



# SMEsPlan

## Health and Dental Plan Overview

### Hospital\*

Private or semi-private room  
**\$200 per day** for hospital room  
 100% reimbursement  
 90-day maximum/year

\*Exclusion for pregnancy during the first eight (8) months from the effective date of the policy.

### Eligible Expenses Covered at 80% With No Deductible

Ambulance services
Accidental dental up to <b>\$2,000</b> per calendar year
Hearing aids up to <b>\$300</b> every 60 months for regular coverage and <b>\$400</b> for enhanced coverage (subject to a 3-month waiting period)
Orthopedic shoes or podiatric orthoses - up to <b>\$200</b> per calendar year
Medical equipment (crutches, walkers, canes, etc.) - up to <b>\$2,500</b> per calendar year
Surgical stockings - up to <b>\$100</b> per calendar year
Prostheses and accessories - up to <b>\$2,500</b> per calendar year
Nursing services and home care services - up to <b>\$2,500</b> per calendar year

### Paramedical Coverage

Specialist	First Visit		Subsequent Visit		Maximum Number	
	Regular	Enhanced	Regular	Enhanced	Regular	Enhanced
Chiropractor	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Acupuncturist	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Osteopath	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Physiotherapist	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Podiatrist	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Psychologist	\$80	<b>\$80</b>	\$65	<b>\$65</b>	12	<b>20</b>
Speech Therapist	\$65	<b>\$65</b>	\$45	<b>\$45</b>	12	<b>12</b>
Chiropodist	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Naturopath	\$20	<b>\$25</b>	\$20	<b>\$25</b>	25	<b>25</b>
Ophthalmologist or Optometrist - \$50 per two calendar years						
Registered Massage Therapist	\$20	<b>\$25</b>	\$20	<b>\$25</b>	20	<b>20</b>

### INCLUDED WITH ENHANCED EHC ONLY:

#### Vision Care

**100%** reimbursement  
**\$150** per two calendar years  
 3 month waiting period

#### Basic Travel Insurance

Unlimited number of 15-day trips  
**\$5,000,000** maximum per trip  
**\$3,000** in subsistence allowance  
 Round-the-clock CanAssistance travel assistance

### OPTIONAL:

#### Prescription Drugs

Pay Direct drug card  
 Basic coverage **\$1,500 per year**  
 Deluxe coverage **\$10,000 per year**  
 80% coverage  
 No deductible, no lifetime maximum  
 Pro-rated in year 1

#### Dental Care

##### Preventive and Basic Care:

**Basic Dental Care\***  
 70% reimbursement, **\$750** per calendar year, per insured (pro-rated in year 1)

##### Enhanced Dental Care\*

Year 1 - 70% reimbursement, **\$750** per calendar year, per insured  
 Year 2 - 75% reimbursement, **\$1,000** per calendar year  
 Year 3 - 80% reimbursement, **\$1,250** per calendar year including 50%

**Major Restorative**, up to **\$500** per calendar year

All plans have no overall lifetime maximum.  
 All benefit amounts are per person unless otherwise specified.  
 Plan overview only. Please see contract for benefit details.