

GBA Individual Benefit Plan

Eligibility

Entry Age	Age 65
Age Limit	Age 70
Child	Age 21 to 26 if a student)

Medical

	Basic Plan
Annual Deductible	\$500 single/\$750 family
Reimbursement	80%
Out of Pocket max; including deductible	\$2,500/family
Maximum Per Claim (In the Aggregate)	\$500,000
Worldwide coverage for short term travel	Covered
Evacuation/Repatriation Maximum Per Claim (In the Aggregate)	\$1,000,000
Vaccinations and Inoculations	Covered
Well child care including checkups to age 6	Covered
Mammograms, Routine Gynecological Tests	Covered
Annual Health Checks, including preventive care, one annually	Not Covered
Hospital Including: Physicians, Lab, Drugs, Outpatient, Private room, Bed for accompanying parent	Covered
Ambulance	Covered
Life saving Organ Transplant	Covered - \$100,000 Life
Chronic Disease/Dread Disease HIV-AIDS	Covered
Convalescent Facility (Semi-private room)	12 weeks
Home Nursing	12 weeks
Maternity	Not Covered
Outpatient MD	Covered
Paramedical practitioners (includes: Speech Therapy, Physiotherapy, Acupuncture, Psychology, Chiropractor, Massage Therapy, Naturopath, Podiatry, Alternative treatment when prescribed by a physician, Osteopathy)	\$400 All practitioners combined/year
Lab and X-rays	Covered
MRI and CAT Scans	\$1,000 per service/year
Prescription Drugs (excluding obesity, fertility, erectile dysfunction and other "lifestyle" drugs, Biological Drugs)	Covered
Prosthetic appliances fitted by a professional	Covered
Orthotics	\$300 / year
Orthopedic shoes	1 pair / year
Psychiatric, Mental and Nervous disorders, and Detoxification	Not Covered
Eye Exams, Eyeglass/Contacts	Not Covered
Hearing Aids	\$600/5years
Medical Supplies	Covered

Basic Plan

Age 65
Age 70
Age 21 to 26 if a student)

Basic Plan

\$500 single/\$750 family
80%
\$2,500/family
\$500,000
Covered
\$1,000,000
Covered
Covered
Covered
Covered
Covered
Not Covered
Covered
Covered
Covered - \$100,000 Life
Covered
12 weeks
12 weeks
Not Covered
Covered
\$1,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
Not Covered
Not Covered
\$600/5years
Covered

Basic Plus Plan

Age 65
Age 70
Age 21 to 26 if a student)

Comprehensive

\$250 single/\$500 family
90%
\$1,000/family
\$1,000,000
Covered
\$1,000,000
Covered
Covered
Covered
Covered
Covered
\$300
Covered
Covered
Covered - \$200,000 Life
Covered
12 weeks
12 weeks
Maximum \$15,000
Covered
\$600 All practitioners combined/year
Covered
\$2,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
\$15,000 lifetime maximum
Covered - \$150/year
\$600/5 years
Covered

Select Plan

Age 65
Age 70
Age 21 to 26 if a student)

Enhanced

Nil
100%
Nil
\$1,000,000
Covered
\$1,000,000
Covered
Covered
Covered
Covered
Covered
\$500
Covered
Covered
Covered - \$300,000 Life
Covered
12 weeks
12 weeks
Maximum \$25,000
Covered
\$750 All practitioners combined/year
Covered
\$2,000 per service/year
Covered
Covered
\$300 / year
1 pair / year
\$20,000 lifetime maximum
Covered - 350/year
\$600/5 years
Covered

Dental

	Basic	Select
Annual Deductible	\$100 Single, \$200 family	Nil
Preventative, diagnostic, basic care	80%	100%
Major (Crowns, bridges, dentures)	50%	50%
*Implants	0%	50%
Orthodontia (under age 18)	0%	50%
Maximum per person per plan year	\$1,500	\$2,000
Maximum - Orthodontics - Lifetime		\$2,000

Accidental Death & Dismemberment

Multiple of Annual Salary
 Maximum: 5 X Annual Salary
 Overall Maximum: \$1,000,000

Temporary Total Disability

Multiple of Annual Salary
 Maximum: \$3,500 Per Week
 Benefit: Up to 75% of weekly salary
 Elimination Period: Accident – 10 days

Permanent Total Disability

Multiple of Annual Salary
 Maximum: 5 X Annual Salary
 Overall Maximum: \$1,000,000

Life

Multiple of Annual Salary
 Maximum: 5 X Annual Salary
 Overall Maximum: \$1,000,000

