

SC healthassist[®] CORE

Individual Health & Dental Plans
from Green Shield Canada

**BENEFIT AND
COVERAGE DETAILS**




It's time to get the CORE benefits and extended health care coverage you deserve.

GSC Health Assist CORE plans offer a variety of plan options with varying levels of health, dental, drug and emergency medical travel benefits. Some plans offer guaranteed acceptance (no medical questions when you apply!). Other plans require completion of a health questionnaire and medical underwriting. There are five CORE plans, so the choice is yours. Best of all, you can rest assured that CORE plans are specially developed and competitively priced for association members.

At the CORE of it all...

It's about getting the coverage that's right for you and your family.

You may want basic health care protection or a comprehensive plan with high benefit maximums. As an association member, with access to GSC Health Assist CORE plans, you can find the right coverage for you, your family, and your budget.



Benefits effective April 1, 2022	No Medical Underwriting Required		Medical Underwriting Required		
	CORE Plan 1	CORE Plan 2	CORE Plan 3	CORE Plan 4	CORE Plan 5
PRESCRIPTION DRUGS (benefits per person)					
Maximums	Not included	\$550 per year	\$3,000 per year	\$6,000 per year	\$12,500 per year
Plan pays	Not included	Year 1: 60% Year 2: 70% Year 3+: 80% } subject to annual max.	Year 1: 70% Year 2: 80% Year 3+: 90% } subject to annual max.	Year 1: 70% Year 2: 80% Year 3+: 90% } subject to annual max.	90% subject to annual max.
DENTAL CARE (benefits per person)					
Maximums	Year 1: \$500 Year 2: \$700 Year 3+: \$900	\$500 per year	Not included	Year 1: \$700 Year 2: \$850 Year 3+: \$1,000	Year 1: \$900 Year 2: \$1,100 Year 3+: \$1,300
Recall Frequency	9 months	9 months		9 months	6 months
Basic Services - Plan pays	80% subject to annual max.	Year 1: 60% Year 2: 70% Year 3+: 80% } subject to annual max.		Year 1: 70% Year 2+: 80% } subject to annual max.	Year 1: 80% Year 2+: 90% } subject to annual max.
Comprehensive Basic Services - Plan pays					
Major Services	Not included	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	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	\$100 every 2 years	\$150 every 2 years	\$175 every 2 years	Year 1-2: \$200 every 2 years Year 3-4: \$250 every 2 years Year 5+: \$300 every 2 years	Year 1-2: \$200 every 2 years Year 3-4: \$250 every 2 years Year 5+: \$300 every 2 years
Eye Examination	\$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					
Chiropractor, Physiotherapist, Massage Therapist, Acupuncturist, Chiropracist/Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit, to a max. of \$300 per practitioner, per year; \$1,000 combined max. per year	\$20 per visit, to a max. of \$400 per practitioner, per year; \$1,200 combined max. per year	\$20 per visit, to a max. of \$400 per practitioner, per year; \$1,500 combined max. per year	\$25 per visit, to a max. of \$400 per practitioner, per year; \$1,500 combined max. per year	\$30 per visit, to a max. of \$600 per practitioner, per year; \$2,000 combined max. per year
Speech Therapist	\$300 per year	\$400 per year	\$400 per year	\$400 per year	\$600 per year
Mental Health Services					
Psychologist/Psychotherapist/Social Worker	\$300 per year combined	\$400 per year combined	\$400 per year combined	\$400 per year combined	\$600 per year combined
Inkblot™ Therapy	Virtual counselling with the qualified Inkblot therapist of your choice; 2 hours for individual therapy, 2 hours for couples therapy per year; additional therapy is eligible for coverage under the Psychology benefit.				
Accidental Dental	\$3,000 per year	\$3,000 per year	\$5,000 per year	\$5,000 per year	\$10,000 per year
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air	Includes land and air	Includes land and air
Hearing Aids	\$300 every 4 years	\$350 every 4 years	Year 1-4: \$350 every 4 years Year 5+: \$500 every 4 years	Year 1-4: \$350 every 4 years Year 5+: \$500 every 4 years	\$500 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$2,000	Year 1: \$1,500 Year 2: \$2,000 Year 3+: \$2,500	Year 1: \$2,000 Year 2: \$2,500 Year 3+: \$3,000	Year 1: \$2,000 Year 2: \$2,500 Year 3+: \$3,000	\$3,000 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 Year 3: \$2,000 Year 4+: \$2,500 } per benefit category, per year	Year 1: \$1,500 Year 2: \$2,000 Year 3: \$2,500 Year 4+: \$3,000 } per benefit category, per year	Year 1: \$2,000 Year 2: \$2,500 Year 3: \$3,000 Year 4+: \$3,500 } per benefit category, per year	Year 1: \$2,000 Year 2: \$2,500 Year 3: \$3,000 Year 4+: \$3,500 } per benefit category, per year	Year 1: \$3,000 Year 2: \$4,000 Year 3: \$5,000 Year 4+: \$6,000 } per benefit category, per year
TRAVEL (benefits per person)					
Emergency Medical Travel Coverage Out-of-Province/Country	15 days per trip \$5,000,000 per year	15 days per trip \$5,000,000 per year	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 and/or 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	Up to 30 days per year	Up to 30 days per year



Key Benefit Descriptions

PRESCRIPTION DRUGS

Prescription drug benefits cover 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 are 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 CORE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) Public Prescription Drug Insurance 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:

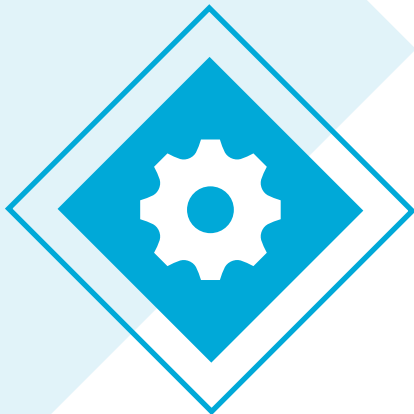
- Endodontic treatment – root canal therapy
- Periodontal treatment – scaling and root planing, occlusal adjustment, equilibration
- Denture repairs, rebasing, relining

MAJOR SERVICES:

- Crowns and onlays, dentures, bridgework

ORTHODONTIC SERVICES:

- Orthodontic treatment to straighten teeth and correct the bite



EXTENDED HEALTH CARE

INKBLOT™ THERAPY:

Two hours of individual and two hours of couples virtual counselling with the qualified Inkblot therapist who best matches your needs. (Inkblot provides a unique and flexible matching process that incorporates diversity, inclusivity considerations and personal preferences, along with therapist credentials that align with your clinical needs. The final choice is yours.) Access to virtual appointments can happen quickly, within 24 to 48 hours of your online assessment. There are no out-of-pocket expenses for these hours of therapy. And in between sessions, you'll have access to digital mental health resources like articles, podcasts and video presentations by Inkblot therapists. Additional virtual sessions are easy to arrange and eligible for coverage under the Psychology benefit of your plan.

MEDICAL ITEMS:

- 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)

EMERGENCY MEDICAL TRAVEL COVERAGE

Multi-trip emergency medical coverage when travelling out-of-province or out-of-country.

OPTIONAL HOSPITAL ACCOMMODATION

Semi-private and/or private accommodation in a public general hospital in your province/territory of residence.



CORE

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.

Benefits are subject to change; GSC will provide policy owners with thirty (30) days written notice.

Plans provided by

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