

Plan Comparison Chart

FlexCare® – British Columbia Residents	ComboPlus™ Starter Guaranteed to Issue Plan with no medical underwriting required		ComboPlus™ Basic Plan requires medical underwriting		ComboPlus™ Enhanced Plan requires medical underwriting	
Drug Coverage <ul style="list-style-type: none"> Generic¹ drugs vs. brand-name drugs Shared Dispensing Fee Exclusions – Smoking cessation drugs, over-the-counter drugs, fertility drugs, birth control drugs and drugs not requiring prescription Reimbursement (of eligible prescription costs) of the first amount per calendar year Reimbursement (of eligible prescription costs) of the next amount per calendar year Calendar year maximums per person 	Generic \$6.50 maximum All 70% of first \$750 N/A \$525		Generic No maximum All 70% of first \$750 90% of next \$4,972 \$5,000		Brand-name or generic No maximum Smoking cessation drugs, over-the-counter drugs, and drugs not requiring prescription 90% of first \$2,222 100% of next \$8,000 \$10,000	
Dental Coverage Coverages are designed to coincide with your current provincial Dental Association Fee Guide for General Practitioners. The Flexcare ComboPlus dental coverage will be adjusted to match any increases in the fee guide. <ul style="list-style-type: none"> Reimbursement (for ongoing maintenance service: fillings, cleanings, scalings, examinations, polishings, and select extractions) of the first amount per year Reimbursement (for ongoing maintenance service: fillings, cleanings, scalings, examinations, polishings, and select extractions) of the next amount per year Anniversary year maximums for basic dental services Recall visits Oral surgery, periodontics, endodontics (root canal) Major restorative (orthodontics, crowns, bridges, dentures) – benefits commence in year 3 	70% of first \$575 N/A \$400 9 months Not covered Not covered		80% of first \$300 50% of next \$850 \$665 9 months Not covered Not covered		100% of first \$500 60% of next \$700 \$920 6 months Year 1: 60%; Year 2: 60%; Year 3+: 80% Year 1: 0%; Year 2: 0%; Year 3+: 60% <small>Combined maximum for oral surgery, periodontics, endodontics, and major restorative of \$1,250 per 3 consecutive years, with a year 1 combined maximum of \$400.</small>	
Vision Care Covers the costs towards prescription lenses and frames, contact lenses and laser eye surgery. This benefit does not include industrial safety glasses. ²	\$150 maximum per 2 consecutive benefit years \$50 maximum for optometrist visit per 2 consecutive benefit years		\$250 maximum per 2 consecutive benefit years \$50 maximum for optometrist visit per 2 consecutive benefit years		\$250 maximum per 2 consecutive benefit years \$50 maximum for optometrist visit per 2 consecutive benefit years	
Extended Health Care Benefits Registered Specialists and Therapists (Paramedical Services): Chiropractor, Chiropodist, Osteopath, Naturopath, Podiatrist, Massage Therapist, Acupuncturist (per person per anniversary year) <ul style="list-style-type: none"> Maximum claims paid Per visit maximum Chiropractic x-rays Registered Psychologist (per person per anniversary year) <ul style="list-style-type: none"> Maximum per first visit Maximum per subsequent visit Maximum visits Registered Speech Pathologist/Therapist (per person per anniversary year) <ul style="list-style-type: none"> Maximum per first visit Maximum per subsequent visit Maximum visits Registered Physiotherapist (per person per anniversary year)	Seniors Adjustments 65+ Lifetime maximum \$250,000 20 visits maximum per specialist \$20 \$35 \$80 \$65 10 \$65 \$45 10 15 \$250 maximum For each of Homecare & Nursing, Prosthetic Appliances³ and Durable Medical Equipment: Year 1: \$1,000; Year 2: \$1,300; Year 3: \$1,500; Year 4: \$1,700; Year 5+: \$3,000 Lifetime maximum of 3 months of service per person Lifetime maximum of 6 months of service per person \$2,000 maximum per person, per anniversary year Included \$400 maximum per person, per 4 consecutive benefit years Included \$500 maximum per person, per 4 consecutive benefit years Not covered Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child Included Available 1 year after policy effective date		Seniors Adjustments 65+ Lifetime maximum \$250,000 20 visits maximum per specialist \$20 \$35 \$80 \$65 10 \$65 \$45 10 15 \$250 maximum For each of Homecare & Nursing, Prosthetic Appliances³ and Durable Medical Equipment: \$3,000 maximum per person, per anniversary year Lifetime maximum of 3 months of service per person Lifetime maximum of 6 months of service per person \$2,000 maximum per person, per anniversary year Included \$400 maximum per person, per 4 consecutive benefit years Included \$500 maximum per person, per 4 consecutive benefit years Not covered Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child Included		Seniors Adjustments 65+ Lifetime maximum \$250,000 20 visits maximum per specialist \$20 \$35 \$80 \$65 10 \$65 \$45 10 15 \$250 maximum For each of Homecare & Nursing, Prosthetic Appliances³ and Durable Medical Equipment: \$3,000 maximum per person, per anniversary year Lifetime maximum of 3 months of service per person Lifetime maximum of 6 months of service per person \$2,000 maximum per person, per anniversary year Included \$400 maximum per person, per 4 consecutive benefit years Included \$500 maximum per person, per 4 consecutive benefit years Not covered Up to \$25,000 for an adult under 65 Up to \$10,000 for 65 and over, or a child Included	

