

MILLENNIUM ACCESS (Green Shield Canada)	STANDARD PLAN (Sun Life)	SONATA #3 (Great West Life)	MANULIFE (ComboPlus Enhanced)
Coverage available up to the age of 70 Applications must be made before age 70	Coverage available up to the age of 70 Applications must be made before age 65	Coverage available up to the age of 60 Applications must be made before age 60	Coverage has no age restrictions Plan differences after age 64
Prescription Drugs: PLAN A: 80% coinsurance - \$5.00 max. on dispensing fee. \$5,000 annual limit per person PLAN B: 80% coinsurance with dispensing fee deductible – Annual maximum \$3,000 per person	Prescription Drugs: 70% coinsurance on the first \$7,000 100% on the next \$93,000 Excludes oral contraceptives	Prescription Drugs: 90% coinsurance - \$7.00 max. on dispensing fee \$10,000 limit per person per year	Prescription Drugs: 90% of first \$2,220 100% over this amount *UNLIMITED Drug Coverage
Semi-Private Hospital: Covered on a usual & customary basis up to 30 days per year. No daily cash benefit available PLAN B: Not Covered	Semi-Private Hospital: \$200 per day to a maximum of \$5,000 per person per calendar year. 85% coinsurance	Semi-Private Hospital: \$175 per day maximum up to 60 days per year per person. OPTIONAL BENEFIT **	Semi-Private Hospital:** 100% during the first 30 days, 50% of the next 100 days, per person per anniversary year. Reasonable & customary provincial room rates up to a maximum of \$150 per day.
Ambulance Services: Covered at 100%	Ambulance Services: Covered at 100%	Ambulance Services: Covered at 100%	Ambulance Services: Unlimited Ground and \$4,000 maximum air ambulance per benefit year.
Private Duty Nursing: \$5,000 per benefit year	Private Duty Nursing: \$5,000 per year to a maximum of \$25,000 lifetime	Private Duty Nursing: \$5,000 per calendar year	Private Duty Nursing: \$3,000 per benefit year
Medical Supplies, Aids & Appliances: i.e. myo-electric prostheses and standard external prostheses, braces for legs, arms, neck or back; hospital beds, crutches, patient lifts, manual wheelchairs, walkers and more Orthotics: 50% coinsurance to \$200 / 36 months	Medical Supplies, Aids & Appliances: i.e. myo-electric prostheses and standard external prostheses, braces for legs, arms, neck or back; hospital beds, crutches, patient lifts, manual wheelchairs, walkers and more - \$5,000 maximum benefit per year Orthotics: \$300 per person every 24 months	Medical Supplies, Aids & Appliances: i.e. myo-electric prostheses and standard external prostheses, braces for legs, arms, neck or back; hospital beds, crutches, patient lifts, manual wheelchairs, walkers and more Orthotics: \$300 per person per year	Medical Supplies, Aids & Appliances: i.e. myo-electric prostheses and standard external prostheses, braces for legs, arms, neck or back; hospital beds, crutches, patient lifts, manual wheelchairs, walkers and more to \$3,000 per benefit year Orthotics: \$225 per person per year
Dental Accidents: Covered at 100% - No maximum per year	Dental Accidents: Covered at 100% - \$2,000 maximum per accident	Dental Accidents: Covered under the Dental Plan below	Dental Accidents: Covered at 100% - up to \$2,000 per benefit year
Paramedical Practitioners: Chiropractor, Chiroprapist, Physiotherapist, Podiatrist, Osteopath, Naturopath, Clinical Psychologist, Speech Therapist and Massage Therapists up to \$400 per year	Paramedical Practitioners: Chiropractor, Physiotherapist, Podiatrist, Speech Therapists, Osteopath, Psychologists, Massage Therapist and Naturopaths up to \$300 per person per practitioner per calendar year	Paramedical Practitioners: Chiropractor, Physiotherapist, Podiatrist, Speech Therapists, Osteopath, Psychologists and Social Workers, Massage Therapists, Naturopaths and Acupuncturists, 90% up to a <u>combined</u> annual maximum of \$500 per year	Paramedical Practitioners: Chiropractor, Massage Therapists, Podiatrist, Osteopath, Naturopath and Acupuncturist: \$20 per visit up to 20 visits per year Physiotherapist: \$250 max per year, Speech Therapists: Initial Visit \$65 - \$45 per visit to a max of 10 visits. Psychologists: Initial visit \$80 - \$65 per visit to a max of 10 visits
Vision Care: Not Available	Vision Care: \$150 / 24 months per person	Vision Care: \$200 / 24 months per person	Vision Care: \$100 / 24 months per person
Eye Examinations: Covered on a "usual & customary" basis per person every 24 months.	Eye Examinations: Covered up to \$50 per person every 24 months.	Eye Examinations: Covered up to \$50 per person every 24 months.	Eye Examinations: Covered up to \$30 per person every 24 months.
