

## enVia Health & Dental Plan Comparison Table

Key Features	enVia Insured Plan (MED 1) <u>ONLINE INFO</u>	enVia VALUE Plan (MED 4) <u>ONLINE INFO</u>	enVia HSA Program (includes Excess Medical)* <u>ONLINE INFO</u>	GMS BASIC Plan ONLINE INFO	GMS ENHANCED Plan ONLINE INFO
Extended Health Care	Guaranteed Issue	Guaranteed Issue	No Medical Required	No Medical Required	No Medical Required
Pay-Direct Drug Card	Yes, MDM Guard Card	Yes, MDM Guard Card	Yes, MDM Guard Card	YES	YES
Insurer	Co-operators Life Insurance Company	Co-operators Life Insurance Company	N/A - not required.	Group Medical Services	Group Medical Services
Deductible	None / 80% Reimbursement	None / 80% Reimbursement	None / 100% Reimbursement	None / 80% Reimbursement	None / 80% Reimbursement
Prescription Drugs	Generic Drug Plan; 80% to max \$5,000/year; 24 month waiting period for drugs for chronic pre-existing conditions.	Generic Drug Plan; 80% to max \$2,000/year; 24 month waiting period for drugs for chronic pre-existing conditions.	100% Reimbursement of Generic or Name Brand Drugs	Generic Drug Plan; 80% to \$750/year; \$6 dispensing fee maximum.	Generic Drug Plan; 80% to \$1,000/year; \$8 dispensing fee maximum.
Professional Services	80% to \$50 per visit; combined annual max. of \$1,000	80% to \$30 per visit; combined annual max. of \$600	100% up to account balance	\$30 per visit; combined annual max. of \$500	\$30 per visit; combined annual max. of \$750
Accidental Dental	80% to \$2,500/year	80% to \$2,500/year	100% up to account balance	up to \$1,000 per injury	up to \$1,000 per injury
Ambulance	up to \$250 per trip	up to \$250 per trip	100% up to account balance	up to \$250 per trip; 50% return for bedridden	up to \$250 per trip; 50% return for bedridden
Medical Supplies	80% reimbursement to \$1,500/year	80% reimbursement to \$1,500/year	100% up to account balance	\$500 combined	\$500 combined
Orthotics	Orthotics or Orthopaedic Footwear to \$250/year	Orthotics or Orthopaedic Footwear to \$225/year	100% up to account balance	80% to \$225/year combined with shoes	80% to \$225/year combined with shoes
Assistive Medical Devices & Prosthetics	80% reimbursement to \$2,000/year	80% reimbursement to \$2,000/year	100% up to account balance	\$500 combined with Medical Supplies above	\$500 combined with Medical Supplies above
Private Duty Nursing	\$5,000/policy year	\$3,000/policy year	100% up to account balance	Not included	80% to \$2,5000/year
Hearing Aids	\$500/person/5 years	\$350/person/5 years	100% up to account balance	80% to \$500/5 years	80% to \$500/5 years
Hospital	Semi-Private \$175/day for 30 days	Semi-Private \$175/day for 30 days	100% up to account balance	Not included	Semi-Private \$1,000/person/year
Vision	Eye exams \$50/24mths Glasses, contacts: \$200/24 months (6 mo. waiting period)	Eye exams \$50/24mths Glasses, contacts: \$100/24 months (6 mo. waiting period)	100% up to account balance	\$50 for eye exams every 2 years	\$50 for eye exams every 2 years, plus \$200 per 2 years
Overall EHC Maximum	\$25,000/person/policy year	\$25,000/person/policy year	100% up to account balance	Not Applicable	Not Applicable
Out-of-Country Emergency Medical / Hospital (Berkley Canada)	100% to \$5M max. for trips of 30 days; Pre-existing condition stability clause; Includes Travel Assistance	100% to \$5M max. for trips of 30 days; Pre-existing condition stability clause; Includes Travel Assistance	Optional: 100% to \$5M max. for trips of 30 days; Pre-existing condition stability clause; Includes Travel Assistance	\$2M for trips of up to 30 days	\$2M for trips of up to 30 days

Key Features (continued)	enVia Insured Plan (MED 1) <u>ONLINE INFO</u>	enVia VALUE Plan (MED 4) <u>ONLINE INFO</u>	enVia HSA Program (includes Excess Medical)* <u>ONLINE INFO</u>	GMS BASIC Plan ONLINE INFO	GMS ENHANCED Plan ONLINE INFO			
DENTAL	·		· · · · · ·					
Basic Services	No Deductible, 80% Reimbursement to \$1,000/person/yr. 6 month recall; Periodontics 50%.	No Deductible, 80% Reimbursement to \$700/person/yr. 6 month recall; Periodontics 50%.	100% up to account balance	80% to \$700/person/yr. Preventive & Basic services only	80% to \$700/person/yr. Preventive & Basic services only			
Major Restorative	Not included	Not included	100% up to account balance	Not included	Not included			
Orthodontia	Not included	Not included	100% up to account balance	Not included	Not included			
Overall Dental Maximum	\$1,000/per person/year	\$700/per person/year	100% up to account balance	\$700/per person/year	\$700/per person/year			
Overall Maximum Age Limit	age 70	age 70	age 70	age 70	age 70			
*Excess Medical Insurance underwritten by Western Life Assurance Company.								
Optional Income Protection Program <u>ONLINE INFO</u>	Self-employed individuals or employees of small employer groups can purchase Disability Insurance coverage underwritten by certain underwriters at Lloyd's of London. The Program provides a <b>benefit of 70% of weekly earnings to a maximum benefit of \$2,038 per week (\$10,000/month)</b> for a period of up to 24 months following the selected <b>30 or 90 day waiting period</b> . If the applicant has purchased the Permanent Total Disability coverage a <b>benefit of 5 X gross annual earnings to a maximum tax-free lump sum benefit of up to \$2M</b> may be payable after 25 or 27 months, based on the waiting period selected. A short-form health statement must be submitted for approval. <b>Please <u>CONTACT US</u> for separate brochure/application</b> .							
Monthly Premiums EHC + Dental	enVia Insured Plan (MED 1) <u>ONLINE INFO</u>	enVia VALUE Plan (MED 4) <u>ONLINE INFO</u>	enVia HSA Program (includes Excess Medical)* <u>ONLINE INFO</u>	GMS BASIC Plan ONLINE INFO	GMS ENHANCED Plan ONLINE INFO			
Single	\$162.90	\$128.63	Not age related, cost based on amount of contribution per year;	\$98.38	\$117.55			
Couple	\$332.99	\$256.33	e.g. ONTARIO & MANITOBA \$1,000/year (\$83.33/month) costs: Single: \$110.71	\$195.89	\$231.46			
Family	\$467.28	\$364.58	Couple: \$125.75 Family: \$132.59 <b>\$2,000/year (\$167.67/month)</b> costs: Single: \$204.05	\$278.77	\$332.03			
Single Parent w/1 child	\$293.27	\$210.76	Couple: \$204.05 Family: \$219.09	\$195.89	\$231.46			

## enVia Benefits Program

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Questions? We're here to help! Email us now, info@envia.ca

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