healthassist ZONE

Individual Health & Dental Plans
from Green Shield Canada Insurance

BENEFIT AND COVERAGE DETAILS

Time to ZONE in on the plan that's right for you...

Health Assist ZONE plans offer varying levels of coverage to protect against the day-to-day, routine medical and dental expenses not covered by your provincial plan, as well as emergency medical travel protection when you're away from home, plus coverage for unforeseen health expenses that may arise in the future.



Different plans for different needs...

Guaranteed Acceptance – ZONE 1, ZONE 2, ZONE 3, ZONE Fundamental

These ZONE plans offer guaranteed acceptance as long as GreenShield receives your initial payment – no need to answer any health questions! These plans are specially designed to provide coverage for pre-existing medical conditions – up to the stated maximums, of course.

Health Questionnaire Required – ZONE 4, ZONE 5, ZONE 6, ZONE 7

For these ZONE plans, we'll ask you to complete a health questionnaire. You'll need to disclose any medical condition, injury or illness that occurred or existed on or before the date of your application. This information will be evaluated. If your and/or your family's health is such that exclusions will be applied to the plan benefits, GreenShield will notify you in writing and send a counter-offer for coverage that excludes your pre-existing medical conditions. The counter-offer will also include alternative plan options for you to consider.

Are you ready for the **Plan Details**?

Benefits effective April 1, 2024	No Medical Underwriting Required — Your Acceptance is Guaranteed ZONE Plan 1	ZONE Plan 2	ZONE Plan 3	ZONE Fundamental Plan
PRESCRIPTION DRUGS (benefits per person)				
Maximums	Not included	Not included	Not included	Year 1: $550 Year 2: $600 Year 3+: $650 Plan pays 70% to annual max.
DENTAL CARE (benefits per person)				
Maximums	Not included	Year 1: $500 Year 2: $650 Year 3+: $800	Year 1: $600 Year 2: $800 Year 3+: $1,000	$450 per year
Recall Frequency		9 months	9 months	9 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Major Services		Not included	Available in Year 3 - Plan pays 50%, subject to annual max.	Not included
Orthodontic Services		Not included	Not included	Not included
VISION CARE (benefits per person)				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	$150 every 2 years	$150 every 2 years	$150 every 2 years	$150 every 2 years
Eye Examination	$65 every 2 years	$65 every 2 years	$65 every 2 years	$80 every 2 years
EXTENDED HEALTH CARE (benefits per person)				
GreenShield Telemedicine	4 virtual visits per family every year with licensed general health care practitioners, available 7 days a week, 365 days a year (24 hours per day)			
Professional Services/Registered Therapists				
Chiropractor, Physiotherapist, Massage Therapist, Acupuncturist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	$20 per visit to a max. of $300 per practitioner, per year	$20 per visit to a max. of $300 per practitioner, per year	$20 per visit to a max. of $400 per practitioner, per year	$20 per visit to a max. of $400 per practitioner, per year
Speech Therapist	$300 per year	$300 per year	$400 per year	$400 per year
Psychologist/Psychotherapist/Social Worker	$300 per year, combined	$300 per year, combined	$400 per year, combined	$400 per year, combined
GreenShield Mental Health	Virtual counselling with the qualified GreenShield Health therapist of your choice; 2 hours for individual therapy, 2 hours for couples therapy, per year; additional therapy is eligible for coverage under the Psychology benefit.			
Accidental Dental	$5,000 per year	$5,000 per year	$5,000 per year	$3,000 per year
Ambulance Transportation	Includes land and air			
Hearing Aids	Year 1-4: $300 Year 5+: $400 every 4 years	Year 1-4: $300 Year 5+: $400 every 4 years	Year 1-4: $350 Year 5+: $500 every 4 years	Year 1-4: $350 Year 5+: $500 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	$2,000 per year			
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: $1,000 Year 2: $1,500 Year 3: $2,000 Year 4+: $2,500 per benefit category, per year	Year 1: $2,000 Year 2: $3,000 Year 3: $4,000 Year 4+: $5,000 per benefit category, per year	Year 1: $2,000 Year 2: $3,000 Year 3: $4,000 Year 4+: $5,000 per benefit category, per year	Year 1: $1,500 Year 2: $2,000 Year 3: $3,000 Year 4+: $4,000 per benefit category, per year
TRAVEL (benefits per person) Out of Province/Country				
Emergency Medical Travel Coverage	15 days per trip; $5,000,000 per year			
OPTIONAL HOSPITAL ACCOMMODATION (benefits per person) Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence. Medical underwriting is required.				
Semi-Private and/or Private	Up to 30 days per year			