Hearing Aids: \$500 every 3 yrs	Hearing Aids: \$400 every 3 yrs	Hearing Aids: \$500 every 5 yrs	Hearing Aids: \$400 every 4 yrs

<p>Emergency Travel: \$1,000,000 lifetime benefit per person 60 days maximum stay per trip 3 month pre-existing condition clause</p>	<p>Emergency Travel: \$1,000,000 lifetime benefit per person 9 month pre-existing clause (strict wording – CAUTION) 60 days maximum stay per trip Benefit continues to the age of 80</p>	<p>Emergency Travel: \$1,000,000 per trip benefit per person 30 days maximum stay per trip Before Age 60 - 90 day pre-existing clause Beginning Age 60 – 365 day pre-existing clause OPTIONAL BENEFIT **</p>	<p>Emergency Travel: ** \$5,000,000 per trip benefit per person 30 day maximum stay per trip NOTE: 9 month pre-existing condition clause Benefit only available to those <u>under</u> age 65</p>
<p>Dental Care: Basic Level 1 80% up to \$1,000 per person per year (includes a 9 month recall examination - Adults) (includes a 6 month recall examination - Under 19) PLAN B: 80% up to \$750 / yr</p>	<p>Dental Care: Basic Level 1 70% up to \$750 per person per year (includes a 9 month recall examination) 3 month no claims waiting period 8 units of scaling or 2 hours per year Only minor extractions are covered</p>	<p>Dental Care: Basic Level 1 3 months no claims waiting period Deductible: \$25 Single - \$50 Family 80% up to \$750 per person per person per year (includes a 9 month recall examination) 60% for endodontics, periodontal and oral surgery services</p>	<p>Dental Care: Basic Level 1 100% on first \$500 of exam & diagnostic services 60% on next \$700 of ongoing maintenance to a total limit of \$920 per benefit year (includes a 6 month recall examination)</p>
<p>Dental Care: Basic Level 2 80% for endodontics, periodontics which are limited to \$500 combined per person per calendar year. NOTE: Both are in the same \$1,000 limit Denture relining, repair & rebasing / 3 years</p>	<p>Dental Care: Basic Level 2 Not Covered are: Endodontics, periodontics, surgical services, repair and adjustments to dentures, major surgery, anaesthesia when oral surgery required, drug injections, laboratory procedures.</p>	<p>Dental Care: Basic Level 2 80% coinsurance for denture repair, relining & rebasing per person every 3 years within the same \$750 limit per person in Level 1. Excludes extractions Dental Accident Treatment covered at 100%</p>	<p>Dental Care: Basic Level 2 60% for endodontics, periodontics in years 1 & 2 and 80% thereafter Combined \$400 max in first year & combined 3 yr max of \$1,250</p>
<p>Dental Care: Major Restorative No Coverage, however, Cost Plus available.</p>	<p>Dental Care: Major Restorative No Coverage available</p>	<p>Dental Care: Major Restorative 50% reimbursement to a maximum of \$500 per person per year for crowns, dentures, bridges etc. SEPARATE FROM THE BASIC LIMIT</p>	<p>Dental Care: Major Restorative Year #3 includes Major Restorative Services at 60% coinsurance up to \$400 / person (included in overall yearly maximum)</p>
<p style="text-align: center;">Monthly Rates</p> <p>PLAN A: \$134.09 Single \$268.20 Couple \$338.92 Family</p> <p>PLAN B: \$115.48 Single \$230.93 Couple \$291.60 Family</p>	<p style="text-align: center;">Monthly Rates</p> <p>Age < 45: \$114.23 Single Age 45 - 54: \$131.58 Single Age 55 - 59: \$148.68 Single</p> <p>Age < 45: \$205.66 Couple Age 45 - 54: \$236.64 Couple Age 55 - 59: \$252.23 Couple</p> <p>Age < 45: \$301.24 Family* Age 45 - 54: \$316.83 Family* Age 55 - 59: \$332.22 Family*</p> <p>*Family includes 2 children ages 5 +</p>	<p style="text-align: center;">Monthly Rates</p> <p>Age < 45: \$148.31 Single Age 45 - 54: \$180.89 Single Age 55 - 59: \$198.20 Single</p> <p>Age < 45: \$289.22 Couple Age 45 - 54: \$353.26 Couple Age 55 - 59: \$387.32 Couple</p> <p>Age < 45: \$421.65 Family* Age 45 - 54: \$489.85 Family* Age 55 - 59: \$526.12 Family*</p> <p>*Family includes 2 children ages 5 + ** Included in Rates</p>	<p style="text-align: center;">Monthly Rates</p> <p>Age < 45: \$149.40 Single Age 45 - 54: \$173.30 Single Age 55 - 59: \$187.80 Single</p> <p>Age < 45: \$274.60 Couple Age 45 - 54: \$321.80 Couple Age 55 - 59: \$348.60 Couple</p> <p>Age < 45: \$456.60 Family* Age 45 - 54: \$503.80 Family* Age 55 - 59: \$530.60 Family*</p> <p>* Family includes 2 children ages 5 to 19 ** Add-On Benefits to support comparison ** Included in Rates</p>