

Basic

The PlanDirect Basic plan covers your basic health care needs, plus prescription drugs. It provides coverage for the following benefits and benefit levels:

Prescription drugs (optional)

Drugs that by law require a prescription by a physician or other person entitled by law to prescribe them.

- Co-insurance with drug card 80% to a maximum of \$1,000 per person per calendar year
- Co-insurance with no drug card 90% to a maximum of \$1,000 per person per calendar year
- Disposable needles for use with non-disposable insulin injection devices, lancets, test strips, and sensors for flash glucose monitoring machines

Prescription drugs not covered:

- Drugs for the treatment of erectile dysfunction
- Smoking cessation products
- Homeopathic preparations, proprietary or patent medicines
- Any drug that doesn't have a drug identification number (DIN) as defined by the Food and Drugs Act, Canada

Note: if you live in Quebec, you are required to have drug coverage through your employer or the Quebec provincial plan, the Régie de l'assurance maladie du Québec (RAMQ).

Hospital accommodation

The difference in cost between private and standard ward accommodation in hospital if the private accommodation starts while insured under the PlanDirect policy and is for acute, convalescent or palliative care.

Paramedical services

Unless prohibited by law, Canada Life will pay for the portion of the cost of paramedical services that is not payable under a government plan.

Benefits payable for reasonable and customary charges for:

- Treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor are limited to a maximum amount payable of \$300 in a calendar year
- Treatment of nutritional disorders by a registered dietician, are limited to a maximum amount payable of \$300 in a calendar year
- Treatment by a licensed osteopath, including diagnostic x-rays, are limited to a maximum amount payable of \$300 in a calendar year
- Treatment of movement disorders by a licensed physiotherapist are limited to a maximum amount payable of \$300 in a calendar year
- Treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist are limited to a maximum amount payable of \$300 in a calendar year
- Treatment by a registered psychologist or social worker are limited to a maximum amount payable of \$300 in a calendar year
- Treatment by a qualified massage therapist are limited to a maximum amount payable of \$300 in a calendar year

- Treatment of speech impairments by a qualified speech therapist are limited to a maximum amount payable of \$300 in a calendar year
- Treatment by a licensed naturopath are limited to a maximum amount payable of \$300 in a calendar year
- Treatment by a qualified acupuncturist are limited to a maximum amount payable of \$300 in a calendar year

Vision care

Eye exams when performed by a licensed ophthalmologist or optometrist, 90% coverage up to \$75 for one eye exam every 2 years.

Hearing aids

Hearing aids, including batteries, tubing and ear moulds provided at the time the hearing aid is purchased, to a maximum of \$500 per person every five years.

Ambulance services

Ambulance service including air ambulance, if provided by a licensed ambulance company for transportation to the nearest centre where essential treatment is available.

Nursing care

In-home nursing care: Benefits payable are limited to:

- The minimum number of hours per day or week
- The level of skill needed to provide each essential nursing service

For nursing care, payable benefits are up to a maximum of 12 months, beginning on the first day of care. The maximum amount payable is \$2,500. The maximums will be reinstated for a subsequent period of nursing care if :

- It follows a period of at least six months during which no nursing care was needed
OR
- It is required for a different and unrelated injury or sickness

Hospital care and in-home nursing care benefits aren't payable for chronic care.

Nursing home care: Accommodation in a nursing home, if accommodation starts while insured under the PlanDirect policy and is for acute, convalescent, chronic or palliative care. Coverage is for up to \$50 per day, for 30 days per condition, per lifetime of the condition. Nursing home care must be approved by Canada Life prior to commencement of care.

Medical supplies, services, aids and appliances

The following supplies, when prescribed by a physician. For supplies available on a rental basis, Canada Life covers the rental cost, or at its discretion, the cost of purchase.

- Diagnostic lab and x-ray services: Performed in the insured's home province or territory
- Breathing equipment: Oxygen and the equipment needed for its administration; intermittent positive pressure breathing machines; continuous positive airway pressure machines; apnea monitors for respiratory dysrhythmias; mist tents and nebulizers; chest percussors, drainage boards, sputum stands and tracheostoma tubes
- Orthopedic equipment: Benefits payable for custom-made foot orthotics and custom-fitted orthopedic shoes, including modification to orthopedic footwear, are limited to \$200 in a calendar year
- Prosthetic equipment: External breast prostheses (once per insured person per calendar year), surgical brassieres (two per insured person per calendar year), artificial eyes, standard artificial limbs, cleft palate obturators, and

