

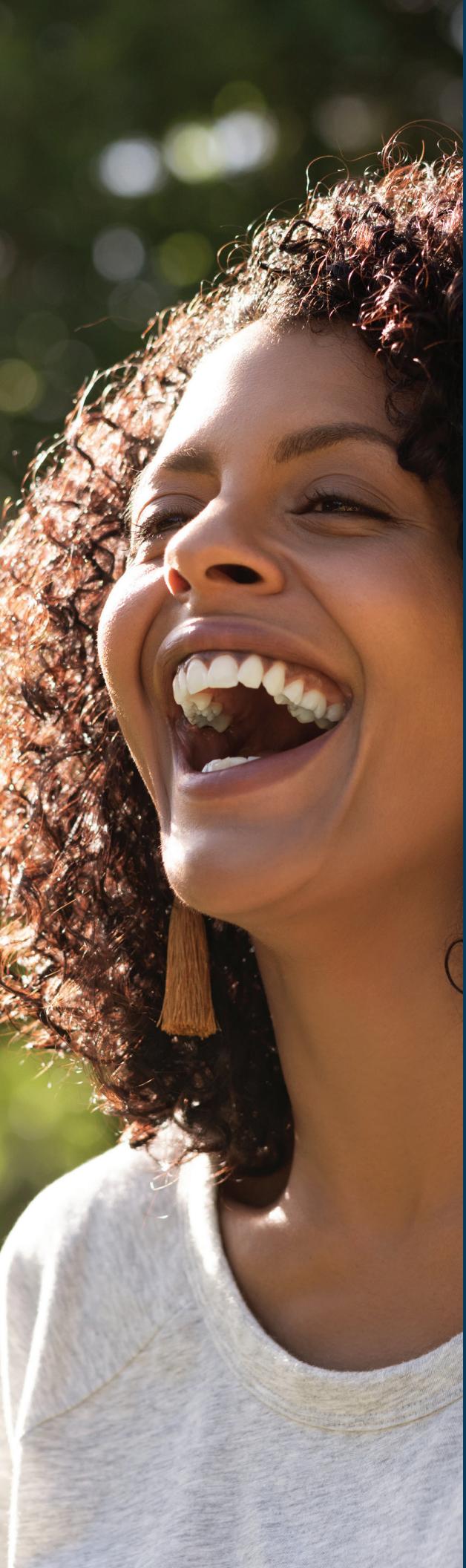


THE MOST COMPLETE PLAN
ACROSS CANADA!



Health Insurance Program

✓ LIFETIME COVERAGE ✓ HIGH QUALITY PROGRAM ✓ SUITABLE FOR THE WHOLE FAMILY



Extended Health Insurance Program

A health insurance program designed especially for people who are conscious of their health. Whether you are self-employed, an employee, a business owner or retired, this program's flexibility will help you choose a benefit plan that suits your need.

Summary

Extended Health Insurance 5 plans available With or without drugs	Basic Basic Ultra Select Deluxe Optimum
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3 Options available

Drug Plan	Available with all plans
Home Care Assistance	Available with all plans
Dental Care 2 plans available	Basic Deluxe

