

# BENEFITS COMPARISON

## Options Options *Plus*

PRINCIPAL BENEFITS MODULE (Mandatory):	Options	Options Plus
<b>Semi-private hospital:</b>	Not included	100% or \$30 / day hospital cash
<b>Travel Benefits:</b>	Not included	100% 30-day trips
<b>Accidental Death &amp; Dismemberment:</b>	\$10,000 member, spouse; \$5,000 dependent child	\$15,000 member, spouse; \$5,000 dependent child
<b>Extended Health Benefits:</b>	70%	70%
• Vision Care	\$150 / 2 years	\$300 / 2 years
• Physiotherapy	15 treatments / year, up to \$350	20 treatments / year, up to \$490
• Massage Therapy, Naturopath and Acupuncture	20 treatments/year, \$20 per treatment	20 treatments/year, \$20 per treatment
• Other Practitioners	\$210 / year	\$300 / year
• Orthopedic Shoes & Moulded Arch Supports	\$150 / year	\$225 / year
• Private-duty Nursing	\$3,500 / 2 years	\$5,600 / 2 years
• Accidental Dental	\$7,000 lifetime	\$7,000 lifetime
• Ambulance	\$420 / year	\$420 / year
• Ambulance Attendant	\$280 / year	\$280 / year
• Hearing Aids	\$400 / 5 years	\$500 / 5 years
• Ostomy Supplies	✓	✓
• Oxygen Equipment & Oxygen	✓	✓
• Prosthetic Appliances	✓	✓
• Braces & Splints	✓	✓
• Diabetic Supplies	✓	✓
• Medical Equipment	✓	✓
<b>DRUG MODULE (Optional):</b>	Pay Direct 70%, maximum co-payment of 30% or \$50 per prescription whichever is less, 100% coverage after \$4,500 in annual claims, no overall maximum, no contraceptives.	Pay Direct 80%, maximum co-payment of 20% or \$50 per prescription whichever is less, 100% coverage after \$4,500 in annual claims, no overall maximum, most contraceptives included.
<b>DRUG MODULE with deductible (Optional):</b>	Lower your premium by adding a calendar year deductible of \$500 per person, up to a maximum of \$750 for a couple or family policy. Pro-rated in the first year.	Not Available
<b>DENTAL CARE MODULE (Optional):</b>		
Basic Dental:	60%	70%
Periodontal Services:	N/A	50%
<b>CRITICAL CARE MODULE (Optional):</b>		
LifeLink Critical Condition Benefit:	\$10,000 member, spouse \$5,000 dependent child 7 covered conditions	\$25,000 member, spouse \$10,000 dependent child 18 covered conditions
Accidental Death & Dismemberment:	\$10,000 member, spouse \$5,000 dependent child	\$25,000 member, spouse \$10,000 dependent child
Hospital Cash Plan Benefit:	N/A	\$100 per day hospitalized
<b>HOSPITAL CASH PLAN MODULE (Optional):</b>	\$100 per day hospitalized	Covered under Critical Care module
<b>ASSURED ACCESS MODULE (Optional):</b> <i>New</i>	Available at time of purchase	Available at time of purchase

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