

gsc healthassist®

LINK

Benefit &
Coverage
Details

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.**

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

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 LINK 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.

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. 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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