Extended Health Insurance

All maximums are per insured person, per year, unless otherwise specified

Basic

Basic Ultra

Benefits	Basic Covered at 75%	Basic Ultra Covered at 75%
Deductible	No deductible	No deductible
Part 1: Hospitalization		
Hospitalization two beds room (semi-private)	\$200 per day Maximum of \$3,000 per year	\$200 per day Maximum of \$3,000 per year
Convalescent Hospital	\$40 per day. Maximum of 120 days.	\$40 per day. Maximum of 120 days.
Part 2: Prescription Drugs	Not available for the residents of Québec. All plans are available with or without drugs.	
Prescription drugs (Generic drugs mandatory)	\$850 ¹	\$1,000 ¹
Direct pay card	✓	✓
Part 3: Specialists		
Acupuncturist		
Chiropractor		
Dietitian		
Homeopath		
Kinotherapist		
Massage therapist ²	Maximum \$35 per visit.	Maximum \$50 per visit.
Naturopath	\$300 per specialist. Overall maximum \$1,000	\$300 per spécialist. Overall maximum \$1,000
Osteopath		
Physiotherapist		
Podiatrist or Chiropodist		
Psychologist		
Speech-Language Pathologist		
Occupational Therapist		
Part 4: Other Expenses		
Upon medical recommendation		
Rental, purchase or repair of a non-motorized wheelchair and hospital bed (excluding mattress)	Lifetime maximum \$5,000	Lifetime maximum \$5,000
Oxygen and rental equipment	✓	✓
Diagnostic tests and X-Rays	\$500	\$500
Private nurse	\$10,000	\$10,000
Rental and purchase:		
• Orthopaedic corsets and hernia trusses	✓	✓
• Cervical collars	One per calendar year	One per calendar year
• Walkers or other mobility aids: crutches, canes	✓	✓
• Orthopaedic devices	One per 60 months	One per 60 months
• Dextrometer or glucometer for insulin-dependant diabetics	\$200 per 36 months	\$200 per 36 months
• Diabetic supplies	✓	✓

Extended Health Insurance (cont.)

All maximums are per insured person, per year, unless otherwise specified

Basic

Basic Ultra

Benefits (continued)	Basic Covered at 75%	Basic Ultra Covered at 75%
Rental and purchase:		
• Insulin pump and accessories	Lifetime maximum \$2,000	Lifetime maximum \$2,000
• Magnetic Resonance Imaging (MRI)	\$1,000	\$1,000
• Orthoses or arch support	\$200	\$200
• Supplies for colostomy, an ileostomy, or an urostomy	✓	✓
Rental or purchase of a TENS unit	\$500	\$500
Purchase of an IUD	\$100 per calendar year	\$100 per calendar year
Purchase of reagent strips, syringes and needles	✓	✓
Brassieres (following mastectomy)	2 per calendar year	2 per calendar year
Stockings for varicose veins and phlebitis	2 pairs per calendar year	2 pairs per calendar year
Purchase of pressure garments for burns	\$500 per 12 months	\$500 per 12 months
Maxi-Mist Machine, including the masks, or a CPAP machine	\$1,500 per 60 months	\$1,500 per 60 months
Without medical recommendation		
Ambulance	Lifetime maximum \$5,000	Lifetime maximum \$5,000
Optical prosthesis or artificial limbs	Lifetime maximum: one per eye or limb	Lifetime maximum: one per eye or limb
External breast prosthesis following a mastectomy	\$150 per 24 months	\$150 per 24 months
Plaster casts	✓	✓
Hearing aids	\$500 per 36 months	\$500 per 36 months
Wigs (required for pathological conditions or following chemotherapy treatments)	Lifetime maximum \$400	Lifetime maximum \$400
Cost of sclerotherapy	15 visits per year. Maximum \$25 per visit	15 visits per year. Maximum \$25 per visit
Dental care as the result of an accident	\$5,000 per accident	\$5,000 per accident
Second medical opinion service	Included	Included
Survivor benefits	24 months	24 months
UV Health Plus	Telemedicine Basic plan	Telemedicine Basic plan
Part 5: Vision care		
Eye examination by an Optometrist or an Ophthalmologist	\$50 per 24 months	\$50 per 24 months
Frames, lenses, and contact lenses	N/A	N/A
Intraocular lenses (Eligible after 24 months of contract)	N/A	N/A
Global lifetime maximum for parts 1 to 5	\$250,000	\$300,000

