

ZONE

Benefit &
Coverage
Details

Green Shield
Canada

If you do not currently have a health plan ...

GSC Health Assist ZONE® plans provide coverage for day-to-day medical, dental and travel expenses, as well as unforeseen health expenses.

Time to ZONE in on the plan that's right for you ...

Now you can ZONE in on getting the health plan that you and your family need – without all the hassles of trying to decipher what exactly the plan includes – or better yet, excludes.

GSC Health Assist ZONE plans offer varying levels of health, dental, drug and travel coverage in a selection of bundled plans – at competitive prices. Get in the ZONE today.

No Medical Underwriting Required

ZONE Plan 1

ZONE Plan 2

ZONE Plan 3

ZONE Fundamental Plan

PRESCRIPTION DRUGS

Maximums	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Paid at 70% per person per year
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DENTAL CARE

Maximums	Not included	Year 1: \$500 Year 2: \$650 Year 3+: \$800 per person per year	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per person per year	\$450 per person per year
Recall Frequency		9 months	9 months	9 months
Basic Services		Paid at 80%	Paid at 80%	Paid at 70%
Comprehensive Basic Services		Year 1: Paid at 50% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%	Paid at 70%
Major Services		Not included	Available in Year 3 - Paid at 50%	Not included
Orthodontic Services		Not included	Not included	Not included

VISION CARE

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	\$65 per person every 2 years	\$80 per person every 2 years

EXTENDED HEALTH CARE

Professional Services/Registered Therapists

Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, \$300 per person per practitioner, per year	\$20 per visit, \$300 per person per practitioner, per year	\$20 per visit, \$400 per person per practitioner, per year	\$20 per visit, \$400 per person per practitioner, per year
Psychologist/Registered Social Worker, Speech Therapist	\$300 per person per practitioner, per year	\$300 per person per practitioner, per year	\$400 per person per practitioner, per year	\$400 per person per practitioner, per year
Accidental Dental	\$5,000 per person per year	\$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 Year 5+: \$400 per person every 4 years	Year 1-4: \$300 Year 5+: \$400 per person every 4 years	Year 1-4: \$350 Year 5+: \$500 per person every 4 years	Year 1-4: \$350 Year 5+: \$500 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	Year 1: \$1,000 Year 2: \$1,500 Year 3: \$2,000 per person per benefit category, per year Year 4+: \$2,500	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 per person per benefit category, per year Year 4+: \$5,000	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 per person per benefit category, per year Year 4+: \$5,000	Year 1: \$1,500 Year 2: \$2,000 Year 3: \$3,000 per person per benefit category, per year Year 4+: \$4,000

TRAVEL

Emergency Medical Travel Coverage Out of Province/Country	15 days per trip \$5,000,000 per person per year	15 days per trip \$5,000,000 per person per year	15 days per trip \$5,000,000 per person per year	15 days per trip \$5,000,000 per person per year
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OPTIONAL HOSPITAL ACCOMMODATION

Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.

Semi-Private and/or Private	Up to 30 days per person per year	Up to 30 days per person per year	Up to 30 days per person per year	Up to 30 days per person per year
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Medical Underwriting Required					
ZONE Plan 4		ZONE Plan 5		ZONE Plan 6	
PRESCRIPTION DRUGS					
Maximums	Year 1-2: \$2,500 Year 3+: \$3,500	Paid at 80% per person per year	\$5,000	Paid at 90% per person per year	\$10,000 Paid at 90% per person per year
DENTAL CARE					
Maximums	Not included	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100 per person per year	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300 per person per year		
Recall Frequency		9 months	6 months		
Basic Services		Paid at 80%	Paid at 80%		
Comprehensive Basic Services		Year 1: Paid at 60% Year 2: Paid at 70% Year 3+: Paid at 80%	Paid at 80%		
Major Services		Available in Year 3 - Paid at 50%	Available in Year 3 - Paid at 50%		
Orthodontic Services		Not included	Available in Year 3 - Paid at 50%; subject to Year 3+ annual maximum and \$2,000 lifetime maximum per person		
VISION CARE					
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	Year 1-2: \$150 Year 3-4: \$200 Year 5+: \$250 per person every 2 years	Year 1-2: \$200 Year 3-4: \$250 Year 5+: \$300 per person every 2 years		
Eye Examination	\$80 per person every 2 years	\$100 per person every 2 years	\$100 per person every 2 years		
EXTENDED HEALTH CARE					
Professional Services/Registered Therapists					
Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, \$400 per person per practitioner, per year	\$25 per visit, \$500 per person per practitioner, per year	\$25 per visit, \$600 per person per practitioner, per year		
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		
Accidental Dental	\$5,000 per person per year	\$10,000 per person per year	\$10,000 per person per year		
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air		
Hearing Aids	Year 1-4: \$350 Year 5+: \$500 per person every 4 years	\$500 per person every 4 years	\$500 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		
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 per person per benefit Year 4+: \$5,000 category, per year	Year 1: \$2,000 Year 2: \$4,000 per person per benefit Year 3+: \$6,000 category, per year	Year 1: \$2,000 Year 2: \$4,000 per person per benefit Year 3+: \$6,000 category, per year		
TRAVEL					
Emergency Medical Travel Coverage Out of Province/Country	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		
OPTIONAL HOSPITAL ACCOMMODATION Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.					
Semi-Private and/or Private	Up to 30 days per person per year	Up to 30 days per person per year	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 the 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

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)

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.

Rates and/or benefits are subject to change; GSC will provide plan members with thirty (30) days written notice.

Plans provided by

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Green Shield Canada, 8677 Anchor Drive, PO Box 1606
Windsor, ON N9A 6W1

