

# Health Insurance Made Easy

## EasyInsure Plan Comparator & Rate Sheet



Benefits effective April 1, 2020	No Medical Underwriting Required — Your Acceptance is Guaranteed			
	PLAN 1 HEALTH	PLAN 2 DENTAL/HEALTH	PLAN 3 DENTAL/HEALTH	FUNDAMENTAL PLAN
<b>PRESCRIPTION DRUGS</b>				
Maximums	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 } Plan pays 70% to annual max.
<b>DENTAL</b>				
Maximums	Not included	Year 1: \$500 Year 2: \$650 Year 3+: \$800	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000	\$450 per year
Recall Frequency		9 months	9 months	9 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Major Services		Not included	Available in Year 3 - Plan pays 50%, subject to annual max.	Not included
Orthodontic Services	Not included	Not included	Not included	Not included
<b>VISION</b>				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years	\$150 every 2 years
Eye Examination	\$65 every 2 years	\$65 every 2 years	\$65 every 2 years	\$80 every 2 years
<b>EXTENDED HEALTH CARE</b>				
<b>Professional Services/Registered Therapists</b>				
Acupuncturist, Chiropractor, Chiropodist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$300 per practitioner, per year	\$20 per visit to a max. of \$300 per practitioner, per year	\$20 per visit to a max. of \$400 per practitioner, per year	\$20 per visit to a max. of \$400 per practitioner, per year
Psychologist/Registered Social Worker, Speech Therapist	\$300 per practitioner, per year	\$300 per practitioner, per year	\$400 per practitioner, per year	\$400 per practitioner, per year
Accidental Dental	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$3,000 per year
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air	Includes land and air
Hearing Aids	Year 1-4: \$300 Year 5+: \$400 every 4 years	Year 1-4: \$300 Year 5+: \$400 every 4 years	Year 1-4: \$350 Year 5+: \$500 every 4 years	Year 1-4: \$350 Year 5+: \$500 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 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: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 } per benefit category, per year	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 } per benefit category, per year	Year 1: \$1,500 Year 2: \$2,000 Year 3: \$3,000 Year 4+: \$4,000 } per benefit category, per year
<b>TRAVEL Out of Province/Country</b>				
Emergency Medical Travel Coverage	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	15 days per trip; \$5,000,000 per year
<b>OPTIONAL HOSPITAL ACCOMMODATION</b> 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

Benefits effective April 1, 2020	Medical Underwriting Required			
	PLAN 4 DRUG/HEALTH	PLAN 5 DRUG/DENTAL/HEALTH	PLAN 6 DRUG/DENTAL/HEALTH	PLAN 7 DRUG/DENTAL/HEALTH
<b>PRESCRIPTION DRUGS</b>				
<b>Maximums</b>	Year 1-2: \$2,500 Year 3+: \$3,500 } Plan pays 80% to annual max.	\$5,000 Plan pays 90% to annual max.	\$10,000 Plan pays 90% to annual max.	\$20,000 Plan pays 90% to annual max.
<b>DENTAL</b>				
<b>Maximums</b>	Not included	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100	Year 1: \$800 Year 2: \$1,000 Year 3+: \$1,300	Year 1: \$1,000 Year 2: \$1,200 Year 3+: \$1,500
<b>Recall Frequency</b>		9 months	6 months	6 months
<b>Basic Services</b>		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	
<b>Comprehensive Basic Services</b>		Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.	Plan pays 80%, subject to annual max.	Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.
<b>Major Services</b>		Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 50%, subject to annual max.
<b>Orthodontic Services</b>	Not included	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and \$2,000 lifetime max.	
<b>VISION</b>				
<b>Vision Care</b> Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 2 years	Year 1-2: \$150 Year 3-4: \$200 Year 5+: \$250 every 2 years	Year 1-2: \$200 Year 3-4: \$250 Year 5+: \$300 every 2 years	Year 1-2: \$250 Year 3-4: \$300 Year 5+: \$350 every 2 years
<b>Eye Examination</b>	\$80 every 2 years	\$100 every 2 years	\$100 every 2 years	\$120 every 2 years
<b>EXTENDED HEALTH CARE</b>				
<b>Professional Services/Registered Therapists</b>				
Acupuncturist, Chiropractor, Chiropracist/Podiatrist, Massage Therapist, Naturopath, Osteopath, Physiotherapist	\$20 per visit to a max. of \$400 per practitioner, per year	\$25 per visit to a max. of \$500 per practitioner, per year	\$25 per visit to a max. of \$600 per practitioner, per year	\$50 per visit to a max. of \$750 per practitioner; \$2,000 combined per year
Psychologist/Registered Social Worker, Speech Therapist	\$400 per practitioner, per year	\$500 per practitioner, per year	\$600 per practitioner, per year	\$750 per practitioner, per year
<b>Accidental Dental</b>	\$5,000 per year	\$10,000 per year	\$10,000 per year	\$15,000 per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b>	Year 1-4: \$350 Year 5+: \$500 every 4 years	\$500 every 4 years	\$500 every 4 years	\$600 every 4 years
<b>Medical Services</b> Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,500 per year
<b>Medical Items and Home Support Services</b> (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000 } per benefit category, per year	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 } per benefit category, per year	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000 } per benefit category, per year	Year 1: \$3,000 Year 2: \$5,000 Year 3+: \$8,000 } per benefit category, per year
<b>TRAVEL</b> Out of Province/Country				
<b>Emergency Medical Travel Coverage</b>	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	30 days per trip; \$5,000,000 per year
<b>OPTIONAL HOSPITAL ACCOMMODATION</b> 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.				
<b>Semi-Private and/or Private</b>	Up to 30 days per year	Up to 30 days per year	Up to 30 days per year	Up to 30 days per year

