



benefit summary

Your Health
Your Life
Your Money

lifemark 
HEALTH GROUP

health benefits

	core	enhanced	premium
pay direct drug coverage			
reimbursement			
Silver Fox pharmacy	100%	100%	100%
all other pharmacies			
- acute drugs	50%	80%	80%
- maintenance drugs	50%	50%	80%
dispensing fee			
Silver Fox pharmacy	covered	covered	covered
all other pharmacies	not covered	\$5 cap	\$10 cap
fertility drugs	no coverage	no coverage	\$10,000 per lifetime
smoking cessation drugs	no coverage	\$300 per lifetime	\$300 per lifetime
anti-obesity drugs	no coverage	\$500 per lifetime	\$500 per lifetime
vaccines	no coverage	included	included
healthcare			
reimbursement	50%	80%	80%
hospital coverage	ward	ward	semi-private
paramedical practitioners			
		\$250 per practitioner	\$400 per practitioner
	no coverage	\$800 combined per year	\$1,200 combined per year
Lifemark provider		100%	100%
non-Lifemark provider		80%	80%
vision care	no coverage	\$200 per 24 months	\$300 per 24 months
eye exams	no coverage	one per 24 months	one per 24 months
private duty nursing	no coverage	\$10,000 per year	\$10,000 per year
orthotics & orthopaedic shoes	no coverage	\$300 per 3 years combined	\$300 per year combined
hearing aids	\$500 every 5 years	\$500 every 5 years	\$500 every 5 years
medical services & supplies	included	included	included
emergency out of country - trip duration	\$2,000,000 per incident 60 days	\$2,000,000 per incident 60 days	\$2,000,000 per incident 60 days

covered paramedical practitioners

Acupuncture, chiroprapist/podiatrist, chiropractor, massage therapist, naturopath, occupational therapist, osteopath, physiotherapy (Lifemark provider only), psychologist, speech therapist.

medical services & supplies

Includes but is not limited to ambulance transportation, breathing apparatus, diabetic equipment, diagnostic testing, compression hose, medical equipment rental, etc.

dental

	core	enhanced	premium
basic services reimbursement maximum	50% \$1,000 per year	80% \$1,500 per year*	90% \$2,250 per year*
major services reimbursement maximum	no coverage	50% \$1,500 per year*	50% \$2,250 per year*
orthodontics (dependent children) reimbursement maximum	no coverage	no coverage	50% \$2,250 per lifetime
fee guide	current	current	current
recall cleanings & exams	one every 12 months	one every 9 months	one every 6 months
scaling (1 unit = 15 minutes)	6 units per year	8 units per year	10 units per year

