GMS My Health – Health Plan Options				
Benefits (per person)	**Tier 1**	**Tier 2**	**Tier 3**	**Limitations, Exceptions, and Other Information**
Vision Care				
Eye exams	1 eye exam	1 eye exam	1 eye exam	Per 2 years No coinsurance
Prescription Eyewear (glasses, sunglasses, contact lenses, refractive laser eye surgery)	N/A	$150	$250	Per 2 years No coinsurance
Paramedical and Mental Health Practitioners				
Health Practitioners (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
Mental Health Practitioners (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
Medical Equipment and Supplies	**$1,500** combined maximum	**$3,000** combined maximum	**$5,000** combined maximum	**Per year**
Private Duty Nursing	$1,500	$3,000	$5,000	Per year
Orthopedic Shoes	$50	$150	$250	Per year
Mobility Supplies and Mobility Aids	$150	$300	$500	Per year
Braces and Splints	1 per limb	1 per limb	1 per limb	Per year
Compression Stockings	1 pair	2 pair	4 pair	Per year
Oxygen Equipment and CPAP Supplies	$200	$350	$500	Per year
CPAP Machine	$500	$1,500	$2,500	Lifetime maximum
Ostomy Supplies	$300	$500	$1,000	Per year
Breast Prostheses and Surgical Bras	N/A	2 breast prosthesis 1 surgical bra	2 breast prosthesis 2 surgical bras	Per 2 years
Custom Made Foot Orthotics	1 pair	1 pair	1 pair	Adults: Per 3 years Children (under 16 years): Per Year
Blood Pressure Monitors	N/A	1	1	Per 5 years
Hearing Aids	$200	$500	$800	Per 5 years
Patient Walkers	$100	$200	$300	Per 5 years
Wheelchairs, Motorized Scooters and Hospital Beds	$1,500 lifetime maximum	$3,000 lifetime maximum	$5,000 lifetime maximum	Lifetime maximum
Prosthetic Appliances	$1,500	$3,000	$5,000	Lifetime maximum
Flash Glucose Monitors (FGM)/ Continuous Glucose Monitors (CGM)	$500	$1,500	$2,500	Per year
Diabetic Supplies and Equipment	$100	$300	$500	Per year
Blood Glucose Monitor	1 (included in $100 Diabetic Supplies maximum)	1 (included in $300 Diabetic Supplies maximum)	1 (included in $500 Diabetic Supplies maximum)	Per 5 years
Emergency Support				
Air Ambulance	Unlimited	Unlimited	Unlimited	Unlimited
Road Ambulance	$1,000	$1,500	$ 2,000	Per year
Hospital Semi-Private Room	15 days - $1,000	30 days - $2,000	45 days - $3,500	Per year
Accidental Injury to Natural Teeth	$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
Out of Country	8 days	30 days	63 days
In Canada	183 days	183 days	183 days
Overall Maximum	$2M	$2M	$2M
Travel Days Add-On	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

Group Medical Services is the operating name for GMS Insurance Inc. in provinces outside of Saskatchewan. Products offered not offered in Quebec, New Brunswick and Nunavut.
® OmniPlan, ExtendaPlan, and the GMS logo are registered trademarks of Group Medical Services. Underwritten by Group Medical Services.

06MAYCA26

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 **(Includes in the overall $3,500 Max)**	$1,000 **(Includes in the overall $6,000 Max)**

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 additonal 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

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

Group Medical Services is the operating name for GMS Insurance Inc. in provinces outside of Saskatchewan. Products offered not offered in Quebec, New Brunswick and Nunavut.
® OmniPlan, ExtendaPlan, and the GMS logo are registered trademarks of Group Medical Services. Underwritten by Group Medical Services.