

<b>Prism Continuum</b> Please see "Benefit Descriptions" for more details	<b>C1</b>	<b>C2</b>	<b>C3</b>
<b>PRESCRIPTION DRUGS</b> - maximum per person	\$500 per year Paid at 80% Brand name drugs covered if no generic equivalent is available	\$750 per year Paid at 80% Brand name drugs covered if no generic equivalent is available	\$1,200 per year Paid at 80% Brand name drugs covered if no generic equivalent is available
<b>DENTAL</b> - Combined maximums per person for Schedules A, B & C (if applicable)	Not covered	\$600 in the first 12 months \$800 in the next 12 months \$1,000 every 12 months thereafter	\$750 in the first 12 months \$1,000 in the next 12 months \$1,250 every 12 months thereafter
<b>Schedule A – Basic</b>	Not covered	Paid at 80%	Paid at 80%
<b>Schedule B – Basic Comprehensive</b>	Not covered	Paid at 80%	Paid at 80%
<b>Schedule C – Major Services</b>	Not covered	Not covered	Paid at 50%, starting in the 3rd benefit year
<b>EXTENDED HEALTH</b>			
<b>Vision</b> - maximum per person	\$150 every 24 months	\$200 every 24 months	\$250 every 24 months
<b>Accidental Dental</b> - maximum per person	\$2,500 per year	\$5,000 per year	\$10,000 per year
<b>Ambulance Transportation</b>	Includes land and air	Includes land and air	Includes land and air
<b>Hearing Aids</b> - maximum per person	\$300 every 4 years	\$400 every 4 years	\$500 every 4 years
<b>Home Support Services</b> - maximum per person	\$1,500 per year	\$2,500 per year	\$5,000 per year
<b>Medical Items</b> - maximum per person	\$1,500 per year foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months	\$2,500 per year foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months	\$5,000 per year foot orthotics - \$250 every 24 months stockings - 2 pairs every 4 months surgical brassieres - 2 every 12 months
<b>Medical Services</b> Eye examinations - maximum per person	Covered \$50 every 24 months	Covered \$50 every 24 months	Covered \$65 every 24 months
<b>Professional/Registered Therapists</b> - maximums per practitioner per person • Chiropractor, Footcare Specialist (Chiropodist/Podiatrist), Naturopath, Osteopath, Physiotherapist • Psychologist, Speech Therapist • Massage Therapist, Acupuncturist	\$20 per visit; 15 visits per year \$300 per year \$20 per visit; 15 visits per year	\$300 per year \$300 per year \$20 per visit; 15 visits per year	\$400 per year \$400 per year \$20 per visit; 20 visits per year
<b>TRAVEL</b> - maximum per person [available up to age 65]	\$1,000,000 per year 10 days per trip	\$1,000,000 per year 10 days per trip	\$1,000,000 per year 15 days per trip
<b>SEMI-PRIVATE HOSPITAL ACCOMMODATION</b> - maximum per person	\$200 per day, 30 days per year	\$200 per day, 30 days per year	\$200 per day, 30 days per year



# Benefit Descriptions

## PRESCRIPTION DRUGS

Prescription drugs/medications that have been approved for use in Canada that require a prescription by law.

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

## DENTAL

### Schedule A – Basic

- Preventative cleaning and polishing (every 9 months)
- Routine examinations, x-rays
- Fluoride treatments for children
- Fillings and extractions
- Pit and fissure sealants
- Space maintainers and general anaesthetics

### Schedule B – Basic Comprehensive

- 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

### Schedule C – Major Services

- Dentures
- 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

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

## Prism

This brochure outlines benefits available. This is not a contract. Actual details, terms, conditions, limitations and exclusions are detailed in the policy issued by Green Shield Canada upon application approval.

## 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

Standard 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), or Licensed Practical Nurse (LPN) 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, crutch, walker, wheelchair, traction equipment
- Prosthetics include: artificial limbs, eyes, prosthetic accessories, modifications and repairs, surgical brassieres after a mastectomy
- 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, radioactive treatments 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, Speech Therapist, Acupuncturist and Registered Massage Therapist (RMT).

**NOTE:** All of the 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.

**NOTE:** Travel Benefits are not available after the age of 65.

## SEMI-PRIVATE HOSPITAL ACCOMMODATION

This benefit pays for the difference in cost between standard ward and semi-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 semi-private 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.

## Prism Continuum® - Monthly Rates Effective January 1, 2008

Rates and/or benefits are subject to change with thirty (30) days notice to the applicant/policy holder.

C1	British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut			Ontario			Quebec			New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland		
	Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple
0-44	\$61	\$115	\$162	\$61	\$115	\$162	\$51	\$95	\$133	\$74	\$139	\$196	\$74	\$139	\$196	\$72	\$134	\$189
45-54	\$75	\$141	\$199	\$75	\$141	\$199	\$61	\$115	\$162	\$91	\$169	\$240	\$91	\$169	\$240	\$88	\$163	\$232
55-64	\$83	\$154	\$219	\$83	\$154	\$219	\$67	\$123	\$174	\$100	\$185	\$264	\$100	\$185	\$264	\$96	\$178	\$252
65+	\$64	\$118	\$163	\$64	\$118	\$163	\$51	\$94	\$129	\$77	\$142	\$197	\$77	\$142	\$197	\$74	\$137	\$189

C2	British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut			Ontario			Quebec			New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland		
	Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple
0-44	\$99	\$186	\$269	\$101	\$190	\$278	\$76	\$142	\$207	\$118	\$221	\$320	\$110	\$207	\$296	\$102	\$191	\$280
45-54	\$110	\$207	\$296	\$112	\$211	\$300	\$83	\$158	\$224	\$130	\$245	\$347	\$122	\$228	\$324	\$115	\$214	\$299
55-64	\$119	\$220	\$311	\$121	\$225	\$321	\$89	\$167	\$236	\$141	\$261	\$369	\$131	\$242	\$343	\$122	\$228	\$324
65+	\$86	\$160	\$230	\$88	\$165	\$233	\$66	\$123	\$175	\$103	\$190	\$270	\$97	\$180	\$255	\$90	\$168	\$238

C3	British Columbia			Alberta			Saskatchewan, Manitoba, Northwest Territories, Yukon Territory and Nunavut			Ontario			Quebec			New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland		
	Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple
0-44	\$122	\$232	\$342	\$125	\$237	\$350	\$95	\$177	\$260	\$144	\$273	\$403	\$135	\$253	\$375	\$126	\$238	\$348
45-54	\$143	\$268	\$397	\$146	\$273	\$407	\$111	\$205	\$301	\$170	\$318	\$468	\$159	\$297	\$439	\$148	\$279	\$408
55-64	\$157	\$297	\$436	\$160	\$301	\$446	\$121	\$227	\$332	\$187	\$351	\$511	\$176	\$328	\$482	\$162	\$306	\$448
65+	\$110	\$204	\$297	\$110	\$204	\$297	\$82	\$153	\$221	\$130	\$240	\$351	\$121	\$225	\$326	\$112	\$210	\$301