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 RAMO, 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)



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.

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

Green Shield Canada (GSC).

GSC Health Assist, GSC Health Assist ZONE and respective logo designs are registered trademarks of Green Shield Canada. The GSC logo design is a registered trademark of Green Shield Canada. © 2019 Green Shield Canada. All rights reserved.

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



Shealthassist

ZONE

Benefit & Coverage Details

Green Shield Canada

	No Medical Underwriting Required				Medical Underwriting Required		
Benefits effective April 1, 2019	ZONE Plan 1	ZONE Plan 2	ZONE Plan 3	ZONE Fundamental Plan	ZONE Plan 4	ZONE Plan 5	ZONE Plan 6
PRESCRIPTION DRUGS (benefits per person)							
Maximums	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Year 3+: \$650	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.
DENTAL CARE (benefits per person)							
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	Not included	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300
Recall Frequency		9 months	9 months	9 months		9 months	6 months
Basic Services		Plan pays 80% subject to annual max.	Plan pays 80% subject to annual max.	Plan pays 70% subject to annual max.		Plan pays 80% to annual max.	Plan pays 80% 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.		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.
Major Services		Not included	Available in Year 3 - Plan pays 50% subject to annual max.	Not included		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	Not included	Not included		Not included	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.
VISION CARE (benefits per person)							
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				
Eye Examination	\$65 every 2 years	\$65 every 2 years	\$65 every 2 years	\$80 every 2 years	\$80 every 2 years	\$100 every 2 years	\$100 every 2 years
EXTENDED HEALTH CARE (benefits per person)							
Professional Services/Registered Therapists							
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit, \$300 per practitioner, per year	\$20 per visit, \$300 per practitioner, per year	\$20 per visit, \$400 per practitioner, per year	\$20 per visit, \$400 per practitioner, per year	\$20 per visit, \$400 per practitioner, per year	\$25 per visit, \$500 per practitioner, per year	\$25 per visit, \$600 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	\$400 per practitioner, per year	\$500 per practitioner, per year	\$600 per practitioner, per year
Accidental Dental	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$3,000 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
Ambulance Transportation	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	Year 1-4: \$350 Year 5+: \$500 every 4 years	\$500 every 4 years	\$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				
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 per benefit category, Year 3: \$2,000 per year Year 4+: \$2,500	Year 1: \$2,000 Year 2: \$3,000 per benefit category, Year 3: \$4,000 per year Year 4+: \$5,000	Year 1: \$2,000 Year 2: \$3,000 per benefit category, Year 3: \$4,000 per year Year 4+: \$5,000	Year 1: \$1,500 Year 2: \$2,000 per benefit category, Year 3: \$3,000 per year Year 4+: \$4,000	Year 1: \$2,000 Year 2: \$3,000 per benefit category, Year 3: \$4,000 per year Year 4+: \$5,000	Year 1: \$2,000 Year 2: \$4,000 per benefit category, Year 3+: \$6,000 per year	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 per year
TRAVEL (benefits per person) Out of Province/Country							
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				
OPTIONAL HOSPITAL ACCOMMODATION (benefits per person) Optional benefit pays for the difference in cost between standard ward charges and Semi-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				