Monthly Rates  
for Residents of:

British Columbia		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan		
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$26	\$48	\$61	\$78	\$146	\$191	\$84	\$159	\$207	\$86	\$153	\$224			
	45 - 54	\$27	\$50	\$65	\$79	\$150	\$195	\$85	\$161	\$210	\$103	\$184	\$263			
	55 - 59	\$29	\$54	\$67	\$81	\$153	\$199	\$86	\$163	\$213	\$108	\$193	\$280			
	60 - 64	\$30	\$57	\$73	\$83	\$154	\$200	\$87	\$165	\$215	\$114	\$210	\$297			
	65+	\$36	\$70	\$87	\$89	\$168	\$217	\$95	\$180	\$230	\$110	\$199	\$285			
		PLAN 4			PLAN 5			PLAN 6			PLAN 7			Single	Couple	Family
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$52	\$98	\$125	\$110	\$209	\$271	\$125	\$235	\$305	\$160	\$304	\$406	\$5	\$8	\$11
45 - 54	\$58	\$108	\$142	\$115	\$219	\$283	\$130	\$246	\$320	\$167	\$322	\$434	\$6	\$13	\$16	
55 - 59	\$64	\$119	\$157	\$123	\$232	\$301	\$138	\$263	\$342	\$179	\$340	\$445	\$7	\$14	\$20	
60 - 64	\$72	\$138	\$178	\$130	\$248	\$320	\$147	\$279	\$364	\$191	\$366	\$478	\$13	\$22	\$28	
65+	\$65	\$125	\$160	\$129	\$246	\$315	\$145	\$275	\$354	\$188	\$361	\$464	\$19	\$32	\$39	

Alberta		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan		
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$30	\$55	\$71	\$75	\$139	\$181	\$86	\$162	\$210	\$96	\$165	\$242			
	45 - 54	\$32	\$58	\$74	\$77	\$142	\$185	\$88	\$166	\$215	\$111	\$202	\$287			
	55 - 59	\$33	\$61	\$77	\$78	\$146	\$189	\$89	\$168	\$218	\$117	\$212	\$303			
	60 - 64	\$34	\$64	\$80	\$79	\$149	\$192	\$90	\$171	\$222	\$123	\$224	\$318			
	65+	\$42	\$77	\$98	\$86	\$164	\$208	\$97	\$186	\$237	\$113	\$202	\$279			
		PLAN 4			PLAN 5			PLAN 6			PLAN 7			Single	Couple	Family
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$57	\$106	\$139	\$115	\$220	\$284	\$133	\$254	\$331	\$171	\$329	\$440	\$6	\$11	\$13
45 - 54	\$63	\$119	\$153	\$122	\$232	\$301	\$141	\$267	\$348	\$181	\$349	\$472	\$7	\$15	\$19	
55 - 59	\$72	\$136	\$176	\$130	\$249	\$322	\$152	\$287	\$375	\$197	\$371	\$488	\$10	\$19	\$23	
60 - 64	\$81	\$153	\$199	\$140	\$265	\$346	\$161	\$306	\$400	\$209	\$401	\$525	\$16	\$27	\$36	
65+	\$74	\$139	\$179	\$134	\$261	\$335	\$156	\$300	\$386	\$203	\$396	\$506	\$21	\$38	\$48	

Saskatchewan, Manitoba, Northwest Territories, Yukon and Nunavut		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN			Optional Hospital Accommodation can be added to any plan		
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
	18 - 44	\$25	\$47	\$59	\$57	\$106	\$137	\$65	\$123	\$159	\$87	\$144	\$230			
	45 - 54	\$26	\$48	\$61	\$58	\$109	\$139	\$66	\$126	\$162	\$97	\$176	\$249			
	55 - 59	\$27	\$51	\$65	\$59	\$110	\$145	\$68	\$128	\$166	\$102	\$184	\$265			
	60 - 64	\$28	\$54	\$67	\$60	\$112	\$147	\$69	\$130	\$168	\$111	\$196	\$279			
	65+	\$33	\$65	\$82	\$67	\$127	\$163	\$75	\$145	\$183	\$123	\$215	\$296			
		PLAN 4			PLAN 5			PLAN 6			PLAN 7			Single	Couple	Family
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$53	\$100	\$129	\$93	\$177	\$229	\$107	\$205	\$266	\$137	\$265	\$354	\$5	\$8	\$11
45 - 54	\$59	\$111	\$145	\$98	\$188	\$243	\$113	\$217	\$284	\$145	\$284	\$385	\$6	\$13	\$16	
55 - 59	\$66	\$126	\$161	\$105	\$203	\$261	\$123	\$235	\$304	\$159	\$304	\$395	\$7	\$14	\$19	
60 - 64	\$77	\$141	\$186	\$113	\$219	\$284	\$131	\$251	\$328	\$170	\$329	\$431	\$13	\$22	\$28	
65+	\$70	\$133	\$171	\$111	\$214	\$274	\$128	\$242	\$314	\$167	\$319	\$412	\$18	\$31	\$39	

