

gsc healthassist®

# ZONE

## Benefit & Coverage Details

Individual Health & Dental Plans



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

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

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

You know there are gaps in provincial health insurance plan coverage.

GSC Health Assist ZONE® plans provide coverage against the day-to-day, routine medical and dental expenses not covered by your provincial plan, as well emergency medical travel protection when you're away from home, plus coverage for unforeseen health expenses that may arise in the future.

This Plan Comparison presents the benefits and coverage each ZONE plan offers.

Here's a description of some of the key ZONE 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

### OPTIONAL HOSPITAL ACCOMMODATION

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

No Medical Underwriting Required — Your Acceptance is Guaranteed				
Benefits effective April 1, 2020	ZONE Plan 1	ZONE Plan 2	ZONE Plan 3	ZONE Fundamental Plan
<b>PRESCRIPTION DRUGS (benefits per person)</b>				
Maximums	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 } Plan pays 70% to annual max.
<b>DENTAL CARE (benefits per person)</b>				
Maximums	Not included	Year 1: \$500 Year 2: \$650 Year 3+: \$800	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000	\$450 per year
Recall Frequency		9 months	9 months	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	Not included	Not included
<b>VISION CARE (benefits per person)</b>				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years
Eye Examination	\$65 every 2 years	\$65 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>				
Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$300 per practitioner, per year	\$20 per visit to a max. of \$300 per practitioner, per year	\$20 per visit to a max. of \$400 per practitioner, per year	\$20 per visit to a max. of \$400 per practitioner, per year
Psychologist/Registered Social Worker, Speech Therapist	\$300 per practitioner, per year	\$300 per practitioner, per year	\$400 per practitioner, per year	\$400 per practitioner, per year
Accidental Dental	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$3,000 per year
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air	Includes land and air
Hearing Aids	Year 1-4: \$300 Year 5+: \$400 every 4 years	Year 1-4: \$300 Year 5+: \$400 every 4 years	Year 1-4: \$350 Year 5+: \$500 every 4 years	Year 1-4: \$350 Year 5+: \$500 every 4 years
Medical Services 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
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 Year 4+: \$2,500 } per benefit category, per year	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 } per benefit category, per year	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 } per benefit category, per year	Year 1: \$1,500 Year 2: \$2,000 Year 3: \$3,000 Year 4+: \$4,000 } per benefit category, per year
<b>TRAVEL (benefits per person) Out of Province/Country</b>				
Emergency Medical Travel Coverage	15 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	15 days per trip; \$5,000,000 per year
<b>OPTIONAL HOSPITAL ACCOMMODATION (benefits per person)</b> 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 year	Up to 30 days per year	Up to 30 days per year	Up to 30 days per year

Benefits effective April 1, 2020	Medical Underwriting Required			
	ZONE Plan 4	ZONE Plan 5	ZONE Plan 6	ZONE Plan 7
<b>PRESCRIPTION DRUGS (benefits per person)</b>				
Maximums	Year 1-2: \$2,500 } Plan pays 80% Year 3+: \$3,500 } to annual max.	\$5,000 Plan pays 90% to annual max.	\$10,000 Plan pays 90% to annual max.	\$20,000 Plan pays 90% to annual max.
<b>DENTAL CARE (benefits per person)</b>				
Maximums	Not included	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300	Year 1: \$1,000 Year 2: \$1,200 Year 3+: \$1,500
Recall Frequency		9 months	6 months	6 months
Basic Services		Plan pays 80%, subject to annual max.	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 1: 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 Year 3+ annual max. and \$2,000 lifetime max.	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.	
<b>VISION CARE (benefits per person)</b>				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	Year 1-2: \$150 Year 3-4: \$200 Year 5+: \$250 every 2 years	Year 1-2: \$200 Year 3-4: \$250 Year 5+: \$300 every 2 years	Year 1-2: \$250 Year 3-4: \$300 Year 5+: \$350 every 2 years
Eye Examination	\$80 every 2 years	\$100 every 2 years	\$100 every 2 years	\$120 every 2 years
<b>EXTENDED HEALTH CARE (benefits per person)</b>				
<b>Professional Services/Registered Therapists</b>				
Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$400 per practitioner, per year	\$25 per visit to a max. of \$500 per practitioner, per year	\$25 per visit to a max. of \$600 per practitioner, per year	\$50 per visit to a max. of \$750 per practitioner; \$2,000 combined per year
Psychologist/Registered Social Worker, Speech Therapist	\$400 per practitioner, per year	\$500 per practitioner, per year	\$600 per practitioner, per year	\$750 per practitioner, per year
Accidental Dental	\$5,000 per year	\$10,000 per year	\$10,000 per year	\$15,000 per year
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air	Includes land and air
Hearing Aids	Year 1-4: \$350 Year 5+: \$500 every 4 years	\$500 every 4 years	\$500 every 4 years	\$600 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,500 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 benefit Year 2: \$3,000 } category, Year 3: \$4,000 } per year Year 4+: \$5,000 }	Year 1: \$2,000 } per benefit Year 2: \$4,000 } category, Year 3+: \$6,000 } per year	Year 1: \$2,000 } per benefit Year 2: \$4,000 } category, Year 3+: \$6,000 } per year	Year 1: \$3,000 } per benefit Year 2: \$5,000 } category, Year 3+: \$8,000 } per year
<b>TRAVEL (benefits per person) Out of Province/Country</b>				
Emergency Medical Travel Coverage	15 days per trip; \$5,000,000 per year	30 days per trip; \$5,000,000 per year	30 days per trip; \$5,000,000 per year	30 days per trip; \$5,000,000 per year
<b>OPTIONAL HOSPITAL ACCOMMODATION (benefits per person)</b>				
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 year	Up to 30 days per year	Up to 30 days per year	Up to 30 days 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.

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 ZONE 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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