



**HEALTH BENEFIT PLANS**

**Blue Cross® Express Plan**

| <u>Benefits</u>   | <u>Coverage Maximums</u>   | Monthly Rates   |  |
|---|--|---|--|
|   |  | Age Group   | Rate   |
| <p><b>Dental Services</b> - paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.</p> <ul style="list-style-type: none"> <li>Reimbursement on examinations, cleanings, fillings, scaling, polishing, diagnostic, radiographs and other basic preventative dental services (including root canals)</li> <li>Reimbursement per calendar year</li> <li>Major Restorative Services (3 year waiting period)</li> <li>No waiting period for basic preventative services!</li> </ul> | <p><b>OPTIONAL coverage – ADDITIONAL PREMIUMS REQUIRED</b></p> <ul style="list-style-type: none"> <li><u>First Year:</u> 70% up to \$750 per person (pro-rated)</li> <li><u>Second Year:</u> 75% up to \$1,000 per person</li> <li><u>Third Year and Beyond:</u> 80% up to \$1,250 per person, including Major Dental at 50% up to \$500 per person</li> </ul> | <b>INDIVIDUAL</b>   |  |
| <p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>No lifetime maximum</li> <li>No Dispensing Fee cap</li> <li>Reimbursement per calendar year</li> <li>Pay Direct Drug card</li> <li>Drug benefit ends at age 65</li> <li>Coverage for oral contraceptives</li> </ul>   | <ul style="list-style-type: none"> <li>Covers lowest cost generic equivalent</li> <li><u>First Year:</u> 80% up to \$500 per person</li> <li><u>Second Year and Beyond:</u> 80% up to \$750 per person</li> </ul>  | 16-39<br>40-54<br>55-64<br>65-74<br>75+   | \$57.95<br>\$67.30<br>\$87.70<br>\$47.75<br>\$64.75      |
| <p><b>Vision Care</b> – For individuals under 65 years of age: one eye exam with an optometrist or ophthalmologist.</p> <ul style="list-style-type: none"> <li>Discount privileges with major vision providers (see Assistance Program)</li> </ul>  | <ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist exam of up to \$50 per two calendar years.</li> </ul>   | <b>COUPLES</b><br>(per person)  |  |
| <p><b>Ambulance Services</b> – covers trips to hospitals in a licensed ground or air ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.</p>   | <ul style="list-style-type: none"> <li>Ground/air ambulance</li> </ul>   | 16-39<br>40-54<br>55-64<br>65-74<br>75+   | \$54.60<br>\$63.48<br>\$82.86<br>\$44.91<br>\$61.06      |
| <p><b>Emergency Travel Coverage:</b> For unlimited trips lasting a maximum of 15 days.</p>  | <ul style="list-style-type: none"> <li>Included</li> </ul>   |   |  |
| <p><b>Registered Specialists and Therapists</b> – includes visits to Chiropractors, Acupuncturist, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Physiotherapists (per visit maximum)</p> <ul style="list-style-type: none"> <li>Per visit maximum for Massage Therapist (see Note 1)</li> <li>Per visit maximum for Psychologist</li> <li>Per visit maximum for Speech therapist</li> <li>Chiropractic x-rays</li> </ul>   | <ul style="list-style-type: none"> <li>100% reimbursement up to specified maximums below</li> <li>\$12 up to 25 visits</li> <li>\$15 up to 20 visits</li> <li>\$70 on first visit; subsequent visits at \$60 up to 12 visits</li> <li>\$60 on first visit; subsequent visits at \$40 up to 12 visits</li> <li>\$25 maximum</li> </ul>                          | <b>Family Coverage</b><br>(3+ person; 2 adults with maximum of 4 dependents)  |  |
| <p><b>Homecare and Nursing<br/>Prosthetic Appliances<br/>Durable Medical Equipment<br/>Orthopedic Shoes</b></p> <p>See your contract for other details and list of supplies covered.</p>  | <ul style="list-style-type: none"> <li>80% up to \$2,500</li> <li>80% up to \$2,500</li> <li>80% up to \$2,500</li> <li>\$175 per year</li> </ul> <p>* Reimbursement is per person per calendar year.</p>  | 16-39<br>40-54<br>55-64<br>65-74<br>75+   | \$184.60<br>\$190.55<br>\$229.65<br>\$124.25<br>\$183.75 |
| <p><b>Accidental Dental</b> – covers 24/7 service for people who have an accident and or are injured at home or work.</p>   | <ul style="list-style-type: none"> <li>80% up to \$2,000 per person per calendar year</li> </ul>   | <b>Single Parent</b><br>(1 parent with 1-4 dependents)  |  |
| <p><b>Hearing Aids</b> – covers the cost to purchase and/or repair up to the allowed amount. <b>3 month waiting period*</b></p>   | <ul style="list-style-type: none"> <li>80% up to \$300 every 60 months</li> </ul>  | 16-39<br>40-54<br>55-64<br>65-74<br>75+   | \$131.05<br>\$128.49<br>\$149.74<br>\$89.40<br>\$107.25  |
| <p><b>Assistance Program</b> – a unique program of services and privileges for your wellbeing.</p>  | <ul style="list-style-type: none"> <li>Free legal assistance</li> <li>Post hospital assistance</li> <li>Child Birth Benefit</li> <li>Discounts through many service providers</li> </ul>   |   |  |
| <p><b>Hospital Care</b> – Covers a semi-private or private hospital room. Coverage for up to 90 days per calendar year.</p>   | <ul style="list-style-type: none"> <li>100% reimbursement</li> <li>Maximum of \$200 per day</li> </ul>   | Premiums are based on individual age at the time of application. Premiums will increase as an individual's age increases in accordance with published age groups. |  |



Rates effective as of February 1, 2009

The plan will **only** reimburse medical expenses that are not covered by the insured person's provincial health care plan.

**\*Waiting periods:** An insured person becomes eligible for the benefit after the indicated period from the effective start date of the policy.

**Note 1:** Services of a registered massage therapist requires a referral letter from a licensed medical practitioner and can be included with first claim. The referral must be renewed and submitted to Blue Cross® every calendar year.