency Medical Travel Coverage	15 days per trip, \$5,000,000 per person per year		
OPTIONAL HOSPITAL ACCOMMODATION – Optional add-on benefit that pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence.			
Semi-Private and/or Private	Not offered		

Health Questionnaire Required	ZONE 4 Moderate	ZONE 5 Choice	ZONE 6 Premier	ZONE 7 Ultimate
PRESCRIPTION DRUGS				
Maximums	Year 1-2: \$2,500 Year 3+: \$3,500 Plan pays 80% per person per year, to annual max.	\$5,000 Plan pays 90% per person per year, to annual max.	\$10,000 Plan pays 90% per person per year, to annual max.	\$20,000 Plan pays 90% per person per year, to annual max.
DENTAL CARE				
Maximums	Not included	Year 1: \$700 per person Year 2: \$900 per person Year 3+: \$1,100 per person	Year 1: \$800 per person Year 2: \$1,000 per person Year 3+: \$1,300 per person	Year 1: \$1,000 per person Year 2: \$1,200 per person Year 3+: \$1,500 per person
Recall Frequency		9 months	6 months	6 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.
Major Services		Available in Year 3 – Plan pays 50%, subject to annual max.	Available in Year 3 – Plan pays 50%, subject to annual max.	Available in Year 3 – Plan pays 50%, subject to annual max.
Orthodontic Services		Not included	Available in Year 3 – Plan pays 50%; subject to overall dental max. and \$2,000 lifetime max. per person	Available in Year 3 – Plan pays 50%; subject to overall dental max. and \$2,000 lifetime max. per person.
VISION CARE				
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	Year 1-2: \$150 per person Year 3-4: \$200 per person Year 5+: \$250 every 2 years	Year 1-2: \$200 per person Year 3-4: \$250 per person Year 5+: \$300 every 2 years	Year 1-2: \$250 per person Year 3-4: \$300 per person Year 5+: \$350 every 2 years
Eye Examination	\$80 per person every 2 years	\$100 per person every 2 years	\$100 per person every 2 years	\$120 per person every 2 years
EXTENDED HEALTH CARE				
Professional Services/Registered Therapists				
Chiropractor, Massage Therapist, Physiotherapist, Acupuncturist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit to a max. of \$400 per person per practitioner, per year	\$25 per visit to a max. of \$500 per person per practitioner, per year	\$25 per visit to a max. of \$600 per person per practitioner, per year	\$50 per visit to a max. of \$750 per person per practitioner, per year; \$2,000 combined
Speech Therapist	\$400 per person per year	\$500 per person per year	\$600 per person per year	\$750 per person per year
Mental Health Services				
Psychologist/Psychotherapist/Registered Social Worker	\$400 per person per year combined	\$500 per person per year combined	\$600 per person per year combined	\$750 per person per year combined
Inkblot™ Therapy	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit			
Accidental Dental	\$5,000 per person per year	\$10,000 per person per year	\$10,000 per person per year	\$15,000 per person per year
Ambulance Transportation	Includes land and air			
Hearing Aids	Year 1-4: \$350 per person Year 5+: \$500 every 4 years	\$500 per person every 4 years	\$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	\$2,000 per person per year	\$2,000 per person per year	\$2,500 per person per year
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, Year 4+: \$5,000 per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year	Year 1: \$3,000 per person Year 2: \$5,000 per benefit Year 3+: \$8,000 category, per year
TRAVEL – Out of Province/Country				
Multi-Trip Emergency Medical Travel Coverage	15 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year	30 days per trip, \$5,000,000 per person per year
OPTIONAL HOSPITAL ACCOMMODATION – Optional add-on benefit that pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence.				
Semi-Private and/or Private	Up to 30 days 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 ZONE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) Public Prescription Drug Insurance 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

INKBLOT™+ THERAPY

Virtual counselling with the qualified Inkblot therapist who best matches your needs. Inkblot provides a unique and flexible matching process that incorporates diversity, inclusivity considerations and personal preferences, as well as therapist credentials that align with your clinical needs. The final choice is yours. There are no out-of-pocket expenses for the initial 4 hours of therapy (2 for individual counselling; 2 for couples counselling). Additional virtual sessions are easy to arrange and eligible for coverage under the Psychology benefit.

MEDICAL ITEMS

- 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 – ZONE 2, ZONE 3, ZONE Fundamental

SureHealth™ plans that don't require completion of a health questionnaire offer guaranteed acceptance (as long as GreenShield™ receives your initial payment). These plans are specially designed to provide coverage for pre-existing medical conditions – up to the stated maximums, of course.

Health Questionnaire Required – ZONE 4, ZONE 5, ZONE 6, ZONE 7

If the plan you choose to apply for requires completion of a health questionnaire, you need to disclose any medical condition, injury or illness that occurred or existed on or before the date of your application. This information will be evaluated. If your and/or your family's health is such that exclusions will be applied to the plan benefits, GreenShield will notify you in writing and send a counter-offer for coverage that excludes your pre-existing medical conditions. The counter-offer will also include alternative SureHealth plan options for you to consider.

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 GreenShield 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 GreenShield, 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; GreenShield 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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