Are you just looking for drug or dental coverage?

DrugPlus™ Basic	DrugPlus™ Enhanced	DentalPlus™ Basic	DentalPlus™ Enhanced
Plan requires medical underwriting		Guaranteed to Issue Plan with no medical underwriting required	
Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Basic plan.	Provides Drug, Vision Care and Extended Health Care Benefits coverage at the same levels as the ComboPlus™ Enhanced plan.	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions <ul style="list-style-type: none"> Year 1: 50% payment of the first \$1,150 (anniversary year maximum of \$575) Year 2+: 80% of the first \$300 and 50% of the next \$850 (anniversary year maximum of \$665) Recall visits every 9 months 	Provides Dental coverage for services such as fillings, cleanings, scaling, examinations, polishing and select extractions <ul style="list-style-type: none"> Year 1: 70% payment of the first \$1,200 (anniversary year maximum of \$840) Year 2+: 100% of the first \$500 and 60% of the next \$700 (anniversary year maximum of \$920) Recall visits every 6 months
Also includes Vision Care coverage (at the same levels as the ComboPlus™ Basic and Enhanced plans) and Extended Health Care Benefits coverage (at the same levels as the ComboPlus™ Starter plan).			

Add-Ons & Stand-Alones

Vision Enhanced	Accidental Death and Dismemberment Enhanced	Travel +8 days ⁴	Travel +21 days ⁴	Catastrophic Coverage <small>(Not available to 65+)</small>	Hospital Basic*	Hospital Enhanced*	Extended Health Care Enhanced		
Guaranteed to Issue Plan with no medical underwriting required				Plan requires medical underwriting					
Available as an Add-On only				Available as an Add-On or Stand-Alone			Available as an Add-On only		
Increases vision coverage to a total maximum of \$500 per person for 3 consecutive benefit years. ² Includes \$100 towards laser eye surgery. \$50 maximum for optometrist visit per 2 consecutive benefit years.	Increases accidental death and dismemberment coverage to a maximum of \$50,000 for adults under 65. Increases to a maximum of \$20,000 for children and adults age 65 and over.	8 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 17 days are covered, up to \$5,000,000 per covered person per trip.	21 days of additional coverage, added to the 9-day coverage available with Core plan benefits. Trips of up to 30 days are covered, up to \$5,000,000 per covered person per trip.	\$4,500	\$10,200	Semi-private room coverage	Semi-private or private room coverage	Lifetime maximum increases to \$350,000	World-Class Second Opinions: included
				Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$4,500 per person.	Unlimited 100% coverage when qualifying annual prescription drug expenses exceed \$10,200 per person.	100% coverage of the daily room maximum during the first 30 days, 50% for the next 100 days, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$150/day.	100% coverage of the daily room maximum, per person per anniversary year. The daily room maximum is the reasonable and customary provincial room rate, paid up to a maximum of \$200/day.	Registered Specialists and Therapists (Paramedical Services): Combined maximum of \$750 per person per year for all 8 paramedical services (including physiotherapist) and including chiropractic x-rays (\$35 per year)	Registered Psychologist: Increases maximum visits to 12 per person per year Maximum per first visit: \$80 per person per year Maximum per subsequent visit: \$65 per person per year
				Additional \$25,000 coverage for Homecare and Nursing, Prosthetic Appliances, and Durable Medical Equipment that commences when annual claims exceed \$7,500 per person per anniversary year; lifetime maximum \$100,000. ³		Cash benefit: \$25 per person/day beginning on the 4th day of hospitalization, maximum of 30 days, if semi-private room is not obtained.	Cash benefit: \$50 per person/day beginning on the 4th day of hospitalization, maximum of 60 days, if semi-private or private room is not obtained.	Registered Speech Pathologist/Therapist Increases maximum visits to 12 per person per year Maximum per first visit: \$65 per person per year Maximum per subsequent visit: \$45 per person per year	Seniors Adjustments 65+ Increases maximum visits to 20 per person per year Maximum per first visit: \$65 per person per year Maximum per subsequent visit: \$45 per person per year
