

DENTAL CARE PLAN*



Preventive Services

- » Complete oral examinations every 3 calendar years
- » Recall exam, polish & fluoride once per calendar year
- » Full mouth x-ray once every 2 calendar years

Basic Dental: 70% coverage, 6 units of scaling or root planning, includes preventive services listed above. All benefits listed are payable per insured person.

- » Minor restorative services: \$800 per calendar year

Enhanced Dental: 80% coverage, 8 units of scaling or root planning, includes preventive services listed above. All benefits listed are payable per insured person.

- » Minor restorative services: \$800 per calendar year

- » Major restorative services: \$800 per calendar year for Crowns/Posts/Inlays/Onlays, paid at 50% and \$800 per calendar year for Implants/Bridges/Dentures, paid at 50%

Superior Dental: 90% coverage, 10 units of scaling or root planning, includes preventive services listed above (recall exam/polish/fluoride once every 9 months). All benefits listed are payable per insured person.

- » Minor restorative services: \$900 per calendar year

- » Major restorative services: \$1,000 per calendar year for Crowns/Posts/Inlays/Onlays, paid at 60% and \$1,000 per calendar year for Implants/ Bridges/Dentures, paid at 60%

JOHNSON INSURANCE

CONTACT A
REPRESENTATIVE TODAY:



Toll Free: 1.866.388.3354
(Administration)
Fax: 1.780.420.6082
Toll Free Fax: 1.866.226.1430
Email: pbservicewest@johnson.ca

Travel Plan:



24 Hour Emergency Help Line:
Contact ASSISTEL toll free at
1.877.775.3695

Johnson Insurance ("Johnson") is a licensed insurance intermediary, and operates as Johnson Insurance Services in BC and Johnson Inc. in MB. Johnson provides administrative, consulting and/or claims administration/payment services. Johnson administers the Extended Health Care Plan ("EHC Plan") and the options for Travel and Dental Care ("Options"). The EHC Plan and Options are underwritten by Desjardins Financial Security ("DFS"). The terms, conditions, limitations and exclusions which apply to the described coverage are as set out in the policy. Policy wordings prevail. Check Certificates of Insurance for complete details. Coverage under EHC Plan is subject to proof of enrolment in applicable Provincial Pharmacare program. Other restrictions may apply. The information provided herein is for informational purposes only and should not be considered legal or insurance advice. *THRIVE is a registered trademark owned by Johnson Inc. *Individual and overall maximums may apply. **Travel assistance is provided by Assistel. Assistel is a trademark of DFS. Eligible expenses related to a pre-existing condition are reimbursed at 100%, subject to applicable maximums, as long as the Emergency is deemed sudden and unforeseen in light of the insured's medical history as determined by DFS and/or the Travel Assistance Provider. †A 90-day Health Stability Clause applies to pre-existing medical conditions and other restrictions may apply. ‡Doctor's prescription required.



THRIVE®
Flexible Benefits for Retirees.
COVERAGE THAT OFFERS PEACE OF MIND

JOHNSON
INSURANCE

Comprehensive Insurance Benefits

THRIVE® offers a wide selection of voluntary insurance plans on an individual selection basis. This enables THRIVE® members to select the insurance coverage options that suit their needs. The Plan highlights for the 2020 policy year are captured in this document.

Newly retired persons may apply for the Extended Health Care (EHC) Plan within 90 days of losing existing employer group coverage, without providing medical evidence of insurability. For late entrants, after 90 days, or after an Open Enrolment Period, EHC Plan applicants require medical evidence of insurability and may be declined coverage. All listed benefits are payable per insured person.

PREMIUM PAYMENT

Extended Health Care (EHC), Travel and Dental Plan bank deductions are withdrawn one month in advance (a deduction in May is payment for coverage in June). Monthly payment amounts remain consistent throughout the policy year, regardless of when you join.

TRAVEL PLAN** Available to EHC Enrollees Only Out-of-Province / Country Coverage Options

Basic*: 35-day multi-trip Plan with \$4,000 Trip Cancellation / Interruption coverage per trip per insured

Enhanced*: 62-day multi-trip Plan with \$6,000 Trip Cancellation/Interruption coverage per trip per insured

Superior*: 93-day multi-trip Plan with \$8,000 Trip Cancellation/Interruption coverage per trip per insured

» 100% Emergency Travel Coverage. All benefits listed are payable per insured person.

