

GMS Personal Health Plan Options

Benefits	OmniPlan®	ExtendaPlan®	BasicPlan
Vision Care <i>includes eye exams, frames/lenses, corrective eye surgery and prescription sunglasses</i>	1 eye exam / 2 years 90% to \$250 / 2 years for frames / lenses	80% to \$250 / 2 years combined	n/a
Health Practitioners	90% to \$300 maximum per specialty Acupuncturist, Chiropractor, Chiropodist/ Podiatrist, Massage Therapist, Naturopath, Dietitian, Osteopath, Physiotherapist/Athletic Therapist	80% to \$350 combined maximum Acupuncturist, Chiropractor, Chiropodist/ Podiatrist, Massage Therapist, Naturopath, Dietitian, Osteopath, Physiotherapist/Athletic Therapist	70% to \$250 combined maximum Acupuncturist, Chiropodist/Podiatrist, Naturopath, Dietitian, Osteopath
Speech Pathologist/Therapist	\$45 / visit, 10 visits combined	\$45 / visit, 10 visits combined	\$45 / visit, 5 visits combined
Counselling Services Psychologist, Psychotherapist, Clinical Counsellor, and Registered Social Worker	\$65 / visit, 15 visits combined	\$65 / visit, 10 visits combined	n/a
Hearing Aids	\$800 / 5 years	\$500 / 5 years	n/a
Health Supplies & Equipment	\$500	\$500	n/a
Diabetic Supplies & Equipment	\$300	\$300	n/a
Oxygen Equipment	\$500 / year; \$2,500 lifetime maximum	\$500 / year; \$1,500 lifetime maximum	n/a
Blood Pressure Monitors	1 / policy / 5 years	1 / policy / 5 years	n/a
Custom Made Foot Orthotics	80% 1 / 3 years / adult; 1 / year / for children under 16	80% 1 / 5 years / adult; 1 / year / for children under 16	n/a
Orthopedic Shoes	\$225	\$225	n/a
Mobility Aids	\$300	\$300	n/a
Ostomy Supplies	\$300	\$300	n/a
Ambulance	Road & air: unlimited	Road & air: unlimited	Road: \$2,000; air: unlimited
Casts & Crutches	Unlimited	Unlimited	Unlimited
Preferred Hospital Rooms	45 days to \$3,500	\$1,000	\$500
Private Duty Nursing	80% to \$5,000	80% to \$3,000	80% to \$1,500 (in-hospital only)
Accidental Dental	\$5,000 / injury	\$2,000 / injury	\$500 / injury
Wheelchairs, Motorized Scooters & Hospital Beds	\$1,000 / 5 years	\$750 / 5 years	\$500 / 5 years
Prosthetic Appliances	Artificial eyes, limbs, breast prostheses, surgical bras	Artificial eyes, limbs, breast prostheses, surgical bras	Artificial eyes, limbs, breast prostheses, surgical bras
Patient Walkers	80% to \$300 / 5 years	80% to \$300 / 5 years	80% to \$300 / 5 years
GMS Care Network	Included	Included	Included
Annual Travel (Emergency medical coverage while travelling. Included for Saskatchewan residents only.)	30 days, \$2,000,000 maximum out-of-country and out-of province	48 or 63 days, \$500,000 to a \$2,000,000 maximum, out-of-country and out-of-province	n/a

Additional Coverage	
Optional Benefit	Description
Basic Prescription Drug	Up to \$3,500 for drugs prescribed to treat newly-diagnosed conditions, including hormonal contraceptives.
Enhanced Prescription Drug	Up to \$5,000 for drugs prescribed to treat newly-dignosed conditions, including hormonal contraceptives. Includes \$800 for drugs to treat pre-existing conditions.
Dental (6 month recalls) <i>Three month waiting period</i>	<ul style="list-style-type: none">Year 1: \$500 (<i>Preventative Care and Basic Services</i>)Year 2: \$750 (<i>Preventative Care, Basic and Major Services</i>)Year 3+: \$1000 (<i>Preventative Care, Basic and Major Services</i>)
Travel <i>(BC, AB, MB, ON, NS, PE, NL, YU, NWT residents)</i>	Coverage for medical emergencies while travelling. <ul style="list-style-type: none">\$2 million in coverageThree options for trip lengths: 15, 30, or 48 days per trip
Hospital Cash	\$100 / day up to a maximum of \$3,000 per policy year

This is a summary of benefits only. Full details, along with the terms, conditions, limitations, and exclusions are in the policy.
Drugs prescribed to treat newly-diagnosed conditions are limited to those covered under your provincial drug plan (formulary).
**Subject to a waiting period.*