

Prism Precision® Benefits Please see "Benefit Descriptions" for more details	P1	P2	P3	P4
PRESCRIPTION DRUGS - maximum per person	Not covered	\$250 per year Paid at 70% Brand name drugs covered if no generic equivalent exists	Not covered	Not covered
DENTAL Combined maximums per person for Basic, Comprehensive Basic and Major Services (if applicable)	Not covered	\$250 per year	\$500 in the first 12 months \$750 in the next 12 months \$1,000 every 12 months thereafter	\$1,000 in the first 12 months \$1,000 in the next 12 months \$1,250 every 12 months thereafter
Basic - recall frequency	Not covered	Paid at 70% - every 9 months	Paid at 80% - every 9 months	Paid at 80% - every 6 months
Comprehensive Basic	Not covered	Not covered	Paid at 60% in the first 12 months Paid at 70% in the next 12 months Paid at 80% thereafter	Paid at 60% in the first 12 months Paid at 70% in the next 12 months Paid at 80% thereafter
Major Services	Not covered	Not covered	Paid at 50%, starting in the 3rd benefit year	Paid at 50%, starting in the 3rd benefit year
Orthodontic Services	Not covered	Not covered	Not covered	Paid at 50%, starting in the 3rd benefit year \$2,000 lifetime maximum
EXTENDED HEALTH Vision - maximum per person	\$150 every 24 months	Not covered	\$150 every 24 months	\$150 in the first 24 months \$200 in the next 24 months \$300 every 24 months thereafter
Accidental Dental - maximum per person	\$5,000 per year	\$5,000 per year	\$5,000 per year	\$5,000 per year
Ambulance Transportation	Includes land and air	Includes land and air	Includes land and air	Includes land and air
Hearing Aids - maximum per person	\$300 in the first 4 years \$500 every 4 years thereafter	\$300 every 4 years	\$300 in the first 4 years \$500 every 4 years thereafter	\$500 every 3 years
Home Support Services - maximum per person	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter	\$1,500 per year	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter
Medical Items - maximum per person	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 per year foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months	\$1,500 in the first 12 months \$2,500 in the next 12 months \$5,000 every 12 months thereafter foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months wigs - 1 every 12 months
Medical Services Eye examinations - maximum per person	Covered \$50 every 24 months	Covered Not covered	Covered \$50 every 24 months	Covered \$65 every 24 months
Professional/Registered Therapists - maximums per practitioner per person • Chiropractor, Footcare Specialist (Chiropracist/Podiatrist), Naturopath, Osteopath, Physiotherapist, Massage Therapist, Acupuncturist • Psychologist, Registered Social Worker • Speech Therapist	\$20 per visit; 20 visits per year \$600 per year combined maximum \$400 per year	\$20 per visit; 15 visits per year \$600 per year combined maximum \$300 per year	\$20 per visit; 20 visits per year \$600 per year combined maximum \$400 per year	\$30 per visit; 20 visits per year \$600 per year combined maximum \$600 per year
TRAVEL - maximum per person	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 10 days per trip	\$5,000,000 per year 15 days per trip
HOSPITAL ACCOMMODATION (Semi-Private and/or Private) Optional benefit - medical questionnaire required - maximum per person	NOTE: Optional Benefit – Additional premium required, please refer to pages (6) and (7)			
	\$200 per day, 30 days per year	\$200 per day, 30 days per year	\$200 per day, 30 days per year	\$250 per day, 30 days per year

Benefit Descriptions



PRESCRIPTION DRUGS

Prescription drugs/medications approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.

NOTE: Excludes vitamins, patent or proprietary medicines, over-the-counter drugs, smoking cessation products, erectile dysfunction (ED) agents, fertility and obesity drugs.

