

Shealthassist®

Individual Health & Dental Plans from Green Shield Canada

BENEFIT AND COVERAGE DETAILS

Time to make the LINK to the plan that's right for you...

GSC Health Assist LINK[®] plans offer guaranteed coverage for you and your family for day-to-day, routine medical and dental expenses not covered by your provincial plan. They also provide emergency medical travel protection when you're away from home, and coverage for unforeseen health expenses that may arise in the future.



Guaranteed Acceptance for all LINK plans

All four LINK plans offer guaranteed acceptance as long as you apply within 90 days of your group insurance end date and GSC receives your initial payment. And guaranteed acceptance means that applying is quick and easy – there's no need to answer any health questions!

Best of all, LINK plans are specially designed to provide coverage for pre-existing medical conditions – up to the stated maximums, of course.

Benefits effective April 1, 2022	LINK Plan 1	LINK Plan 2	LINK Plan 3	LINK Plan 4
PRESCRIPTION DRUGS (benefits per person)				
Maximums	Year 1: \$500 Year 2: \$650 Year 3+: \$800	Year 1: \$750 Year 2: \$900 Year 3+: \$1,100 Plan pays 80% subject to annual max.	Year 1: \$1,200 Year 2: \$1,350 Year 3+: \$1,500 } Plan pays 80% subject to annual max.	Year 1: \$2,300 Year 2: \$2,400 Year 3: \$2,500 Year 4+: \$2,700
DENTAL CARE (benefits per person)				
Maximums	Not included	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000	Year 1: \$750 Year 2: \$1,000 Year 3+: \$1,250	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,750
Recall Frequency		9 months	9 months	6 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.
Comprehensive Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.
Major Services		Not included	Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 60%, subject to annual max.
Orthodontic Services		Not included	Not included	Available in Year 3 - Plan pays 60% to lifetime max. of \$2,000
VISION CARE (benefits per person)				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	\$200 every 2 years	\$250 every 2 years	\$300 every 2 years
Eye Examination	\$50 every 2 years	\$50 every 2 years	\$65 every 2 years	\$80 every 2 years
EXTENDED HEALTH CARE (benefits per person)				
Professional Services/Registered Therapists				
Chiropractor, Physiotherapist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit, 15 visits per practitioner, per year	\$300 per practitioner, per year	\$400 per practitioner, per year	\$600 per practitioner, per year; up to \$1,200 per year combined
Massage Therapist, Acupuncturist	\$20 per visit,15 visits per practitioner, per year	\$20 per visit, 15 visits per practitioner, per year	\$20 per visit, 20 visits per practitioner, per year	\$30 per visit, 20 visits per practitioner, per year
Speech Therapist	\$300 per year	\$300 per year	\$400 per year	\$600 per year
Mental Health Services				
Psychologist/Psychotherapist/Social Worker	\$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 person per year; additional therapy is eligible for coverage under the Psychology benefit.			
Accidental Dental	\$2,500 per year	\$5,000 per year	\$10,000 per year	\$10,000 per year
Ambulance Transportation	Includes land air			
Hearing Aids	\$300 every 4 years	\$400 every 4 years	\$500 every 4 years	\$600 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year			
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	\$1,500 per benefit category, per year	\$2,500 per benefit category, per year	\$5,000 per benefit category, per year	\$5,000 per benefit category, per year
HOSPITAL ACCOMMODATION (benefits per person)				
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 in your province/territory of residence.	\$200 per day 30 days max. per year	\$200 per day 30 days max. per year	\$200 per day 30 days max. per year	\$250 per day 30 days max. per year
TRAVEL (benefits per person)				
Multi-Trip Emergency Medical Travel Coverage Out of Province/Country	10 days per trip \$5,000,000 per year	10 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



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 LINK 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

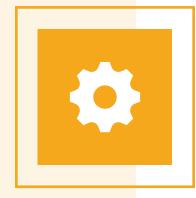
MAJOR SERVICES:

• 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 gualified 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.) Access to virtual appointments can happen quickly, within 24 to 48 hours of your online assessment. There are no outof-pocket expenses for these four 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. To continue your therapy journey, additional virtual sessions with your therapist 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)

HOSPITAL ACCOMMODATION

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

EMERGENCY MEDICAL TRAVEL COVERAGE

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



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.

When you apply within 90 days of your group coverage end date, your acceptance for LINK plans is guaranteed – no medical underwriting required – as long as GSC receives your initial payments.

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.

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