Not available as an Add-On to ComboPlus Starter plan.		Not available to persons age 65 and over.	Not available to persons age 65 and over.	Add-On to DrugPlus Basic plans and ComboPlus Basic plans only.	Add-On to DrugPlus Enhanced plan and ComboPlus Enhanced plan only.			Homecare and Nursing, Prosthetic Appliances³ and Durable Medical Equipment Combined maximum of \$8,500 per person per year	Combined maximum of \$9,500 per person per year
						Lifeline® Personal Response Service Maximum of 3 months of service per person per 3 anniversary years		Maximum of 6 months of service per person per 3 anniversary years	
						Accidental Dental: Increases to \$3,000 maximum per person per anniversary year		Ambulance Services: Unlimited ground transportation to hospital and \$4,000 maximum for air ambulance per person per anniversary year	
				Hearing Aids Increases to \$600 maximum per person per 5 consecutive benefit years		Increases to \$700 maximum per person per 5 consecutive benefit years			

Please note: Extended health care benefits are payable only after Government Health Insurance Plan maximums have been reached, as applicable. Benefits payable are up to reasonable and customary charges.

¹ Generic drug – A generally less expensive alternative to an interchangeable brand-name drug product. Please note: Not all drugs have a generic equivalent. If a non-generic drug is purchased, payment will be based on the lowest generic drug cost equivalent. If no generic brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

² Eyeglasses are covered against breakage and scratches by a repair guarantee for a period of 2 benefit years (3 benefit years for Vision Enhanced). This warranty applies to lenses and frames purchased with the Flexcare vision benefit. No deductible is charged to you if your eyeglasses can be repaired. If beyond repair, your eyeglasses will be replaced and a \$50 deductible charged for eyeglasses originally purchased for up to \$250; a \$75 deductible if the original purchase price was \$251 to \$300; and a \$100 deductible if your eyeglasses originally cost \$301 or more.

³ Note: \$225 maximum per anniversary year for custom-made orthotics, which are included as part of Prosthetic Appliances.

⁴ Coverage may be limited or excluded for any illness or condition which first manifested itself within the 9-month period preceding the effective date of coverage. Trips over the maximum length are not covered. Travel coverage is not available to persons age 65 and over.

⁵ In the event of an accident that requires a hospital stay of at least 24 hours, Catastrophic Coverage provides unlimited Chiropractor and Physiotherapist coverage for 1 year following the accident. All Catastrophic Coverage benefits are paid at the reasonable and customary level, and are co-ordinated with any other health plan coverage you may have. Once your application is approved, your coverage will continue as long as your premiums are paid, regardless of age or any future changes in your health.

* For pregnant applicants, see important notice in the Flexcare brochure.

Benefits referred to are subject to change without notice and, once coverage is purchased, are subject to the limitations, exclusions and reductions of coverage contained in the Policy and Schedule of Benefits.

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Anniversary year means the consecutive 12 months following the effective date of the Agreement, and each 12-month period thereafter. Benefit year means the 12 consecutive months following the incurred date of the claim. Calendar year means each successive 12-month period commencing January 1 and ending December 31. All references to "year" refer to anniversary year. When it relates to Hearing Aids and Vision Care benefits, year refers to benefit year.

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