

gsc healthassist®

LINK

Benefit &  
Coverage  
Details

Individual Health & Dental Plans

gsc  
green shield canada

# If you need to switch from your current health plan to a new one ...

GSC Health Assist LINK® offers guaranteed coverage for you and your family for day-to-day medical, dental and travel expenses, as well as unforeseen health expenses.

# Time to make the LINK to the plan that's right for you ...

Now you can make the LINK to 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, what it excludes. Even better still, applying for any of these Health Assist LINK plans is easy – you don't have to complete a medical questionnaire as long you apply within 90 days of your group insurance end date.

**Just select the plan that best suits your needs. Make the LINK today.**

## Here's a description of some key LINK benefits...

### PRESCRIPTION DRUGS

Prescription drug benefits cover 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 are covered if no generic equivalent exists.

Smoking cessation products and drugs for the treatment of obesity, infertility and erectile dysfunction are not covered.

### 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:

- 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)

### EMERGENCY MEDICAL TRAVEL COVERAGE

Emergency medical coverage when travelling out-of-province or out-of-country

### HOSPITAL ACCOMMODATION

Semi-private and/or private accommodation in a public general hospital

Benefits effective April 1, 2020	No Medical Underwriting Required — Your Acceptance is Guaranteed			
	LINK Plan 1	LINK Plan 2	LINK Plan 3	LINK Plan 4
<b>PRESCRIPTION DRUGS (benefits per person)</b>				
<b>Maximums</b>	Year 1: \$500 Year 2: \$650 Year 3+: \$800 } Plan pays 80% subject to annual max.	Year 1: \$750 Year 2: \$900 Year 3+: \$1,100 } Plan pays 80% subject to annual max.	Year 1: \$1,200 Year 2: \$1,350 Year 3+: \$1,500 } Plan pays 80% subject to annual max.	Year 1: \$2,300 Year 2: \$2,400 Year 3: \$2,500 Year 4+: \$2,700 } Plan pays 80% subject to annual max.
<b>DENTAL CARE (benefits per person)</b>				
<b>Maximums</b>	Not included	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000	Year 1: \$750 Year 2: \$1,000 Year 3+: \$1,250	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,750
<b>Recall Frequency</b>		9 months	9 months	6 months
<b>Basic Services</b>		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.
<b>Comprehensive Basic Services</b>		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.
<b>Major Services</b>		Not included	Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 60%, subject to annual max.
<b>Orthodontic Services</b>		Not included	Not included	Available in Year 3 - Plan pays 60% to lifetime max. of \$2,000
<b>VISION CARE (benefits per person)</b>				
<b>Vision Care</b> Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	\$200 every 2 years	\$250 every 2 years	\$300 every 2 years
<b>Eye Examination</b>	\$50 every 2 years	\$50 every 2 years	\$65 every 2 years	\$80 every 2 years
<b>EXTENDED HEALTH CARE (benefits per person)</b>				
<b>Professional Services/Registered Therapists</b>				
Chiropractor, Chiropodist/Podiatrist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, 15 visits per practitioner, per year	\$300 per practitioner, per year	\$400 per practitioner, per year	\$600 per practitioner, per year; up to \$1,200 per year combined
Massage Therapist, Acupuncturist	\$20 per visit, 15 visits per practitioner, per year	\$20 per visit, 15 visits per practitioner, per year	\$20 per visit, 20 visits per practitioner, per year	\$30 per visit, 20 visits per practitioner, per year
Psychologist/Registered Social Worker	\$600 per year, combined	\$600 per year, combined	\$600 per year, combined	\$600 per year, combined
Speech Therapist	\$300 per year	\$300 per year	\$400 per year	\$600 per year
<b>Accidental Dental</b>	\$2,500 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b>	\$300 every 4 years	\$400 every 4 years	\$500 every 4 years	\$600 every 4 years
<b>Medical Services</b> Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year
<b>Medical Items and Home Support Services</b> (in home nursing) Separate maximums for Medical Items and Home Support Services	\$1,500 per benefit category, per year	\$2,500 per benefit category, per year	\$5,000 per benefit category, per year	\$5,000 per benefit category, per year
<b>HOSPITAL ACCOMMODATION (benefits per person)</b>				
<b>Semi-Private and/or Private</b> Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital	\$200 per day 30 days max. per year	\$200 per day 30 days max. per year	\$200 per day 30 days max. per year	\$250 per day 30 days max. per year
<b>TRAVEL (benefits per person)</b>				
<b>Emergency Medical Travel Coverage</b> Out of Province/Country	10 days per trip \$5,000,000 per year	10 days per trip \$5,000,000 per year	15 days per trip \$5,000,000 per year	15 days per trip \$5,000,000 per year

## **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.

No medical underwriting is required as long as you apply within 90 days of your group coverage end date. Your acceptance for LINK plans is guaranteed upon GSC's receipt of your initial payment.

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.

Quebec residents: To be eligible for LINK prescription drug coverage, you must be covered by the RAMQ prescription drug plan. Your prescription drug claims must be submitted to RAMQ first. When RAMQ reimburses a portion of the drug cost, the unpaid balance (including co-payment and deductible) 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

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  
greenshield.ca 1.888.711.1119

