



Benefits Program Summary

	BETTER	BEST
EHC	Health Declaration Required	Health Declaration Required
Lifetime Plan Maximum	\$250,000 per person	\$250,000 per person
Deductible	\$0	\$0
Reimbursement	100%	100%
Prescription Drugs		
Annual Maximum	\$3,500 per calendar year, per person; generic drugs unless Physician specifies "No Substitutions"	\$5,000 per calendar year, per person; generic drugs unless Physician specifies "No Substitutions"
Dispensing Fee Cap	\$7.50 per prescription	N/A
Pay Direct Card	Included	Included
Hospital		
Room	Semi-private room	Semi-private room
Daily Maximum	\$150	\$200
Annual Maximum	\$4,500 per calendar year	\$10,000 per calendar year
Vision Care		
Glasses/ Contact Lenses	\$150/ 24 months	\$200/ 24 months
Eye Exams	\$75/ 24 months	\$75/ 24 months
Paramedical Services Acupuncturist; Chiropractor; Chiropodist; Naturopath; Osteopath; Podiatrist; Physiotherapist; Registered Massage Therapist; Psychologist; Speech Therapist (RMT requires Rx)		
Annual Maximum	\$500 combined maximum per calendar year, per person	\$750 combined maximum per calendar year, per person
Per Visit Maximum	\$25 per visit	\$30 per visit
Chiropractic X-Rays	\$35 per year, per person	\$35 per year, per person
Medical Appliances & Support		
Private Duty Nursing, Durable Medical Equipment & Prosthetics	Combined calendar year maximum of \$3,000 per person for Home Support & Durable Medical Equipment & Prosthetics	Combined calendar year maximum of \$6,000 per person for Home Support & Durable Medical Equipment, and Prosthetics
Orthopedic Footwear or Orthotics	\$300 / 24 months per person as part of the above calendar maximum	\$400 / 24 months per person as part of the above calendar maximum
Ambulance	Ground unlimited; Air \$4,000 per calendar year, per person	Ground unlimited; Air \$4,000 per calendar year, per person
Accidental Dental	\$2,500 per person, per calendar year	\$3,000 per person, per calendar year
Hearing Aids	\$400/ 4 calendar years, per person	\$500/4 calendar years, per person
Out-of-Country Travel Insurance	100% up to a maximum of \$2M for trips of up to 45 days	100% up to a maximum of \$2M for trips of up to 45 days
Dental (optional)		
Preventative & Basic Services	Included at 80%, 9 month cleaning recall, 6 units scaling	Included at 80%, 9 month cleaning recall, 8 units scaling
Endodontic & Periodontic	Included	Included
Major Restorative	Not Included	50% Crowns, Bridges & Dentures
Annual Maximum	\$750 per calendar year, per person	\$1,000 per calendar year, per person
Optional Benefits		
Catastrophic Drug Coverage	This rider increases the prescription drug coverage to \$25,000 per calendar year, per person	This rider increases the prescription drug coverage to \$25,000 per calendar year, per person
AD&D	Program in units of \$50,000 to \$300,000	Program in units of \$50,000 to \$300,000
Critical Illness	\$50,000 covering ten life threatening conditions	\$50,000 covering ten life threatening conditions
Disability	Total Temporary Disability (STD) & Permanent Total Disability (LTD) Available	Total Temporary Disability (STD) & Permanent Total Disability (LTD) Available