

We sell all of these Health and Dental programs. These plans are intended for individuals, sole proprietors, consultants, small businesses and employees without benefits. Which one stands out to you?

SONATA HEALTH – CORE PLUS (Great West Life)	STANDARD PLAN (Sun Life)	HEALTH ASSIST – ZONE 6 (Green Shield Canada)	MANULIFE (ComboPlus Enhanced)
Plan has no termination age restriction Applications must be made before age 85	Plan has no termination age restriction Applications must be made before age 70	Plan has no termination age restriction Applications must be made before age 75	Plan has no termination age restriction Plan differences after age 64
Prescription Drugs: 80% coinsurance \$7.00 maximum dispensing fee per script \$10,000 maximum per person per calendar year	Prescription Drugs: 70% coinsurance on the first \$7,000 100% on the next \$93,000 Excludes fertility drugs and contraceptives	Prescription Drugs: 90% coinsurance \$10,000 limit per person per year	Prescription Drugs: 90% of first \$2,220 100% of balance to a maximum of \$8,000 Includes birth control and fertility
Semi-Private Hospital: Covered to a maximum of 60 days per year. \$175 per day maximum	Semi-Private Hospital: \$200 per day to a maximum of \$5,000 per person per calendar year. 85% coinsurance	Semi-Private Hospital: Covered to a maximum up of 30 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 calendar year	Private Duty Nursing: \$5,000 per year to a maximum of \$25,000 lifetime	Private Duty Nursing: Year 1: \$2,000 per year Year 2: \$4,000 per year Year 3: \$6,000 per year thereafter	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: \$300 maximum 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 - \$5,000 maximum benefit per year Orthotics: \$300 per person every 24 months	Medical Supplies, Aids & Appliances: Diagnostic tests and x-rays, dialysis equipment, laboratory tests covered up to \$2,000 per year. Other Medical Items* Year 1: \$2,000 per year Year 2: \$4,000 per year Year 3: \$6,000 per year thereafter *some items have separate maximums	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 at 100% up to \$10,000 per year	Dental Accidents: Covered at 100% - up to \$2,000 per benefit year
Paramedical Practitioners: Chiropractor, Physiotherapist, Podiatrist, Speech Therapists, Osteopath, Psychologists, Massage Therapist and Naturopaths up to \$400 per person per practitioner per calendar year \$40 per visit maximum	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, Chiropracist/Podiatrist, Osteopath, Massage Therapists, Naturopaths and Acupuncturists - \$25 per visit up to a \$600 maximum per specialist per year Psychologists & Speech Therapists - \$600 each 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: \$200 every 24 months per person	Vision Care: 1 year waiting period \$150 / 24 months per person	Vision Care: Year 1 - 2: \$200 every 2 years per person Year 3 - 4: \$250 every 2 years per person Year 5+: \$300 every 2 years thereafter	Vision Care \$250 every 24 months per person
Eye Examinations: .75 per person every 24 months - included in Vision Care	Eye Examinations: \$50 per person every 24 months & included in Vision Care limit	Eye Examinations: Covered up to \$80 per person every 24 months.	Eye Examinations: Covered up to \$50 per person every 24 months.
Hearing Aids: \$400 every 5 years	Hearing Aids: \$400 every 5 years	Hearing Aids: \$500 every 4 years	Hearing Aids: \$400 every 4 years
Emergency Travel: \$1,000,000 per trip per person 30 days maximum stay per trip if under age 65 15 days maximum stay per trip –ages 65 to 75 3 month pre-existing condition clause under age 60 365 days pre-existing condition clause over age 60	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	Emergency Travel: \$5,000,000 per person 30 days maximum stay per trip No age limit restriction	Emergency Travel: ** \$5,000,000 per trip benefit per person up to age 65 30 day maximum stay per trip NOTE: 9 month pre-existing condition clause \$100 deductible per claim
Dental Care: Basic Level 1 3 month no claims waiting period \$25 single deductible / \$50 family deductible 80% up to \$750 per person per year 9 month recall examination	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	Dental Care: Basic Level 1 Year 1: \$800 Year 2: \$1,000 Year 3: \$1,300 per year thereafter 6 month recall examination 80% coinsurance	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)
Dental Care: Basic Level 2 As above	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.	Dental Care: Basic Level 2 Year 1: \$800 Year 2: \$1,000 Year 3: \$1,300 per year thereafter 80% coinsurance	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
Dental Care: Major Restorative 3 month no claims waiting period 50% coinsurance - \$500 per person per calendar year	Dental Care: Major Restorative No Coverage available	Dental Care: Major Restorative (beginning in yr 3) 50% reimbursement to a maximum of \$1,300 per person per year for crowns, dentures, bridges etc. COMBINED WITH BASIC ANNUAL MAXIMUM	Dental Care: Major Restorative Year #3 includes Major Restorative Services at 60% coinsurance up to \$400 / person (included in overall yearly maximum)
Monthly Rates Age < 44: \$166.95 Single Age 45 - 54: \$212.80 Single Age 55 - 59: \$228.68 Single Age < 44: \$318.02 Couple Age 45 - 54: \$405.80 Couple Age 55 - 59: \$436.17 Couple Age < 44: \$425.10 Family* Age 45 - 54: \$512.88 Family* Age 55 - 59: \$543.25 Family* *Family includes 2 children ages 5 +	Monthly Rates Age 30 - 44: \$114.62 Single Age 45 - 54: \$132.04 Single Age 55 - 59: \$149.17 Single Age 30 - 44: \$206.36 Couple Age 45 - 54: \$237.66 Couple Age 55 - 59: \$268.50 Couple Age 30 - 44: \$284.32 Family* Age 45 - 54: \$315.62 Family* Age 55 - 59: \$346.46 Family* *Family includes 2 children ages 5 +	Monthly Rates Age < 45: \$137.00 Single Age 45 - 54: \$147.00 Single Age 55 - 59: \$160.00 Single Age < 45: \$260.00 Couple Age 45 - 54: \$278.00 Couple Age 55 - 59: \$304.00 Couple Age < 45: \$339.00 Family Age 45 - 54: \$364.00 Family Age 55 - 59: \$396.00 Family * Included in Monthly Rates 18 – 44: \$6.00 S, \$12.00 C, \$16.00 F 45 – 54: \$8.00 S, \$16.00 C, \$21.00 F 55 – 59: \$11.00 S, \$20.00 C, \$25.00 F	Monthly Rates Age < 45: \$193.80 Single Age 45 - 54: \$223.40 Single Age 55 - 59: \$241.20 Single Age < 45: \$351.20 Couple Age 45 - 54: \$409.80 Couple Age 55 - 59: \$442.60 Couple Age < 45: \$590.20 Family* Age 45 - 54: \$648.80 Family* Age 55 - 59: \$681.60 Family* * Family includes 2 children ages 5 to 9 ** Add-On Benefits to support comparison ** Included in Monthly Rates