

| GMS Personal Health Plan Options                       |   |   |  |   |
|--|---|---|--|---|
| Benefits   | OmniPlan®   | ExtendaPlan®  | BasicPlan                              | Notes   |
| Eye Exams  | \$90/2 years  | \$120/2 years   | n/a                                    |   |
| Eyeglasses & Contact Lenses                            | \$200/2 years   | Included in Eye Exams limit   | n/a                                    |   |
| Health Practitioners                                   | \$300 maximum per specialty   | \$250 combined maximum  | n/a                                    | Acupuncture, chiropractic, chiropody/podiatry, clinical psychology, massage therapy, speech therapy, naturopath and physiotherapy treatments.                     |
| Hearing Aids   | \$800/5 years   | \$500/5 years   | n/a                                    | One year waiting period.  |
| Health Supplies & Equipment                            | \$500   | \$500   | n/a                                    | See policy wording for a complete list of eligible items. Requires a physician's written prescription.  |
| Diabetic Supplies & Equipment                          | \$300   | \$300   | n/a                                    | Diabetic supplies and equipment, including testing devices when ordered in writing by a physician.  |
| Oxygen Equipment                                       | \$500/year; \$2,500 lifetime maximum  | \$500/year; \$1,500 lifetime maximum  | n/a                                    | Does not cover the cost of oxygen or CPAP machines.   |
| Blood Pressure Monitors                                | 1/policy/5 years  | 1/policy/5 years  | n/a                                    |   |
| Custom Made Foot Orthotics                             | 80%/3 years   | 80%/5 years   | n/a                                    |   |
| Orthopedic Shoes                                       | \$225   | \$225   | n/a                                    | Require a physician's written prescription.   |
| Mobility Aids  | \$300   | \$300   | n/a                                    | Canes, reaching aids, raised toilet seats, grab bars, bath safety rails and transfer benches when accompanied by a physician's letter of necessity.               |
| Ostomy Supplies  | \$300   | \$300   | n/a                                    |   |
| Funeral Expenses                                       | \$4,000   | n/a   | n/a                                    | Accidental death.   |
| Out-of-Province Referral                               | \$50,000 lifetime maximum/person  | \$50,000 lifetime maximum/person  | n/a                                    | Requires prior written approval from GMS.   |
| Ambulance  | Unlimited   | Unlimited   | \$2,000                                | 100% emergency transport to hospital; 50% return of bedridden patients.   |
| Air Ambulance  | Unlimited   | Unlimited   | Unlimited                              | Transport within your province of residence.  |
| Casts & Crutches                                       | Unlimited   | Unlimited   | Unlimited                              | Fibreglass casts and the purchase or rental of crutches.  |
| Preferred Hospital Rooms                               | 45 days to \$3,500  | \$1,000   | \$500                                  | Private or semi-private hospital room costs.  |
| Private Duty Nursing                                   | 80% to \$5,000  | 80% to \$3,000  | 80% to \$1,500 (in-hospital only)      | Must be prescribed by a physician.  |
| In-Hospital Drugs                                      | \$2,000   | \$1,000   | \$1,000                                |   |
| Accidental Dental                                      | \$5,000/injury  | \$2,000/injury  | \$500/injury                           | Services totalling \$500 or more must be pre-approved.  |
| Wheelchairs, Motorized Scooters & Adjustable Beds      | \$1,000/person/5 years  | \$750/person/5 years  | \$500/person/5 years                   | These benefits have a one year waiting period and require a physician's written order.  |
| Artificial Limbs, Eyes & Larynx                        | \$5,000   | \$5,000   | \$5,000                                |   |
| Patient Walkers  | 80% to \$300/person/5 years   | 80% to \$300/person/5 years   | 80% to \$300/person/5 years            | Requires a physician's written order.   |
| Breast Prosthesis                                      | \$325 single; \$650 bi-lateral/2 years  | \$325 single; \$650 bi-lateral/2 years  | \$175 single; \$350 bi-lateral/2 years | Excludes surgical bras.   |
| Travel<br><i>(included for Saskatchewan residents)</i> | <ul style="list-style-type: none"> <li>30 days out of Canada</li> <li>183 days within Canada</li> <li>\$2,000,000 annual maximum</li> </ul> | <ul style="list-style-type: none"> <li>Option of 48 or 63 days out of Canada</li> <li>183 days within Canada</li> <li>\$2,000,000 annual maximum</li> </ul> | n/a                                    | Subject to exclusions for pre-existing conditions. See the policy wording for complete detail. Applicants aged 80 and over are covered for in-Canada travel only. |

| Additional Coverage  |   |  |
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| Optional Benefit   | Description   | Notes  |
| Basic Prescription Drug  | Payment up to \$3,500 for prescription drugs.   | Limited to newly prescribed drugs covered under your provincial drug plan (formulary).   |
| Enhanced Prescription Drug   | Payment to an overall maximum of \$5,000 for prescription drugs and oral contraceptives. Includes \$800 for pre-existing medications and drugs not covered under your provincial drug plan (formulary). | Overall maximum is limited to newly prescribed drugs covered under your provincial drug plan (formulary).  |
| Dental   | Preventative Care, Basic and Major Services.<br>Year One: \$500, Year Two: \$750, Year Three+: \$1,000  | A three month waiting period applies to all dental services.   |
| Travel<br><i>(BC, AB, MB, ON, NS, PE, NL, YU, NWT, NU residents)</i> | Coverage for medical emergencies while travelling. <ul style="list-style-type: none"> <li>\$2 million in coverage</li> <li>Three options for trip lengths: 15, 30, or 48 days per trip</li> </ul>       | Subject to exclusions for pre-existing conditions. See the policy wording for complete details. Applicants aged 80 and over are covered for in-Canada travel only. |
| Hospital Cash  | \$100/day up to a maximum of \$3,000 per policy year.   | Begins on the 4th day of hospitalization, in the case of an accident or illness, or on the 7th day of hospitalization in the case of pregnancy or childbirth.      |

This is a summary of benefits only. Please refer to the policy wording for complete details.