

Premier

The PlanDirect Premier plan offers higher coverage levels for health care, plus prescription drugs and major dental coverage. It provides coverage for the following benefits and benefit levels:

Prescription drugs

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

- Pay direct Drug Card
- 90% to a maximum of \$2,400 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

Coverage is not provided for certain prescription drugs such as:

- Drugs for the treatment of erectile dysfunction
- Smoking cessation products
- Homeopathic preparations, proprietary or patent
- Any drug that does not 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 \$400 in a calendar year
- Treatment of nutritional disorders by a registered dietician, are limited to a maximum amount payable of \$400 in a calendar year
- Treatment by a licensed osteopath, including diagnostic x-rays, are limited to a maximum amount payable of \$400 in a calendar year
- Treatment of movement disorders by a licensed physiotherapist are limited to a maximum amount payable of \$400 in a calendar year
- Treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist are limited to a maximum amount payable of \$400 in a calendar year
- Treatment by a registered psychologist or social worker are limited to a maximum amount payable of \$400 in a calendar year
- Treatment by a qualified massage therapist are limited to a maximum amount payable of \$400 in a calendar year

- Treatment of speech impairments by a qualified speech therapist are limited to a maximum amount payable of \$400 in a calendar year
- Treatment by a licensed naturopath are limited to a maximum amount payable of \$400 in a calendar year
- Treatment by a qualified acupuncturist are limited to a maximum amount payable of \$400 in a calendar year

Vision care

- 90% up to \$275 per person every 2 years for glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician; and laser eye surgery when performed by a licensed ophthalmologist.
- One eye exam every 2 years when performed by a licensed ophthalmologist or optometrist.

Hearing aids

Hearing aids, including batteries, tubing and ear moulds provided at the time the hearing aid is purchased, 90% to a maximum of \$800 per person every 5 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 and level of skill needed to provide each essential nursing service.

Benefits payable for nursing care are payable for a maximum of 12 months, beginning on the first day of care. The maximum amount payable is \$4,000. 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, In-home nursing care and home health aide care benefits are not 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: Custom-made foot orthotics and custom-fitted orthopaedic shoes (limited to a maximum for each insured person, per calendar year, of \$500) braces, casts, splints, cervical collars, external

electro spinal stimulators for the correction of scoliosis, non-union bone stimulators and prone standers

- 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 \$1,500 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 postphlebitic 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

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.

Routine dental: Covered at 85% to a maximum of \$2,000 per person per calendar year.

- Diagnostic services: One complete oral examination per insured person every three years; oral pathology, periodontal, surgical, prosthodontic and endodontic examinations; limited oral and periodontal examinations limited to twice per year per insured person; specific and emergency examinations; one complete series of intra-oral radiographs per insured person every three years; intra-oral radiographs to a maximum of 15 films and one panoramic radiograph per insured person every three years when not provided in the same year as a complete series; sialography; extra-oral radiographs other than panoramic and sialography; radiopaque dyes used to demonstrate lesions; interpretation of radiographs or models from another source; microbiological, histological, cytological, and pulp vitality tests and laboratory services
- Preventative services: Prophylaxis and topical application of fluoride twice per insured person per year pit and fissure sealants on bicuspids and permanent molars once per insured person every five years; space maintainers and maintenance of space maintainers; appliances for the control of harmful habits; finishing restorations; interproximal disking and recontouring of teeth
- Minor restorative services: Caries, trauma and pain control; amalgam and tooth-coloured posts for fillings; retentive pins and prefabricated posts for fillings and prefabricated crowns for primary teeth
- Denture maintenance: One denture reline, rebase and resilient liner in relined or rebased dentures per insured person every three years
- Oral surgery: Removal of teeth; surgical exposure of teeth; minor alveoplasty, gingivoplasty and stomatoplasty for remodelling and recontouring oral tissues; surgical incisions; surgical excision of tumours, cysts, and granulomas; treatment of fractures, including related bone grafts to the jaw; treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty and palatal obturators
- Adjunctive services: Minor remedies for relief of dental pain, therapeutic injections and anaesthesia required in relation to covered services

- Endodontic services: Procedures described in the endodontic section of the Canadian Dental Association Uniform System of Coding and List of Services. Root canal therapy on permanent teeth is limited to one course of treatment per tooth
- Periodontal services: Procedures described in the periodontal section of the Canadian Dental Association Uniform System of Coding and List of Services. Both scaling and root planing are limited to a combined maximum of six 15-minute time units per insured person per year. Both occlusal adjustment and equilibration are limited to a combined maximum of six 15-minute time units per insured person per year

Major dental: Covered at 50% to a maximum of \$1,000 per person per calendar year.

- Crowns and onlays: Metal, plastic, porcelain and ceramic crowns, onlays, posts, cores, pins and copings related to covered crowns. Coverage for crowns on molars is limited to the cost of metal crowns
- Dentures: Dentures, including over dentures, when required to replace one or more teeth extracted while the PlanDirect policy is in force
- Denture-related surgery: The following denture-related surgical services for remodelling and recontouring oral tissues: remodelling, excisions, removal, reduction or augmentation of the alveolar bone, remodelling of the flooring of the mouth, vestibuloplasty, reconstruction of the alveolar ridge, extensions of mucous folds and related surgical grafts
- Appliance maintenance: One denture remake per insured person every three years and one denture adjustment per insured person per year, denture repairs and additions, tissue conditioning and resetting of denture teeth

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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 Premier 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 do not represent reasonable medical treatment or reasonable 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, 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.