

GMS My Health – Health Plan Options				
Benefits (per person)	Tier 1	Tier 2	Tier 3	Limitations, Exceptions, and Other Information
<b>Vision Care</b>				
<b>Eye exams</b>	1 eye exam	1 eye exam	1 eye exam	Per 2 years No coinsurance
<b>Prescription Eyewear</b> (glasses, sunglasses, contact lenses, refractive laser eye surgery)	N/A	\$150	\$250	Per 2 years No coinsurance
<b>Paramedical and Mental Health Practitioners</b>				
<b>Health Practitioners</b> (acupuncture, massage therapy, chiropractic, physiotherapy/athletic therapist, naturopath, speech therapist, chiropody/podiatry, dietician, osteopath)	\$250 per year combined maximum	\$350 per practitioner Maximum	\$500 per practitioner Maximum	Per year No coinsurance
<b>Mental Health Practitioners</b> (Psychologist, social worker, psychotherapist, clinical counsellor)	\$500 per year combined maximum	\$1,000 per year combined maximum	\$1500 per year combined maximum	Per year No coinsurance \$100 maximum per visit
<b>Medical Equipment and Supplies</b>	<b>\$1,500</b> combined maximum	<b>\$3,500</b> combined maximum	<b>\$5,000</b> combined maximum	<b>Per year</b>
<b>Private Duty Nursing</b>	\$1,500	\$3,000	\$5,000	Per year
<b>Orthopedic Shoes</b>	\$50	\$150	\$250	Per year
<b>Medical Supplies and Mobility Aids</b>	\$150	\$300	\$500	Per year
<b>Braces and Splints</b>	1 per limb	1 per limb	1 per limb	Per year
<b>Compression Stockings</b>	1 pair	2 pair	4 pair	Per year
<b>Oxygen Equipment and CPAP Supplies</b>	\$200	\$350	\$500	Per year
<b>CPAP Machine</b>	\$500	\$1,500	\$2,500	Lifetime maximum
<b>Ostomy Supplies</b>	\$300	\$500	\$1,000	Per year
<b>Breast Prostheses and Surgical Bras</b>	N/A	2 breast prosthesis 1 surgical bra	2 breast prosthesis 2 surgical bras	Per 2 years
<b>Custom Made Foot Orthotics</b>	1 pair	1 pair	1 pair	Adults: Per 3 years Children (under 16 years): Per Year
<b>Blood Pressure Monitors</b>	N/A	1	1	Per 5 years
<b>Hearing Aids</b>	\$200	\$500	\$800	Per 5 years
<b>Patient Walkers</b>	\$100	\$200	\$300	Per 5 years
<b>Wheelchairs, Motorized Scooters and Hospital Beds</b>	\$1,500 lifetime maximum	\$3,000 lifetime maximum	\$5,000 lifetime maximum	Lifetime maximum
<b>Prosthetic Appliances</b>	\$1,500	\$3,000	\$5,000	Lifetime maximum
<b>Flash Glucose Monitors (FGM)/ Continuous Glucose Monitors (CGM)</b>	\$500	\$1,500	\$2,500	Per year
<b>Diabetic Supplies and Equipment</b>	\$100	\$300	\$500	Per year
<b>Blood Glucose Monitor</b>	1 (included in \$100 Diabetic Supplies maximum)	1 (included in \$300 Diabetic Supplies maximum)	\$100 (included in \$500 Diabetic Supplies maximum)	Per 5 years
<b>Emergency Support</b>				
<b>Air Ambulance</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Road Ambulance</b>	\$1,000	\$1,500	\$ 2,000	Per year
<b>Hospital Semi-Private Room</b>	15 days - \$1,000	30 days - \$2,000	45 days - \$3,500	Per year
<b>Accidental Injury to Natural Teeth</b>	\$2000	\$5,000	\$10,000	Per injury

This is a summary of benefits only. Please refer to the Policy Wording for complete details.

Emergency Travel Medical Benefits	Tier 1	Tier 2	Tier 3
<b>Out of Country</b>	8 days	30 days	63 days
<b>In Canada</b>	183 days	183 days	183 days
<b>Overall Maximum</b>	\$2M	\$2M	\$2M
<b>Travel Days Add-On</b>	Increase by 15, 30, or 48 days per trip	Increase by 15, 30, or 48 days per trip	Increase by 15, 30, or 48 days per trip

### Prescription Drugs

\$6 per prescription deductible (No annual deductible), no coinsurance, no waiting period, no dispensing fee cap

Drug Benefits	Tier 1	Tier 2	Tier 3	Tier 4
Basic Non Pre-Existing Condition(s)	\$300	\$1,000	\$3,500	\$6,000
Enhanced Pre-Existing Condition(s)	--	--	\$800	\$1,000

### Dental

Dental Benefits No annual deductible	Tier 1 Basic only	Tier 2 Basic + Major	Tier 3 Basic + Major	Tier 4 Basic + Major	Limitations, Exceptions, & Other Information
Annual Maximum	Year 1: \$500 Year 2: \$500 Year 3: \$500	Year 1: \$500 Year 2: \$750 Year 3: \$1,000	Year 1: \$600 Year 2: \$850 Year 3: \$1,500	Year 1: \$750 Year 2: \$1,000 Year 3: \$2,000	3 month waiting period
Basic Coinsurance	50%	80%	80%	100%	3 month waiting period
Major Coinsurance	--	50%	50%	60%	12 month waiting period
Orthodontics (Dependent children under 18)	--	--	--	50%	\$2,500 Lifetime maximum 2 year waiting period

GMS Care Network	Limitations, Exceptions, and Other Information
Telemedicine	Unlimited
Kids and Adult Individual Counselling	5 hours covered*
Couples Counselling	5 hours covered*
Children's Mental Health Program	Included
Health Coaching	5 hours covered*
Life Transitions	5 hours covered*
Career Coaching	5 hours covered*
Personalized Nutrition	Unlimited
Cognitive Behavioral Therapy (CBT)	Unlimited
Pharmacy Support	Unlimited
Legal Support	Unlimited
Financial Services Support	Unlimited

\*Once your covered hours are used up, you can choose to continue accessing sessions at an additional cost. You may be able to get this reimbursed through your personal benefits.

### Add-ons

Hospital Cash*	\$100 per day to a maximum of \$3,000 per policy year.
Travel Days	Increase travel by 15, 30, or 48 days per trip

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\*Subject to a waiting period