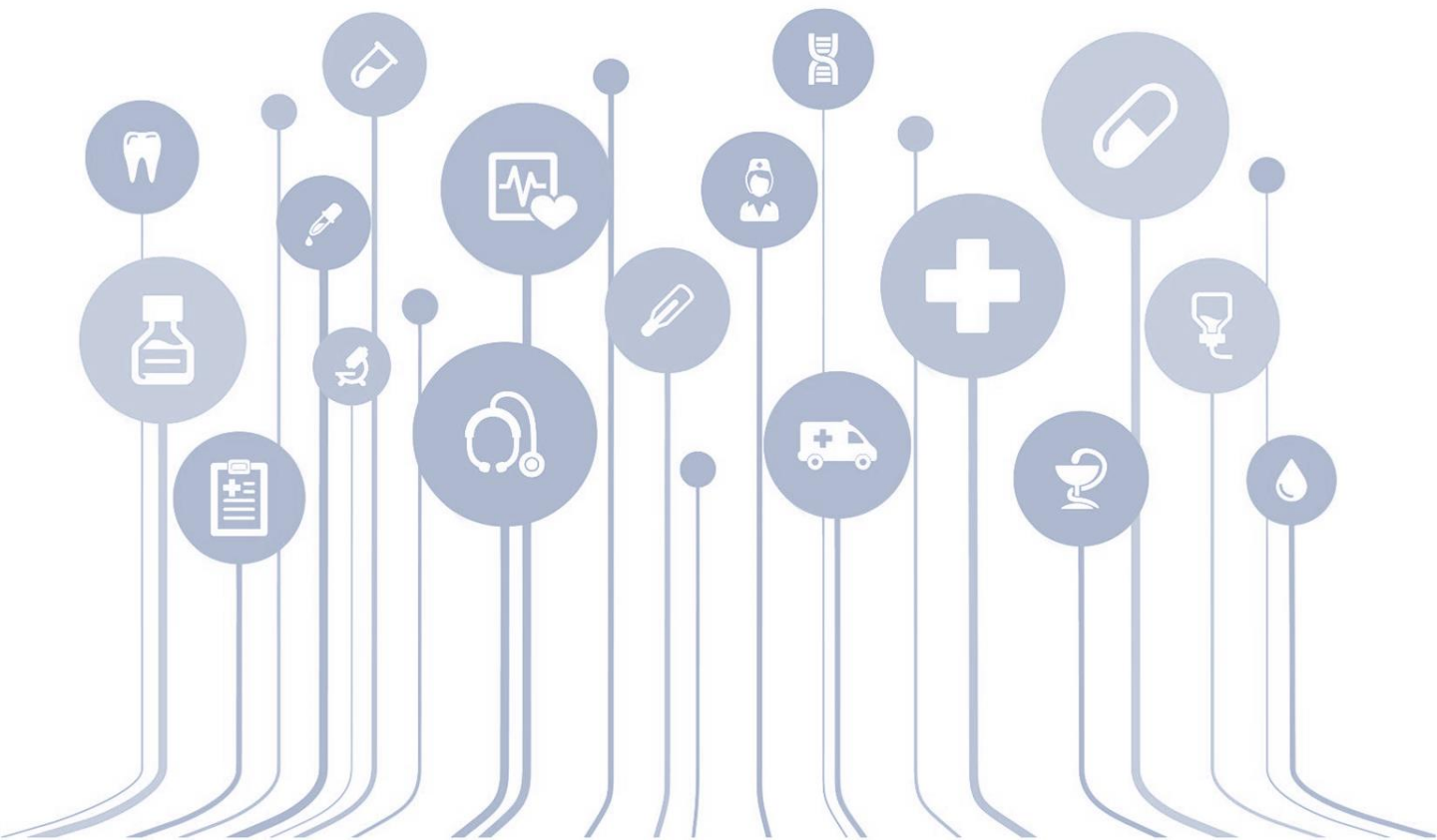
*basic services and major services subject to a combined maximum

basic dental services

Basic dental expenses include, but not limited to, exams and cleaning, x-rays, fillings, endodontics (root canal), periodontics (scaling and/or root planning), denture repair, and rebase or reline.

major dental services

Major restorative expenses, including inlays, onlays and crowns, complete and partial dentures, and bridgework.



life & AD&D

life insurance & AD&D

1x annual earnings to a maximum of \$500,000

dependent life insurance

\$10,000 spouse
\$5,000 child

optional life insurance

units of \$10,000 to a maximum of \$500,000 for both you and your spouse

critical illness

benefit schedule

\$10,000 for you
\$5,000 for your spouse
\$5,000 for your child(ren)

benefit conditions

no pre-existing condition clause
no survival period
no 90 day cancer exclusion
includes a second event benefit

voluntary benefits

\$15,000 or \$30,000 without evidence of insurability
\$50,000 or \$100,000 with evidence of insurability

long term disability

benefit schedule

67% of the first \$4,000 of monthly earnings, plus 50% of the next \$3,500 and 44% of the remainder

maximum

\$10,000 per month

elimination period

112 days

definition of disability

2 year own occupation;
any occupation thereafter

taxability

non-taxable

Please note that the information provided is only a highlight of the new benefits program. Further benefit details and inclusions can be found on the Medavie Blue Cross member website after January 1st.



FlexLife 

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