

COMPARATIVE TABLE

Health Track Insurance®

BENEFIT		Options		
		Bronze	Silver	Gold
HEALTHCARE INSURANCE				
Short-term hospitalization expenses	Hospital	80% Semi-private room \$175 eligible / day Maximum 90 days / calendar year	100% Semi-private room \$175 eligible / day Maximum 90 days / calendar year	100% Private room \$250 eligible / day Maximum 90 days / calendar year
Long-term hospitalization expenses	Long-term care facility or convalescent centre	100% Semi-private room \$60 eligible / day Maximum 30 days for all facilities combined / calendar year	100% Semi-private room \$75 eligible / day Maximum 90 days for all facilities combined / calendar year	100% Semi-private room \$200 eligible / day Maximum 120 days for all facilities combined / calendar year
Drug insurance	General	Eligible drugs are those that can only be obtained by prescription.		
		75% Mandatory generic substitution \$750 payable / calendar year	75% Mandatory generic substitution \$1,000 payable / calendar year	80% Mandatory generic substitution \$2,000 payable / calendar year
	Quebec	Eligible drugs not covered by RAMQ		
	Other provinces	Under age 65 – eligible drugs Age 65 or older – eligible drugs not included on the province of residence's formulary		
Preventive vaccines		75% \$100 payable / calendar year	75% \$100 payable / calendar year	80% \$100 payable / calendar year
Sclerosing injections		75% \$20 eligible / visit Maximum 20 visits / calendar year	75% \$20 eligible / visit Maximum 20 visits / calendar year	80% \$20 eligible / visit Maximum 20 visits / calendar year
Non-hospital anaesthetic		75% \$20 eligible / operation	75% \$20 eligible / operation	80% \$20 eligible / operation

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HEALTHCARE INSURANCE (CONT.)

Paramedical services	General	80%	80%	90%
	Acupuncturist, chiropractor, dietician, naturopath, osteopath, podiatrist or chiroprapist	\$40 eligible / treatment \$400 payable / calendar year for all specialists combined	\$40 eligible / treatment \$750 payable / calendar year for all specialists combined	\$50 eligible / treatment \$850 payable / calendar year for all specialists combined
	Imaging techniques ordered by a chiropractor, osteopath, podiatrist or chiroprapist	Not covered	\$40 payable / calendar year for all services combined	\$40 payable / calendar year for all services combined
	Audiologist, occupational therapist or speech therapist	\$40 eligible / treatment \$250 payable / calendar year for all specialists combined	\$40 eligible / treatment \$500 payable / calendar year for all specialists combined	\$50 eligible / treatment \$500 payable / calendar year for all specialists combined
	Massage therapist, ortho therapist or kinesiologist	Not covered	Not covered	\$50 eligible / treatment \$250 payable / calendar year for all specialists combined
	Physiotherapist, physical rehabilitation therapist or sports therapist	\$40 eligible / treatment \$250 payable / calendar year for all specialists combined	\$40 eligible / treatment \$500 payable / calendar year for all specialists combined	\$50 eligible / treatment \$500 payable / calendar year for all specialists combined
	Nurse specialized in psychotherapy (services rendered in a private office only), psychologist, psychotherapist, social worker or guidance counsellor	Eligible amount of \$40 per treatment, up to a payable amount of \$400 for all specialists per Insured Person each Calendar Year.	\$1,000 payable / calendar year for all specialists combined	\$1,000 payable / calendar year for all specialists combined
Ambulance		80% \$750 payable / calendar year	100% \$1000 payable / calendar year	100% \$2000 payable / calendar year
Mobility aids	Wheelchair	80% \$2,000 payable / 60 months	80% \$2,400 payable / 60 months	90% \$2,500 payable / 60 months
Orthopaedic supplies	General	80%	80%	90%
	Conventional hospital bed	\$1,500 payable / lifetime	\$1,500 payable / lifetime	\$2,000 payable / lifetime
	Orthopaedic shoes	\$150 payable / calendar year	\$250 payable / calendar year	\$500 payable / calendar year
Orthoses and prostheses	General	80%	80%	90%
	Podiatric orthosis	\$150 payable / calendar year	\$250 payable / calendar year	\$500 payable / calendar year
	Rigid orthosis	\$750 payable / calendar year	\$1,000 payable / calendar year	\$1,000 payable / calendar year
	Artificial limb or artificial eye	\$1,000 payable / calendar year for all services combined	\$2,500 payable / calendar year for all services combined	\$2,500 payable / calendar year for all services combined
	External breast prosthesis	\$200 payable / 24 months	\$200 payable / 24 months	\$200 payable / 24 months
	Hearing aids	\$300 payable / 60 months	\$600 payable / 60 months	\$800 payable / 60 months
	Wigs and hairpieces	\$300 payable / lifetime	\$300 payable / lifetime	\$350 payable / lifetime

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HEALTHCARE INSURANCE (CONT.)