DENTAL

Basic

- Preventative cleaning and polishing
- Routine examinations, x-rays
- Fillings and extractions
- Fluoride treatments for children
- Pit and fissure sealants for children
- Space maintainers for children
- General anaesthetics

Comprehensive Basic

- Periodontal treatment including: cleaning and scaling (8 units every 12 months) – treatment of gums and tissues of the mouth
- Endodontics – root canal therapy
- Denture cleaning, repairs, rebasing and relining

Major Services

- Dentures (full or partial)
- Standard crown restorations or onlays on natural teeth
- Standard bridges, including pontics, abutment retainers/crowns on natural teeth
- Standard repair or recementing of crowns, onlays and bridgework on natural teeth

Orthodontic Services

- Orthodontic treatment to straighten teeth and correct the bite

NOTE: All of the dental benefits are based on the current Provincial Dental Association fee guide for general practitioners.

NOTE: All benefits are paid at the reasonable and customary level, and are coordinated with any other health coverage you may have.

EXTENDED HEALTH

Vision

Prescription eye glasses, contact lenses, laser eye surgery or replacement parts to prescription eye glasses.

NOTE: For information regarding eye examinations please see description under Medical Services.

Accidental Dental

The repair or replacement of natural teeth which were damaged as a result of an accident to the mouth (blow to the mouth).

NOTE: Damage to teeth as a result of eating something is **not covered**.

Ambulance Transportation

When required as the result of an accident or acute physical disability, professional land or air ambulance to the nearest hospital equipped to provide the required treatment.

Hearing Aids

Hearing aids, repairs or replacement parts.

NOTE: Does not include the replacement cost for batteries.

Home Support Services

Services of a Registered Nurse (RN), Registered Practical Nurse (RPN), Licensed Practical Nurse (LPN) or Personal Support Worker (PSW) in the home when certified medically necessary by the attending physician.

Medical Items

- Aids for daily living include: hospital style beds including rails and mattress, decubitus (ulcer care) supplies, trapeze
- Braces, casts, diabetic supplies (blood glucose monitor, lancets), catheter supplies, ostomy supplies, custom made foot orthotics
- Mobility Aids include: cane, crutches, walker, wheelchair, traction equipment
- Prosthetics include: artificial limbs, eyes, prosthetic accessories, modifications and repairs, surgical brassieres after a mastectomy, wigs
- Respiratory Cardiology includes: continuous positive airway pressure pump (CPAP), apnea monitor for respiratory dysrhythmias (for infants), compressor, inhalant devices, tracheotomy supplies, oxygen
- Vascular compression includes: intermittent compression pump and sleeve, pressure gradient surgical stockings

Medical Services

Includes diagnostic tests and x-rays, dialysis equipment, laboratory tests, and eye examinations.

NOTE: Eye examinations are available only in those provinces where eye examinations are not covered by the provincial government health plan on an annual basis.

Professional/Registered Therapists

Chiropractor, Footcare Specialists (Chiropodist/Podiatrist), Naturopath, Osteopath, Physiotherapist, Psychologist, Registered Social Worker, Speech Therapist, Acupuncturist and Registered Massage Therapist (RMT).

NOTE: Extended Health benefits are not payable for services and supplies provided in a chronic care or psychiatric hospital or institution, chronic care unit of a general hospital, or when a patient is confined to a nursing home or home for the aged and receives provincial government assistance.

TRAVEL

Services that are required as a result of emergency illness or injuries which occurred while you were vacationing or traveling for other than health reasons. Covers hospital services and accommodation, medical/surgical services, emergency transportation, repatriation and air ambulance.

HOSPITAL ACCOMMODATION

This benefit pays for the difference in cost between standard ward and Semi-Private and/or Private accommodation in a public or general (acute care) hospital when you have occupied an active treatment bed. Your provincial government health plan must accept or agree to pay the standard ward rate.

NOTE: • The hospital benefit cannot be purchased on its own.

- This benefit does not apply to accommodation in a long-term care facility (i.e. chronic care facility/hospital), private hospital or program treatment facility.
- Benefits are not payable for hospitalization due to pregnancy or pregnancy related conditions which commence during the first ten (10) month period following the effective date of the coverage.