¹ Not available for residents of the province of Quebec

² Prescription required

Extended Health Insurance

All maximums are per insured person, per year, unless otherwise specified

Select

Deluxe

Optimum

Benefits	Select Covered at 75%	Deluxe Covered at 80%	Optimum Covered at 90%
Deductible	No deductible	No deductible	No deductible
Part 1: Hospitalization			
Hospitalization two beds room (semi-private)	\$200 per day. Maximum \$3,000 per person	\$200 per day. Unlimited per person	\$200 per day. Unlimited per person
Convalescent Hospital	\$40 per day. Maximum 120 days	\$40 per day. Maximum 120 days	\$40 per day. Maximum 120 days
Part 2: Prescription Drugs	Not available for the residents of Québec. All plans are available with or without drugs.		
Prescription drugs (Generic drugs mandatory)	\$1,500 ¹	\$5,000 ¹	\$10,000 ¹
Direct pay card	✓	✓	✓
Part 3: Specialists			
Acupuncturist	\$300 per specialist. Overall maximum of \$1,000	\$400 per specialist. Overall maximum of \$1,200	\$500 per specialist. Overall Maximum of \$1,500
Chiropractor			
Dietitian			
Homeopath			
Kinotherapist			
Massage therapist ²			
Naturopath			
Osteopath			
Physiotherapist			
Podiatrist or Chiropodist			
Psychologist			
Speech-Language Pathologist			
Occupational Therapist			
Part 4: Other Expenses			
Upon medical recommendation			
Rental, purchase or repair of a non-motorized wheelchair and hospital bed (excluding mattress)	Lifetime maximum \$5,000	Lifetime maximum \$5,000	Lifetime maximum \$5,000
Oxygen and rental equipment	✓	✓	✓
Diagnostic tests and X-Rays	\$500	\$500	\$500
Private nurse	\$10,000	\$10,000	\$10,000
Rental and purchase:			
• Orthopaedic corsets and hernia trusses	✓	✓	✓
• Cervical collars	One per calendar year	One per calendar year	One per calendar year
• Walkers or other mobility aids: crutches, canes	✓	✓	✓
• Orthopaedic devices	One per 60 months	One per 60 months	One per 60 months
• Dextrometer or glucometer for insulin-dependant diabetics	\$200 per 36 months	\$200 per 36 months	\$200 per 36 months
• Diabetic supplies	✓	✓	✓

Extended

Health Insurance (cont.)

All maximums are per insured person, per year, unless otherwise specified

Select

Deluxe

Optimum

Benefits (continued)	Select Covered at 75%	Deluxe Covered at 80%	Optimum Covered at 90%
Rental and purchase:			
• Insulin pump and accessories	Lifetime maximum \$2,000	Lifetime maximum \$2,000	Lifetime maximum \$2,000
• Magnetic Resonance Imaging (MRI)	\$1,000	\$1,000	\$1,000
• Orthoses or arch support	\$200	\$200	\$200
• Supplies for colostomy, an ileostomy, or an urostomy	✓	✓	✓
Rental or purchase of a TENS unit	\$500	\$500	\$500
Purchase of an IUD	\$100 per calendar year	\$100 per calendar year	\$100 per calendar year
Purchase of reagent strips, syringes and needles	✓	✓	✓
Brassieres (following mastectomy)	2 per calendar year	2 per calendar year	2 per calendar year
Stockings for varicose veins and phlebitis	2 pairs per calendar year	2 pairs per calendar year	2 pairs per calendar year
Purchase of pressure garments for burns	\$500 per 12 months	\$500 per 12 months	\$500 per 12 months
Maxi-Mist Machine, including the masks, or a CPAP machine	\$1,500 per 60 months	\$1,500 per 60 months	\$1,500 per 60 months
Without medical recommendation			
Ambulance	Lifetime maximum \$5,000	Lifetime maximum \$5,000	Lifetime maximum \$5,000
Optical prosthesis or artificial limbs	Lifetime maximum: one per eye or limb	Lifetime maximum: one per eye or limb	Lifetime maximum: one per eye or limb
External breast prosthesis following a mastectomy	\$150 per 24 months	\$150 per 24 months	\$150 per 24 months
Plaster casts	✓	✓	✓
Hearing aids	\$500 per 36 months	\$500 per 36 months	\$500 per 36 months
Wigs (required for pathological conditions or following chemotherapy treatments)	Lifetime maximum \$400	Lifetime maximum \$400	Lifetime maximum \$400
Cost of sclerotherapy	15 visits per year. Maximum \$25 per visit	15 visits per year. Maximum \$25 per visit	15 visits per year. Maximum \$25 per visit
Dental care as the result of an accident	\$5,000 per accident	\$5,000 per accident	\$5,000 per accident
Second medical opinion service	Included	Included	Included
Survivor benefits	24 months	24 months	24 months
UV Health Plus	Telemedicine Basic plan	Telemedicine Basic plan	Telemedicine Basic plan
Part 5: Vision care			
Eye examination by an Optometrist or an Ophthalmologist	\$50 per 24 months	\$50 per 24 months	\$75 per 24 months
Frames, lenses, and contact lenses	N/A	\$150 per 24 months	\$200 per 24 months
Intraocular lenses (Eligible after 24 months of contract)	N/A	Lifetime maximum \$500	Lifetime maximum \$500
Global lifetime maximum for parts 1 to 5	\$300,000	\$350,000	\$500,000

