

## CAA Health and Dental Plans

Underwriting Method	Fully Underwritten Plans			Guaranteed Issue Plans				Next Plans		
	Essential	Standard	Enhanced	Dental Secure	Essential	Standard	Enhanced	Essential	Standard	Enhanced
<b>Does this plan require a medical questionnaire?</b>	Yes	Yes	Yes	No	No	No	No	No	No	No
<b>Prescription Drug Benefits</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Dental Secure</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>
<b>Generic drug vs. brand name medications</b>	Generic	Generic	Brand-name + generic	Not covered	Generic	Generic	Brand-name + generic	Generic	Generic	Brand-name + generic
<b>Cover pre-existing medication use</b>	Not included	Not included	Not included	Not covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
<b>Medications covered</b>	Covers prescriptions that have a Drug Identification Number (DIN). It <b>does not cover</b> drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss.			Not covered	Covers prescriptions that have a Drug Identification Number (DIN). It <b>does not cover</b> drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss.			Covers prescriptions that have a Drug Identification Number (DIN). It <b>does not cover</b> drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss.		
<b>Reimbursement per person per anniversary year</b>	70%	75%	90%	Not covered	70%	70%	70%	80%	80%	80%
<b>Annual maximum per person per anniversary year</b>	\$2,000 per year	\$5,500 per year	\$10,500 per year	Not covered	\$550 per year	\$600 per year	\$650 per year	\$750 per year	\$1,500 per year	\$3,000 per year
<b>Dental Benefits</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Dental Secure</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>
<b>Annual maximum per person per anniversary year</b>	Year 1 \$450 Year 2 \$550 Year 3+ \$700	Year 1 \$700 Year 2 \$800 Year 3+ \$950	Year 1 \$800 Year 2 \$950 Year 3+ \$1,250	Year 1 \$700 Year 2 \$800 Year 3+ \$950	Year 1 \$450 Year 2 \$550 Year 3+ \$700	Year 1 \$700 Year 2 \$800 Year 3+ \$950	Year 1 \$800 Year 2 \$950 Year 3+ \$1,250	Year 1 \$450 Year 2 \$550 Year 3+ \$700	Year 1 \$700 Year 2 \$800 Year 3+ \$950	Year 1 \$800 Year 2 \$950 Year 3+ \$1,250
<b>Basic preventative and restorative services</b> – routine cleanings, examinations, fillings, extractions and fluoride treatments	70%	80%	Year 1 80% Year 2+ 100%	80%	70%	80%	Year 1 80% Year 2+ 100%	70%	80%	Year 1 80% Year 2+ 100%
<b>Frequency of recall visits</b>	9 months	9 months	6 months	9 months	9 months	9 months	6 months	9 months	9 months	6 months
<b>Comprehensive services</b> – endodontic and periodontal treatment and denture services	Not covered	60%	80%	60%	Not covered	60%	80%	Not covered	60%	80%
<b>Major restorative surgeries</b> – crowns, bridges, dentures and standard repair on natural teeth	Not covered	Year 3+ 50%	Year 2+ 60%	Year 3+ 50%	Not covered	Year 3+ 50%	Year 2+ 60%	Not covered	Year 3+ 50%	Year 2+ 60%
<b>Orthodontics</b> – including Invisalign	Not covered	Not covered	Year 2+ 60%; \$2,000 lifetime max	Not covered	Not covered	Not covered	Year 2+ 60%; \$2,000 lifetime max	Not covered	Not covered	Year 2+ 60%; \$2,000 lifetime max
<b>Vision Benefits</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Dental Secure</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>
<b>Eye examination</b>	\$60 per 2 years	\$60 per 2 years	\$100 per 2 years	\$60 per 2 years	\$60 per 2 years	\$60 per 2 years	\$100 per 2 years	\$60 per 2 years	\$60 per 2 years	\$100 per 2 years
<b>Prescription lenses and frames, contact lenses and laser eye surgery</b>	\$250 per 2 years	\$250 per 2 years	\$450 per 2 years	\$250 per 2 years	\$250 per 2 years	\$250 per 2 years	\$450 per 2 years	\$250 per 2 years	\$250 per 2 years	\$450 per 2 years
<b>Extended Medical Care Benefits</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Dental Secure</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Essential</b>	<b>Standard</b>	<b>Enhanced</b>
<b>Accidental dental</b>	\$3,500 per year	\$3,500 per year	\$5,000 per year	\$3,500 per year	\$3,500 per year	\$3,500 per year	\$5,000 per year	\$3,500 per year	\$3,500 per year	\$5,000 per year
<b>Ambulance services</b> – by land or air for emergencies	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
<b>Hearing aids</b>	\$400 every 4 years	\$500 every 4 years	\$700 every 4 years	\$500 every 4 years	\$400 every 4 years	\$500 every 4 years	\$700 every 4 years	\$400 every 4 years	\$500 every 4 years	\$700 every 4 years
<b>Homecare and nursing, prosthetic appliances and durable medical equipment</b>	Year 1 \$1,000 Year 2 \$1,500 Year 3 \$3,000	Year 1 \$1,000 Year 2 \$2,000 Year 3+ \$4,000	Year 1 \$8,000 Year 2 \$9,000 Year 3+ \$10,000	Year 1 \$1,000 Year 2 \$2,000 Year 3+ \$4,000	Year 1 \$1,000 Year 2 \$1,500 Year 3+ \$3,000	Year 1 \$1,000 Year 2 \$2,000 Year 3+ \$4,000	Year 1 \$8,000 Year 2 \$9,000 Year 3+ 10,000	Year 1 \$1,000 Year 2 \$1,500 Year 3+ \$3,000	Year 1 \$1,000 Year 2 \$2,000 Year 3+ \$4,000	Year 1 \$8,000 Year 2 \$9,000 Year 3+ \$10,000
<b>Orthotics</b>	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year	\$225 per year
<b>Professional services/registered therapists</b> – chiropractor, massage therapist, physiotherapist, acupuncturist, chiroprapist, podiatrist, dietitian, naturopath and osteopath	\$20 per visit  Per year: \$400 combined max	\$50 per visit  Per year: \$400 per practitioner \$700 combined max	Per year: \$850 combined max	\$50 per visit  Per year: \$400 per practitioner \$700 combined max	\$20 per visit  Per year: \$400 combined max	\$50 per visit  Per year: \$400 per practitioner \$700 combined max	Per year: \$850 combined max	\$20 per visit  Per year: \$400 combined max	\$50 per visit  Per year: \$400 per practitioner \$700 combined max	Per year: \$850 combined max
<b>Speech therapists</b>	\$50 per visit \$400 per year	\$50 per visit \$500 per year	\$50 per visit \$650 per year	\$50 per visit \$500 per year	\$50 per visit \$400 per year	\$50 per visit \$500 per year	\$50 per visit \$650 per year	\$50 per visit \$400 per year	\$50 per visit \$500 per year	\$50 per visit \$650 per year
<b>Mental health services</b> – psychologists, psychotherapists and registered social workers	\$400 per year	\$800 per year	\$1,200 per year	\$800 per year	\$400 per year	\$800 per year	\$1,200 per year	\$400 per year	\$800 per year	\$1,200 per year
<b>Hospital accommodation</b>	Not covered	Pays for the difference between standard ward charges and a semi-private/private room. Coverage for an unlimited amount of days.		Not covered	Not covered	Not covered	Not covered	Semi-private hospital room paid at 100% for first 60 days (up to \$200/day) and 50% for next 90 days (up to \$100/day)		
<b>Access to telehealth platform</b> – 24/7 access to healthcare professionals online	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included