


# Blue Cross® Express Plan

<u>Benefits</u>	<u>Coverage Maximums</u>	Monthly Rates	
<p><b>Dental Services</b> - 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"> <li>Reimbursement on examinations, cleanings, fillings, scaling, polishing, diagnostic, radiographs and other basic preventative dental services (including root canals)</li> <li>Reimbursement per calendar year</li> <li>Major Restorative Services (3 year waiting period)</li> <li>No waiting period for basic preventative services!</li> </ul>	<ul style="list-style-type: none"> <li><b>OPTIONAL coverage – ADDITIONAL PREMIUMS REQUIRED</b></li> <li><u>First Year</u>: 70% up to \$750 per person (pro-rated)</li> <li><u>Second Year</u>: 75% up to \$1,000 per person</li> <li><u>Third Year and Beyond</u>: 80% up to \$1,250 per person, including Major Dental at 50% up to \$500 per person</li> </ul>	Age Group	Rate
		<b>INDIVIDUAL</b>	
<p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>No lifetime maximum</li> <li>No Dispensing Fee cap</li> <li>Reimbursement per calendar year</li> <li>Pay Direct Drug card</li> <li>Drug benefit ends at age 65</li> <li>Coverage for oral contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Covers lowest cost generic equivalent</li> <li><u>First Year</u>: 80% up to \$500 per person</li> <li><u>Second Year and Beyond</u>: 80% up to \$750 per person</li> </ul>	16-39 40-54 55-64 65-74 75+	\$57.95 \$67.30 \$87.70 \$47.75 \$64.75
<p><b>Vision Care</b> – For individuals under 65 years of age: one eye exam with an optometrist or ophthalmologist.</p> <ul style="list-style-type: none"> <li>Discount privileges with major vision providers (see Assistance Program)</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist exam of up to \$50 per two calendar years.</li> </ul>	<b>COUPLES</b> (per person)	
<p><b>Ambulance Services</b> – covers trips to hospitals in a licensed ground or air ambulance. Covers charges up to the amount between what your provincial health plan covers and what is reasonable and customary.</p>	<ul style="list-style-type: none"> <li>Ground/air ambulance</li> </ul>	16-39 40-54 55-64 65-74 75+	\$54.60 \$63.48 \$82.86 \$44.91 \$61.06
<p><b>Emergency Travel Coverage:</b> For unlimited trips lasting a maximum of 15 days.</p>	<ul style="list-style-type: none"> <li>Included</li> </ul>		
<p><b>Registered Specialists and Therapists</b> – includes visits to Chiropractors, Acupuncturist, Osteopaths, Podiatrists, Naturopaths, Chiropodists, Physiotherapists (per visit maximum)</p> <ul style="list-style-type: none"> <li>Per visit maximum for Massage Therapist (see Note 1)</li> <li>Per visit maximum for Psychologist</li> <li>Per visit maximum for Speech therapist</li> <li>Chiropractic x-rays</li> </ul>	<ul style="list-style-type: none"> <li>100% reimbursement up to specified maximums below</li> <li>\$12 up to 25 visits</li> <li>\$15 up to 20 visits</li> <li>\$70 on first visit; subsequent visits at \$60 up to 12 visits</li> <li>\$60 on first visit; subsequent visits at \$40 up to 12 visits</li> <li>\$25 maximum</li> </ul>	<b>Family Coverage</b> (3+ person; 2 adults with maximum of 4 dependents)	
<p><b>Homecare and Nursing Prosthetic Appliances Durable Medical Equipment Orthopedic Shoes</b></p> <p>See your contract for other details and list of supplies covered.</p>	<ul style="list-style-type: none"> <li>80% up to \$2,500</li> <li>80% up to \$2,500</li> <li>80% up to \$2,500</li> <li>\$175 per year</li> </ul> <p>* Reimbursement is per person per calendar year.</p>	16-39 40-54 55-64 65-74 75+	\$184.60 \$190.55 \$229.65 \$124.25 \$183.75
<p><b>Accidental Dental</b> – covers 24/7 service for people who have an accident and or are injured at home or work.</p>	<ul style="list-style-type: none"> <li>80% up to \$2,000 per person per calendar year</li> </ul>	<b>Single Parent</b> (1 parent with 1-4 dependents)	
<p><b>Hearing Aids</b> – covers the cost to purchase and/or repair up to the allowed amount. <b>3 month waiting period*</b></p>	<ul style="list-style-type: none"> <li>80% up to \$300 every 60 months</li> </ul>	16-39 40-54 55-64 65-74 75+	\$131.05 \$128.49 \$149.74 \$89.40 \$107.25
<p><b>Assistance Program</b> – a unique program of services and privileges for your wellbeing.</p>	<ul style="list-style-type: none"> <li>Free legal assistance</li> <li>Post hospital assistance</li> <li>Child Birth Benefit</li> <li>Discounts through many service providers</li> </ul>		
<p><b>Hospital Care</b> – Covers a semi-private or private hospital room. Coverage for up to 90 days per calendar year.</p>	<ul style="list-style-type: none"> <li>100% reimbursement</li> <li>Maximum of \$200 per day</li> </ul>	<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> <p style="text-align: center;"> <b>BLUE CROSS™</b></p> <p style="text-align: center;">Rates effective as of February 1, 2009</p>	

The plan will **only** reimburse medical expenses that are not covered by the insured person's provincial health care plan.

**\*Waiting periods:** An insured person becomes eligible for the benefit after the indicated period from the effective start date of the policy.

**Note 1:** Services of a registered massage therapist requires a referral letter from a licensed medical practitioner and can be included with first claim. The referral must be renewed and submitted to Blue Cross every calendar year.