¹ Not available for residents of the province of Quebec

² Prescription required

Travel Insurance

Included in all our extended health plans

All plans

Travel Insurance until the age of 75	Basic Covered at 100%	Basic Ultra Covered at 100%	Select Covered at 100%	Deluxe Covered at 100%	Optimum Covered at 100%
Medical emergency	Lifetime maximum \$5,000,000	Lifetime maximum \$5,000,000	Lifetime maximum \$5,000,000	Lifetime maximum \$5,000,000	Lifetime maximum \$5,000,000
Trip lenght	90 consecutive days	90 consecutive days	90 consecutive days	90 consecutive days	90 consecutive days
Trip cancellation	\$5,000 per travel	\$5,000 per travel	\$5,000 per travel	\$5,000 per travel	\$5,000 per travel
Assistance	Included	Included	Included	Included	Included

Home Care Assistance

(Optional)

The following expenses are eligible when the insured is physically dependant.

Eligibility : 18 to 69 years old

All plans

Benefits	Deductible	Covered at	Maximum per person
Monitoring system	N/A	100%	\$1,000 per calendar year
Moving allowance	N/A	100%	\$1,000 Lifetime
Meals	N/A	100%	\$700 per month
Respite	N/A	100%	\$3,000 per calendar year
Transportation expenses	N/A	100%	\$750 per calendar year
Informal caregiver support	N/A	100%	\$1,500 per calendar year
Private nurse and personnel support worker	N/A	100%	\$75 per day Maximum \$5,000 per calendar year

Lifetime Maximum

\$25,000



Dental Care

(Optional)

All plans

Eligibility and conditions: When the insured person subscribes to dental coverage, they must maintain this coverage for a minimum period of 24 months. If the coverage is cancelled before the end of the 24-month period, the contract will be fully terminated.

Benefits	Basic	Deluxe
Deductible	No deductible	No deductible
Minor care		
Diagnostic and prevention (9 months recall)	80%	80%
Minor restauration	80%	80%
Oral surgery	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Major care		
Major restorations	0%	50%
Major surgery	0%	50%
Prosthetics		
Prosthesis	0%	50%
Annual maximum per insured person		
First year (12 consecutive months)	\$500	\$750
Second year (Following 12 months)	\$750	\$1 100
Following year	\$1,000	\$1,500
Orthodontics		
Orthodontics	N/A	N/A
Waiting period		
Continuous period in which an insured person must be covered by the policy before being eligible for coverage	3 months	3 months

	Admissibility <ul style="list-style-type: none"> • You must be between the ages of 16 and 75 inclusively
	Guaranteed renewal <ul style="list-style-type: none"> • Up to the age of 99 regardless of your health status
	Choice of premium <ul style="list-style-type: none"> • Levelled • Attained Age
	Claims <ul style="list-style-type: none"> • Direct paycard or direct deposit
	Easy online access <ul style="list-style-type: none"> • Access to your file at all times • Access to your claims at all times

The benefit description in this pamphlet does not create nor confer any contractual rights.
The wording of your insurance policy issued by the insurer governs this pamphlet's conditions.



OUR INSURER PARTNER: UV INSURANCE // PLAN ADMINISTRATOR: ODYSSEY FINANCIAL GROUP