Monthly Rates  
for Residents of:

		PLAN 1			PLAN 2			PLAN 3			FUNDAMENTAL PLAN					
Ontario	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Optional Hospital Accommodation can be added to any plan		
	18 - 44	\$31	\$60	\$77	\$77	\$144	\$187	\$87	\$166	\$215	\$103	\$184	\$262			
	45 - 54	\$33	\$63	\$80	\$78	\$148	\$191	\$89	\$169	\$219	\$122	\$223	\$316			
	55 - 59	\$34	\$66	\$84	\$80	\$151	\$196	\$90	\$172	\$224	\$134	\$237	\$341			
	60 - 64	\$36	\$68	\$86	\$81	\$153	\$199	\$92	\$175	\$228	\$137	\$248	\$352			
	65+	\$42	\$81	\$101	\$88	\$170	\$215	\$100	\$190	\$243	\$121	\$219	\$314			
	PLAN 4				PLAN 5			PLAN 6			PLAN 7					
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$66	\$127	\$163	\$125	\$234	\$305	\$141	\$268	\$349	\$181	\$347	\$464	\$6	\$12	\$17
	45 - 54	\$74	\$140	\$182	\$131	\$248	\$323	\$150	\$283	\$369	\$193	\$370	\$500	\$9	\$17	\$23
	55 - 59	\$84	\$161	\$208	\$141	\$267	\$348	\$160	\$306	\$400	\$207	\$396	\$520	\$12	\$21	\$26
60 - 64	\$95	\$181	\$238	\$151	\$288	\$376	\$173	\$328	\$428	\$225	\$430	\$562	\$18	\$31	\$41	
65+	\$85	\$164	\$210	\$144	\$277	\$355	\$165	\$313	\$405	\$215	\$413	\$531	\$24	\$43	\$56	
New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador	PLAN 1				PLAN 2			PLAN 3			FUNDAMENTAL PLAN					
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Optional Hospital Accommodation can be added to any plan		
	18 - 44	\$30	\$57	\$74	\$64	\$120	\$156	\$71	\$134	\$174	\$89	\$153	\$252			
	45 - 54	\$32	\$61	\$77	\$66	\$122	\$159	\$72	\$136	\$176	\$106	\$194	\$274			
	55 - 59	\$33	\$65	\$83	\$67	\$125	\$163	\$74	\$141	\$182	\$114	\$212	\$298			
	60 - 64	\$37	\$69	\$87	\$69	\$128	\$166	\$76	\$142	\$185	\$124	\$228	\$322			
	65+	\$42	\$81	\$102	\$75	\$144	\$184	\$83	\$158	\$203	\$117	\$201	\$299			
	PLAN 4				PLAN 5			PLAN 6			PLAN 7					
	AGE	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
	18 - 44	\$66	\$124	\$162	\$106	\$204	\$266	\$125	\$235	\$305	\$160	\$304	\$406	\$6	\$12	\$15
	45 - 54	\$72	\$139	\$179	\$113	\$217	\$282	\$132	\$251	\$326	\$170	\$328	\$442	\$8	\$15	\$19
55 - 59	\$84	\$158	\$206	\$125	\$237	\$307	\$143	\$271	\$354	\$185	\$351	\$460	\$12	\$18	\$23	
60 - 64	\$94	\$179	\$234	\$135	\$256	\$336	\$155	\$295	\$386	\$202	\$387	\$507	\$15	\$26	\$36	
65+	\$84	\$162	\$207	\$131	\$246	\$315	\$147	\$282	\$363	\$192	\$372	\$476	\$21	\$38	\$48	

# Benefit Descriptions

## PRESCRIPTION DRUGS

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 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 the ZONE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) plan. Amounts not paid by RAMQ, including the drug plan co-pay and the deductible (regardless of age), are eligible expenses under your GSC Health Assist® plan.

## DENTAL

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 and equilibration
- Denture repairs, rebasing and relining

Major services

- Crowns and onlays
- Dentures
- Bridgework

## EXTENDED HEALTH

Medical Items include:

- Aids for daily living (such as hospital style beds, standard IV stand, trapex, 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)



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