



COMPARISON CHART

Health Track Insurance®

| BENEFIT | | Options | | |
|-------------------------------------|--|---|--|--|
| | | Bronze | Silver | Gold |
| HEALTHCARE INSURANCE | | | | |
| Short-term hospitalization expenses | Hospital | 80% Semi-private room \$175 eligible / day Maximum 90 days / calendar year | 100% Semi-private room \$175 eligible / day Maximum 90 days / calendar year | 100% Private room \$250 eligible / day Maximum 90 days / calendar year |
| Long-term hospitalization expenses | Long-term care facility or convalescent centre | 100% Semi-private room \$60 eligible / day Maximum 30 days for all facilities combined / calendar year | 100% Semi-private room \$75 eligible / day Maximum 90 days for all facilities combined / calendar year | 100% Semi-private room \$200 eligible / day Maximum 120 days for all facilities combined / calendar year |
| Drug insurance | General | Eligible drugs are those that can only be obtained by prescription. | | |
| | | 75% Mandatory generic substitution \$750 payable / calendar year | 75% Mandatory generic substitution \$1,000 payable / calendar year | 80% Mandatory generic substitution \$2,000 payable / calendar year |
| | Quebec | Eligible drugs not covered by RAMQ | | |
| | Other provinces | Under age 65 – eligible drugs Age 65 or older – eligible drugs not included on the province of residence's formulary | | |
| Preventive vaccines* | | 75% \$100 payable / calendar year | 75% \$100 payable / calendar year | 80% \$100 payable / calendar year |
| Sclerosing injections* | | 75% \$20 eligible / visit Maximum 20 visits / calendar year | 75% \$20 eligible / visit Maximum 20 visits / calendar year | 80% \$20 eligible / visit Maximum 20 visits / calendar year |

*Sclerosing injections and preventive vaccines are covered by the drug insurance benefit. The amounts listed here are therefore included in the maximum amount payable per calendar year found in the "General" section above.



Desjardins
Insurance

Life • Health • Retirement

| BENEFIT | Options | | |
|---------|---------|--------|------|
| | Bronze | Silver | Gold |

HEALTHCARE INSURANCE (CONT.)

| | | | | |
|-------------------------|--|---|---|---|
| Paramedical services | General | 80% | 80% | 90% |
| | Acupuncturist, chiropractor, dietician, naturopath, osteopath, podiatrist or chiroprapist | \$40 eligible / treatment \$400 payable / calendar year for all specialists combined | \$40 eligible / treatment \$750 payable / calendar year for all specialists combined | \$50 eligible / treatment \$850 payable / calendar year for all specialists combined |
| | Imaging techniques ordered by a chiropractor, osteopath, podiatrist or chiroprapist | Not covered | \$40 payable / calendar year for all services combined | \$40 payable / calendar year for all services combined |
| | Audiologist, occupational therapist or speech therapist | \$40 eligible / treatment \$250 payable / calendar year for all specialists combined | \$40 eligible / treatment \$500 payable / calendar year for all specialists combined | \$50 eligible / treatment \$500 payable / calendar year for all specialists combined |
| | Massage therapist, orthotherapist or kinesiotherapist/ kinotherapist | Not covered | Not covered | \$50 eligible / treatment \$250 payable / calendar year for all specialists combined |
| | Physiotherapist, physical rehabilitation therapist or sports therapist | \$40 eligible / treatment \$250 payable / calendar year for all specialists combined | \$40 eligible / treatment \$500 payable / calendar year for all specialists combined | \$50 eligible / treatment \$500 payable / calendar year for all specialists combined |
| | Nurse specialized in psychotherapy (services rendered in a private office only), psychologist, psychotherapist, social worker or guidance counsellor | Eligible amount of \$40 per treatment, up to a payable amount of \$400 for all specialists per Insured Person each Calendar Year. | \$1,000 payable / calendar year for all specialists combined | \$1,000 payable / calendar year for all specialists combined |
| Ambulance | | 80% \$750 payable / calendar year | 100% \$1000 payable / calendar year | 100% \$2000 payable / calendar year |
| Mobility aids | Wheelchair | 80% \$2,000 payable / 60 months | 80% \$2,400 payable / 60 months | 90% \$2,500 payable / 60 months |
| Orthopaedic supplies | General | 80% | 80% | 90% |
| | Conventional hospital bed | \$1,500 payable / lifetime | \$1,500 payable / lifetime | \$2,000 payable / lifetime |
| | Orthopaedic shoes | \$150 payable / calendar year | \$250 payable / calendar year | \$500 payable / calendar year |
| Orthoses and prostheses | General | 80% | 80% | 90% |
| | Podiatric orthosis | \$150 payable / calendar year | \$250 payable / calendar year | \$500 payable / calendar year |
| | Rigid orthosis | \$750 payable / calendar year | \$1,000 payable / calendar year | \$1,000 payable / calendar year |
| | Artificial limb or artificial eye | \$1,000 payable / calendar year for all services combined | \$2,500 payable / calendar year for all services combined | \$2,500 payable / calendar year for all services combined |
| | External breast prosthesis | \$200 payable / 24 months | \$200 payable / 24 months | \$200 payable / 24 months |
| | Hearing aids | \$300 payable / 60 months | \$600 payable / 60 months | \$800 payable / 60 months |
| | Wigs and hairpieces | \$300 payable / lifetime | \$300 payable / lifetime | \$350 payable / lifetime |

| BENEFIT | Options | | |
|---------|---------|--------|------|
| | Bronze | Silver | Gold |