internal breast prostheses to the amount payable for external breast prostheses

- Mobility aids: Wheelchairs and power scooters when necessary to permit independent participation in daily living and repairs and rechargeable batteries for covered wheelchairs (limited to \$1,500 per insured person per lifetime)
- Diabetic equipment: Coverage for blood-glucose, flash glucose, and continuous glucose monitoring machines, including sensors and transmitters for continuous glucose monitoring machines, is limited to \$500 per calendar year
- Other medical supplies:
 - Canes
 - Walkers
 - Crutches
 - Parapodiums
 - Hospital beds
 - Bed rails
 - Trapeze bars
 - Head halters and traction apparatus
 - Colostomy and ileostomy supplies
 - Catheters and catheterization supplies
 - Food substitutes that must be administered through a tube feed process and the tube feeding pumps and pump sets
 - Transcutaneous nerve stimulators for the control of chronic pain (limited to \$700 per insured person per lifetime)
 - Custom-made pressure supports for lymphedema

- Custom-made compression hose (limited to 4 pairs per insured person per calendar year)
- Extremity pumps for lymphedema or severe postphlebotic syndrome (limited to \$1,500 per insured person per lifetime)
- Custom-made burn garments
- Elevated toilet seats
- Shower chairs
- Bathtub rails and standard commodes
- Wigs for cancer patients undergoing chemotherapy (limited to \$500 per insured person per lifetime)
- Surgically implanted intraocular lenses
- Eye glasses or contact lenses following eye surgery (limited to one pair following eye surgery)

Dental care

- Dental accident treatment: Treatment from accidental injury to sound natural teeth. The accident must occur while the insured is covered under the PlanDirect policy. Treatment must begin within 60 days after the injury and be performed by a dentist, oral surgeon or denturist.

Note: The Basic covers dental accident treatment under health care services and supplies, but they don't cover dental care services and supplies.

- Major dental: No coverage

Best Doctors ®

- Consultation services that put you in touch with the world's best medical specialists to help with diagnosis and treatment planning for serious

illnesses

Consult+

- Health care you can access through an app or online. It lets you talk to doctors, nurses or other health care professionals for non-urgent medical care. You can use it anywhere you're comfortable talking through phone call, video or chat, 24 hours a day and 7 days a week.

General limitations and exceptions

No benefits will be paid under the Basic for the following:

- Services and supplies associated with the diagnosis or treatment of infertility or contraception (except oral contraceptives)
- Dental care services and supplies associated with:
 - Congenital defects or developmental malformations in people 19 years of age or over
 - Temporomandibular joint disorders
 - Vertical dimension correction
 - Myofacial pain or orthodontic treatment
 - Expenses that private insurers are not permitted to cover by law
- Services and supplies that the insured is entitled to without charge by law, or for which a charge is made only because the insured has insurance coverage
- Services and supplies that don't represent reasonable medical or dental treatment
- Services and supplies associated with treatment performed for cosmetic purposes

- Services and supplies associated with chronic care except those used for nursing home accommodation
- Services or supplies associated with items covered under your policy, unless specifically listed as a covered health care or dental care service or supply
- Services or supplies received outside Canada, except as provided by the emergency travel medical rider, if in force
- Services or supplies received out-of-province in Canada unless:
 - The insured is covered by the government plan providing Medicare coverage in the insured's home province or territory; and
 - Canada Life would have paid benefits for the same services or supplies if they had been received in the insured's home province
- Expenses arising from war (declared or undeclared), insurrection, acts of terrorism, and voluntary participation in a riot or civil unrest
- Expenses arising from committing or attempting to commit an assault, battery or criminal offense, whether or not the insured was charged with a criminal offense
- Expenses incurred as a result of or a loss resulting from or associated with a self-inflicted injury or attempted suicide, while sane or insane
- Benefits payable under PlanDirect for health care and dental care services and supplies eligible under any government plan are limited to any deductible and co-insurance amounts the insured is required to pay under the government plan. A government plan means a plan that provides drugs, health, dental or vision coverage and is legislated, funded, or administered by a government

Specific limitations and exceptions

The above are the general limitations and exceptions that apply to PlanDirect. PlanDirect also contains specific limitations and exceptions that apply to specific coverage. For example, coverage is not provided for air-fluidized beds or for special wheelchair features primarily for participation in sports.

These are examples only and further specific limitations and exceptions apply. Please read your policy carefully when you receive it, as it contains important definitions, limitations and exceptions.