



RE/MAX All Stars Inc. Bronze Health Plan Outline

BENEFITS	COVERAGE MAXIMUMS	Monthly Rates (per person)	
		Age Group	Rate
<p>Dental Services - paid at a percentage of the current Dental Association Fee Schedule or the reasonable and customary charge in your province of residence.</p> <ul style="list-style-type: none"> Reimbursement on examinations, cleanings, fillings, scaling, polishing, diagnostic and other basic dental services, including endodontics, periodontics and denture services Anniversary year maximums Recall visits 	<ul style="list-style-type: none"> 70% co-payment \$500 per year 9 months 	INDIVIDUAL	
<p>Prescription Drugs</p> <ul style="list-style-type: none"> Drug Coverage † Shared Dispensing Fee Reimbursement per anniversary year. 	<ul style="list-style-type: none"> Generic coverage* \$6.50 maximum 70% on first \$500, 80% on next \$2,500 	21-44	\$80.60
<p>Vision Care - covers the cost towards prescription lenses and frames and/or contact lenses. This benefit does not include industrial safety glasses.</p>	<ul style="list-style-type: none"> \$100 per 2 benefit years plus \$30 for Optometrist visits. 	45-54	\$100.01
<p>Accidental Death and Dismemberment - payment for a loss directly resulting from accidental bodily injury including loss of life where the loss occurs within a year of the date of the accident.</p>	<ul style="list-style-type: none"> \$12,500 per adult \$5,000 per child or senior over 65 	55-59	\$105.74
<p>Best Doctors® Solutions Services - offers evaluation of medical records upon diagnosis of serious illness or injury.</p>	<ul style="list-style-type: none"> Covered 	60-64	\$111.78
<p>Survivor Benefit - provides continuous coverage for 1 year, following the death of an adult Insured.</p>	<ul style="list-style-type: none"> Covered 	65-69	\$88.34
<p>Emergency Travel Coverage: For unlimited trips lasting a maximum of 9 days maximum.</p>	<ul style="list-style-type: none"> \$5,000,000 per trip 	70-79	\$91.84
<p>Registered Specialists and Therapists - includes visits to Acupuncturists, Chiropractors, Osteopaths, Podiatrists, Naturopaths, Chiropractors, Registered Massage Therapists, Physiotherapists, Psychologists and Speech Therapists.</p> <p>Registered Specialists and Therapists**</p> <ul style="list-style-type: none"> Maximum claims paid Per visit maximum Chiropractic x-rays <p>Psychologist</p> <ul style="list-style-type: none"> Maximum per first visit Maximum per subsequent visits Maximum visits per year <p>Speech Therapist</p> <ul style="list-style-type: none"> Maximum per first visit Maximum per subsequent visits Maximum visits per year 	<ul style="list-style-type: none"> \$300 per specialist/therapist \$20 \$35 per year \$80 \$65 10 \$65 \$45 10 	80-89	\$93.44
<p>Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment - covers the service of registered health professionals including Registered Nurse, Registered Nursing Assistant or healthcare aid; includes surgical bandages and dressings and the purchase or rental of medically necessary equipment such as crutches, non-electric wheel-chairs and hospital beds, oxygen and other equipment recommended by your physician and approved by Manulife Financial. Also includes prosthetic appliances such as artificial limbs, eyes, splints, casts and breast prostheses following mastectomies. Payment will be coordinated where benefits are available through the Assistive Devices Program.</p>	<p>For Homecare & Nursing, Prosthetic Appliances and Durable Medical Equipment: \$2,500 per year combined</p> <p>Custom-made Orthotics: \$225 per year as part of Durable Medical Equipment</p>	COUPLES	
<p>Lifeline® Response Service - Provides 24-hour monitoring service for people coping with medical problems at home.</p>	<ul style="list-style-type: none"> 3 months per lifetime 	21-44	\$70.53
<p>Hearing Aids - covers the cost to purchase and/or repair up to the allowed amount</p>	<ul style="list-style-type: none"> \$300 per 4 year period 	45-54	\$88.34
<p>Ambulance Services - covers trips to hospitals in a licensed ground ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary. Air ambulance is payable only after provincial plan maximum is reached, if applicable.</p>	<ul style="list-style-type: none"> Unlimited ground transport \$4,000 maximum air ambulance 	55-59	\$93.32
<p>Accidental Dental - covers dental treatment required as a result of an accidental blow to the head or mouth. Treatment must be sought within the 90 day period following the accident.</p>	<ul style="list-style-type: none"> \$2,000 per year 	60-64	\$99.16
		65-69	\$77.20
		70-79	\$80.19
		80-89	\$81.98
		90+	\$94.34
		1-2 CHILDREN	
		0-4	\$27.08
		5-20	\$41.78
		3+ CHILDREN	
		0-4	\$26.94
		5-20	\$37.65
		<p>Premiums are based on individual age at the time of application. Premiums will increase as an individual's age increases in accordance with published age groups.</p>	

All references to "year" refer to anniversary year. When it relates to Hearing Aids and Vision benefits, year refers to benefit year. **Anniversary Year** refers to each successive 12-month period following the effective date of the policy. **Benefit Year** refers to each successive 12-month period following the date a claim for a specific benefit is first incurred under the policy.

* Generic drug- A generally less expensive alternative to an interchangeable brand-name drug product. Please Note: not all drugs have a generic equivalent. If a non-generic drug brand exists, payment of the brand-name price will be made at the co-payment level of your plan.

† Birth Control medication and fertility drugs are not covered under this plan.

** Benefits are only payable after yearly maximums allowed under your provincial health insurance plan have been reached, if applicable. Benefits are payable up to Reasonable and Customary charges.

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