» Lifetime maximum of \$3,000,000 for SUDDEN AND UNFORESEEN eligible emergency medical travel expenses. 90-day Health Stability Clause applies to pre existing medical conditions.†

» Return of vehicle \$1,000 per trip.

EXTENDED HEALTHCARE PLAN OPTIONS* Plan Summary

Annual overall maximum of \$20,000 per insured.

Benefit coverage	Basic EHC Plan	Enhanced EHC Plan	Superior EHC Plan
Reimbursement level	70% coverage for the following expenses, unless otherwise specified. All benefits listed are payable per insured person	80% coverage for the following expenses, unless otherwise specified. All benefits listed are payable per insured person	90% coverage for the following expenses, unless otherwise specified. All benefits listed are payable per insured person
PRESCRIPTION DRUGS	Subject to mandatory generic substitution Pay direct drug card / Reimburse at 70% / Up to \$1,500 per insured person per calendar year \$12.50 dispensing fee cap	Subject to mandatory generic substitution Pay direct drug card / Reimburse at 80% / Up to \$2,000 per insured person per calendar year \$13.00 dispensing fee cap Lifestyle drugs: 50% up to \$150 per insured per calendar year	Subject to mandatory generic substitution Pay direct drug card / Reimburse at 90% / Up to \$2,500 per insured person per calendar year \$13.50 dispensing fee cap Lifestyle drugs: 50% up to \$150 per insured per calendar year
Orthotic / Ortho Shoes	\$200 Orthotics & \$400 for shoes per 3 calendar years	\$300 Orthotics & \$500 for shoes per 3 calendar years	\$400 Orthotics & \$600 for shoes per 3 calendar years
CPAP	\$2,500 per 5 calendar years & \$400 for supplies per calendar year	\$2,500 per 5 calendar years & \$500 for supplies per calendar year	\$2,500 per 5 calendar years & \$600 for supplies per calendar year
Glucometer	\$400 per 5 calendar years / for more information on medical aids & appliances, please contact the Service Department at 1-866-388-3354	\$500 per 5 calendar years / for more information on medical aids & appliances, please contact the Service Department at 1-866-388-3354	\$600 per 5 calendar years / for more information on medical aids & appliances, please contact the Service Department at 1-866-388-3354
10 Paramedical Services :	\$70 per treatment up to \$700 combined for all practitioners per calendar year	\$80 per treatment up to \$1,200 combined for all practitioners per calendar year	\$90 per treatment up to \$1,800 combined for all practitioners per calendar year
Vision Care	\$300 per 2 calendar years for prescription lenses, eyeglasses, prescription sunglasses & contact lenses Exam: \$100 per 2 calendar years	\$500 per 2 calendar years for prescription lenses, eyeglasses, prescription sunglasses & contact lenses Exam: \$100 per 2 calendar years	\$600 per 2 calendar years for prescription lenses, eyeglasses, prescription sunglasses & contact lenses. Exam: \$100 per 2 calendar years
Hearing Aids	\$1,500 per 5 calendar years	\$1,750 per 4 calendar years	\$2,000 per 3 calendar years
Hospital	100% of \$150 /per day up to 90 days	100% of \$250 /per day up to 90 days	100% of \$300 /per day up to 90 days
Private Duty Nursing	\$2,000 per 3 calendar years	\$3,000 per 3 calendar years	\$4,000 per 3 calendar years
Ambulance Service	100% for 1 occurrence (includes return trip)	100% for 1 occurrence (includes return trip)	100% for 1 occurrence (includes return trip)
Home Care	\$60 / per day for up to 30 day after hospital stay	\$60 / per day for up to 30 day after hospital stay	\$60 / per day for up to 30 day after hospital stay
Accidental Dental	\$1,000 per accident	\$1,500 per accident	\$2,000 per accident
Paramedical Services	Acupuncturist, Dietician, Naturopath, Podiatrist / Chiropodist, Speech therapist, Chiropractor, Massage Therapist ¹ , Physiotherapist, Psychologist, Osteopath		