

ZONE

Plan Comparison

Guaranteed Acceptance No Health Questions Asked	ZONE 2 Primary	ZONE 3 Basic	ZONE Fundamental
PRESCRIPTION DRUGS			
Maximums	Not included	Not included	Plan pays 70% per person per year, to annual max. Year 1: \$550 Year 2: \$600 Year 3+: \$650
DENTAL CARE			
Maximums	Year 1: \$500 per person Year 2: \$650 per person Year 3+: \$800 per year	Year 1: \$600 per person Year 2: \$800 per person Year 3+: \$1,000 per year	\$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			
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$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
Psychologist/Registered Social Worker, Speech Therapist	\$300 per person per practitioner, per year	\$400 per person per practitioner, per year	\$400 per person per practitioner, per year
BEACON®+ Online Mental Health Therapy	Personalized cognitive behavioural therapy delivered digitally (iCBT); one Standard therapy course (up to 12 weeks) per person per year		
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, Year 4+: \$5,000 per year	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: \$1,500 per person Year 2: \$2,000 per benefit Year 3: \$3,000 category, Year 4+: \$4,000 per year
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 year	Year 1: \$800 per person Year 2: \$1,000 per person Year 3+: \$1,300 per year	Year 1: \$1,000 per person Year 2: \$1,200 per person Year 3+: \$1,500 per year
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.
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 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				
Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$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
Psychologist/Registered Social Worker, Speech Therapist	\$400 per person per practitioner, per year	\$500 per person per practitioner, per year	\$600 per person per practitioner, per year	\$750 per person per practitioner, per year
BEACON[®] Online Mental Health Therapy	Personalized cognitive behavioural therapy delivered digitally (iCBT); one Standard therapy course (up to 12 weeks) per person per year			
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 category Year 3: \$4,000 per year Year 4+: \$5,000 per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit category Year 3+: \$6,000 per year	Year 1: \$2,000 per person Year 2: \$4,000 per benefit category Year 3+: \$6,000 per year	Year 1: \$3,000 per person Year 2: \$5,000 per benefit category Year 3+: \$8,000 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) 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 – ZONE 2, ZONE 3, ZONE Fundamental

SureHealth™ plans that don't require completion of a health questionnaire offer guaranteed acceptance (as long as GSC 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, GSC 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 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

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