Therapeutic equipment	General	80%	80%	90%
	Glucometer	\$200 payable / 60 months	\$300 payable / 60 months	\$300 payable / 48 months
	Artificial breathing apparatus	\$750 payable / lifetime	\$1,500 payable / lifetime	\$1,500 payable / lifetime
	TENS nerve stimulators	\$750 payable / lifetime	\$1,500 payable / lifetime	\$1,500 payable / lifetime
	Other therapeutic equipment	\$750 payable / calendar year	\$1,000 payable / calendar year	\$1,000 payable / calendar year
	Therapeutic medical supplies	\$200 payable / calendar year	\$200 payable / calendar year	\$200 payable / calendar year
Medical supplies	General	80%	80%	90%
	Elastic support stockings	\$250 payable / calendar year	\$250 payable / calendar year	\$500 payable / calendar year
	Diapers for incontinence	Not covered	\$250 payable / calendar year	\$250 payable / calendar year
Diagnostic services	Imaging techniques and diagnostic laboratory tests	80% \$400 payable / calendar year for all services combined	80% \$500 payable / calendar year for all services combined	90% \$1,000 payable / calendar year for all services combined
Treatment following an accident	General	80%	80%	90%
	Dental surgery (accident involving healthy teeth)	\$2,500 payable / accident	\$5,000 payable / accident	\$5,000 payable / accident
	Cosmetic surgery	Not covered	\$5,000 payable / accident	\$5,000 payable / accident
Detoxification		Not covered	Not covered	90% \$80 payable / day \$2,500 payable / lifetime
Vision care	Eye examinations, eyeglasses or contact lenses	Not covered	Not covered	100% Child (under age 18): \$200 payable / 12 consecutive months for all care combined Adult: \$200 payable / 24 consecutive months for all care combined
Home nursing care		80% \$150 eligible / day \$3,000 payable / calendar year	80% \$200 eligible / day \$4,000 payable / calendar year	90% \$225 eligible / day \$5,000 payable / calendar year
Convalescent care	Home care	Not covered	Not covered	90% \$60 eligible / day 30 days / convalescence Maximum 2 convalescent periods / calendar year
	Travelling expenses	Not covered	Not covered	90% \$30 eligible / trip Maximum 3 trips / week
	Custodial services for children	Not covered	Not covered	90% \$25 eligible / day

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HEALTHCARE INSURANCE (CONT.)

Travel insurance	Condition	In stable health 6 months prior to trip departure date	In stable health 6 months prior to trip departure date	In stable health 3 months prior to trip departure date
	Duration of coverage	First 60 days / trip	First 90 days / trip	First 180 days / trip (reduced to 90 days after age 70)
	Maximum	100% \$1 million payable / lifetime	100% \$1 million payable / lifetime	100% \$5 million payable / lifetime
Trip cancellation insurance	General	100%	100%	100%
	Prior to departure	\$5,000 payable / trip	\$5,000 payable / trip	\$5,000 payable / trip
	Postponed departure or missed connection	\$5,000 payable / trip	\$5,000 payable / trip	\$5,000 payable / trip
	Early or delayed return	\$10,000 payable / trip	\$10,000 payable / trip	\$10,000 payable / trip
	Default of a travel service supplier	\$2,500 payable / trip	\$2,500 payable / trip	\$2,500 payable / trip

DENTAL CARE

General		Not covered	Not covered	OPTIONAL BENEFIT Deductible: \$50 / family / calendar year 1 st calendar year: \$500 payable for all services combined Subsequent calendar years: \$1,000 payable for all services combined
Preventive services	Examinations, x-rays, lab tests and examinations, preventive services	Not covered	Not covered	80%
Basic services	Restorations, endodontics, periodontics, maintenance of removable prostheses, oral surgery	Not covered	Not covered	75%
Major restorative services	Removable prostheses, fixed prostheses (bridges), other basic restorative services	Not covered	Not covered	50%

Please note that certain exclusions, limitations and restrictions may apply.

NOTE: All maximums are per insured person.