

## Bronze

## Silver

## Gold

### Drugs

**Drug Coverage:** Coinsurance at 70%  
Pay Direct Drug Card – Mandatory Generic  
**Max:** \$2,500/year

**Drug Coverage:** Coinsurance at 80%  
Pay Direct Drug Card – Mandatory Generic  
**Max:** \$5,000/year

**Drug Coverage:** Coinsurance at 80%  
Pay Direct Drug Card – Mandatory Generic  
**Max:** \$10,000/year

### Major Medical

**Coinsurance:** 70%  
**Hospital Stays:** N/A  
**Out of Country Coverage (60 days):** 100%; \$5 million per person per lifetime.  
**Orthotics / Orthopedic Shoes:** \$300 per year  
**Hearing Aids:** \$300 per 4 years

**Coinsurance:** 80%  
**Hospital Stays:** Semi-private  
**Out of Country Coverage (60 days):** 100%; \$5 million per person per lifetime.  
**Orthotics / Orthopedic Shoes:** \$300 per year  
**Hearing Aids:** \$300 per 4 years

**Coinsurance:** 100%  
**Hospital Stays:** Semi-private  
**Out of Country Coverage (60 days):** 100%; \$5 million per person per lifetime.  
**Orthotics / Orthopedic Shoes:** \$300 per year  
**Hearing Aids:** \$300 per 4 years

### Vision

**Coinsurance:** 100%  
Eye Exam Only  
**Frequency:** Adult – 24mo;  
Child – 12 mo

**Coinsurance:** 100%  
\$150 for Lens/Frames/  
Contacts (Eye Exam Included)  
**Frequency:** Adult – 24mo;  
Child – 12 mo

**Coinsurance:** 100%  
\$200 for Lens/Frames/  
Contacts (Eye Exam Included)  
**Frequency:** Adult – 24mo;  
Child – 12 mo

### Paramedical Services

**Coinsurance** at 70%  
**Maximum Benefit:** \$300 per practitioner per year  
**Medical Practitioners included:** Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist

**Coinsurance** at 80%  
**Maximum Benefit:** \$500 per practitioner per year  
**Medical Practitioners included:** Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist

**Coinsurance** at 100%  
**Maximum Benefit:** \$500 per practitioner per year  
**Medical Practitioners included:** Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath, Occupational Therapist, Osteopath, Physiotherapist/ Athletic Therapist, Podiatrist/ Chiropodist, Psychologist/Social Worker/Psychotherapist/Clinical Counsellor/Psychiatrist, Speech Language Pathologist

### Dental Care

**Basic Dental Coinsurance:** 70%  
**Maximum Benefit:** \$1,000/year combined Basic & Endo/Perio  
**Major Dental Coinsurance:** Not Covered  
**Exam frequency:** Recall Exam once per 12 months

**Basic Dental Coinsurance:** 80%  
**Maximum Benefit:** \$1,000/year combined Basic, Endo/Perio, & Major  
**Major Dental Coinsurance:** 50%  
**Exam frequency:** Recall Exam once per 9 months

**Basic Dental Coinsurance:** 80%  
**Maximum Benefit:** \$1,500/year combined Basic, Endo/Perio, & Major  
**Major Dental Coinsurance:** 50%  
**Exam frequency:** Recall Exam once per 6 months

### Monthly Cost

**Single: \$123.86**  
**Couple: \$219.41**  
**Family: \$270.66**

### Monthly Cost

**Single: \$162.44**  
**Couple: \$286.58**  
**Family: \$358.62**

### Monthly Cost

**Single: \$178.36**  
**Couple: \$316.20**  
**Family: \$394.84**

\*rates are introductory and adjusted on an annual basis based on the overall performance of the pooled program.