

CAA Health and Dental Plans

| | Fully Underwritten Plans | | | Guaranteed Issue Plans | | | | Next Plans | | |
|--|---|--|--|---|---|---|--|---|---|--|
| | Essential | Standard | Enhanced | Dental Secure | Essential | Standard | Enhanced | Essential | Standard | Enhanced |
| Underwriting Method | | | | | | | | | | |
| Does this plan require a medical questionnaire? | Yes | Yes | Yes | No | No | No | No | No | No | No |
| Prescription Drug Benefits | | | | | | | | | | |
| Generic drug vs. brand name medications | Generic | Generic | Brand-name + generic | Not covered | Generic | Generic | Brand-name + generic | Generic | Generic | Brand-name + generic |
| Cover pre-existing medication use | Not included | Not included | Not included | Not covered | Fully covered | Fully covered | Fully covered | Fully covered | Fully covered | Fully covered |
| Medications covered | Covers prescriptions that have a Drug Identification Number (DIN). It does not cover drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss. | | | Not covered | Covers prescriptions that have a Drug Identification Number (DIN). It does not cover drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss. | | | Covers prescriptions that have a Drug Identification Number (DIN). It does not cover drugs for erectile dysfunction, infertility, medicinal marijuana, quitting smoking and weight loss. | | |
| Reimbursement per person per anniversary year | 70% | 75% | 90% | Not covered | 70% | 70% | 70% | 80% | 80% | 80% |
| Annual maximum per person per anniversary year | \$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 |
| Dental Benefits | | | | | | | | | | |
| Annual maximum per person per anniversary year | 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 |
| Basic preventative and restorative services – 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% |
| Frequency of recall visits | 9 months | 9 months | 6 months | 9 months | 9 months | 9 months | 6 months | 9 months | 9 months | 6 months |
| Comprehensive services – endodontic and periodontal treatment and denture services | Not covered | 60% | 80% | 60% | Not covered | 60% | 80% | Not covered | 60% | 80% |
| Major restorative surgeries – 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% |
| Orthodontics – 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 |
| Vision Benefits | | | | | | | | | | |
| Eye examination | \$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 |
| Prescription lenses and frames, contact lenses and laser eye surgery | \$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 |
| Extended Medical Care Benefits | | | | | | | | | | |
| Accidental dental | \$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 |
| Ambulance services – 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 |
| Hearing aids | \$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 |
| Homecare and nursing, prosthetic appliances and durable medical equipment | 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 |
| Orthotics | \$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 |
| Professional services/registered therapists – 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 |
| Speech therapists | \$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 |
| Mental health services – 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 |
| Hospital accommodation | 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) | | |
| Access to telehealth platform – 24/7 access to healthcare professionals online | Included | Included | Included | Included | Included | Included | Included | Included | Included | Included |