HEALTHCARE INSURANCE (CONT.)

| | | | | |
|---------------------------------|--|--|--|--|
| Therapeutic equipment | General | 80% | 80% | 90% |
| | Glucometer | \$200 payable / 60 months | \$300 payable / 60 months | \$300 payable / 48 months |
| | Artificial breathing apparatus | \$750 payable / lifetime | \$1,500 payable / lifetime | \$1,500 payable / lifetime |
| | TENS nerve stimulators | \$750 payable / lifetime | \$1,500 payable / lifetime | \$1,500 payable / lifetime |
| | Other therapeutic equipment | \$750 payable / calendar year | \$1,000 payable / calendar year | \$1,000 payable / calendar year |
| | Therapeutic medical supplies | \$200 payable / calendar year | \$200 payable / calendar year | \$200 payable / calendar year |
| Medical supplies | General | 80% | 80% | 90% |
| | Elastic support stockings | \$250 payable / calendar year | \$250 payable / calendar year | \$500 payable / calendar year |
| | Diapers for incontinence | Not covered | \$250 payable / calendar year | \$250 payable / calendar year |
| Diagnostic services | Imaging techniques and diagnostic laboratory tests | 80% \$400 payable / calendar year for all services combined | 80% \$500 payable / calendar year for all services combined | 90% \$1,000 payable / calendar year for all services combined |
| Treatment following an accident | General | 80% | 80% | 90% |
| | Dental surgery (accident involving healthy teeth) | \$2,500 payable / accident | \$5,000 payable / accident | \$5,000 payable / accident |
| | Cosmetic surgery | Not covered | \$5,000 payable / accident | \$5,000 payable / accident |
| Detoxification | | Not covered | Not covered | 90% \$80 payable / day \$2,500 payable / lifetime |
| Vision care | Eye examinations, eyeglasses or contact lenses | Not covered | Not covered | 100% Child (under age 18): \$200 payable / 12 consecutive months for all care combined Adult: \$200 payable / 24 consecutive months for all care combined |
| Home nursing care | | 80% \$150 eligible / day \$3,000 payable / calendar year | 80% \$200 eligible / day \$4,000 payable / calendar year | 90% \$225 eligible / day \$5,000 payable / calendar year |
| Convalescent care | Home care | Not covered | Not covered | 90% \$60 eligible / day 30 days / convalescence Maximum 2 convalescent periods / calendar year |
| | Travelling expenses | Not covered | Not covered | 90% \$30 eligible / trip Maximum \$350 per convalescence |
| | Custodial services for children | Not covered | Not covered | 90% \$25 eligible / day |

| BENEFIT | Options | | |
|---------|---------|--------|------|
| | Bronze | Silver | Gold |

HEALTHCARE INSURANCE (CONT.)

| | | | | |
|-----------------------------|--|--|--|---|
| Travel insurance | Condition | In stable health 6 months prior to trip departure date | In stable health 6 months prior to trip departure date | In stable health 3 months prior to trip departure date |
| | Duration of coverage | First 60 days / trip | First 90 days / trip | First 180 days / trip (reduced to 90 days after age 70) |
| | Maximum | 100% \$1 million payable / lifetime | 100% \$1 million payable / lifetime | 100% \$5 million payable / lifetime |
| Trip cancellation insurance | General | 100% | 100% | 100% |
| | Prior to departure | \$5,000 payable / trip | \$5,000 payable / trip | \$5,000 payable / trip |
| | Postponed departure or missed connection | \$5,000 payable / trip | \$5,000 payable / trip | \$5,000 payable / trip |
| | Early or delayed return | \$10,000 payable / trip | \$10,000 payable / trip | \$10,000 payable / trip |
| | Default of a travel service supplier | \$2,500 payable / trip | \$2,500 payable / trip | \$2,500 payable / trip |

DENTAL CARE

| | | | | |
|----------------------------|--|-------------|-------------|---|
| General | | Not covered | Not covered | OPTIONAL BENEFIT Deductible: \$50 / family / calendar year 1 st calendar year: \$500 payable for all services combined Subsequent calendar years: \$1,000 payable for all services combined |
| Preventive services | Examinations, x-rays, lab tests and examinations, preventive services | Not covered | Not covered | 80% |
| Basic services | Restorations, endodontics, periodontics, maintenance of removable prostheses, oral surgery | Not covered | Not covered | 75% |
| Major restorative services | Removable prostheses, fixed prostheses (bridges), other basic restorative services | Not covered | Not covered | 50% |

Please note that certain exclusions, limitations and restrictions may apply.

NOTE: All maximums are per insured person.