Benefits effective April 1, 2024	Medical Underwriting Required ZONE Plan 4	ZONE Plan 5	ZONE Plan 6	ZONE Plan 7
PRESCRIPTION DRUGS (benefits per person)				
Maximums	Year 1-2: $2,500 Year 3+: $3,500 Plan pays 80% to annual max.	$5,000 Plan pays 90% to annual max.	$10,000 Plan pays 90% to annual max.	$20,000 Plan pays 90% to annual max.
DENTAL CARE (benefits per person)				
Maximums	Not included	Year 1: $700 Year 2: $900 Year 3+: $1,100	Year 1: $800 Year 2: $1,000 Year 3+: $1,300	Year 1: $1,000 Year 2: $1,200 Year 3+: $1,500
Recall Frequency		9 months	6 months	6 months
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Year 1: Plan pays 80%, subject to annual max. Year 2+: Plan pays 90%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80% subject to annual max.	Plan pays 80%, subject to annual max.	
Major Services		Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 50%, subject to annual max.	Available in Year 3 - Plan pays 50%, subject to annual max.
Orthodontic Services		Not included	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and $2,000 lifetime max.	Available in Year 3 - Plan pays 50% subject to Year 3+ annual max. and $2,000 lifetime max.
VISION CARE (benefits per person)				
Vision Care Prescription eyeglasses, contact lenses, laser eye surgery	$150 every 2 years	Year 1-2: $150 Year 3-4: $200 Year 5+: $250 every 2 years	Year 1-2: $200 Year 3-4: $250 Year 5+: $300 every 2 years	Year 1-2: $250 Year 3-4: $300 Year 5+: $350 every 2 years
Eye Examination	$80 every 2 years	$100 every 2 years	$100 every 2 years	$120 every 2 years
EXTENDED HEALTH CARE (benefits per person)				
GreenShield Telemedicine	4 virtual visits per family every year with licensed general health care practitioners, available 7 days a week, 365 days a year (24 hours per day)			
Professional Services/Registered Therapists				
Chiropractor, Physiotherapist, Massage Therapist, Acupuncturist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	$20 per visit to a max. of $400 per practitioner, per year	$25 per visit to a max. of $500 per practitioner, per year	$25 per visit to a max. of $600 per practitioner, per year	$50 per visit to a max. of $750 per practitioner; $2,000 combined per year
Speech Therapist	$400 per year	$500 per year	$600 per year	$750 per year
Psychologist/Psychotherapist/Social Worker	$400 per year, combined	$500 per year, combined	$600 per year, combined	$750 per year, combined
GreenShield Mental Health	Virtual counselling with the qualified GreenShield Health therapist of your choice; 2 hours for individual therapy, 2 hours for couples therapy, per year; additional therapy is eligible for coverage under the Psychology benefit.			
Accidental Dental	$5,000 per year	$10,000 per year	$10,000 per year	$15,000 per year
Ambulance Transportation	Includes land and air			
Hearing Aids	Year 1-4: $350 Year 5+: $500 every 4 years	$500 every 4 years	$500 every 4 years	$600 every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	$2,000 per year	$2,000 per year	$2,000 per year	$2,500 per year
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: $2,000 Year 2: $3,000 Year 3: $4,000 Year 4+: $5,000 per benefit category, per year	Year 1: $2,000 Year 2: $4,000 Year 3+: $6,000 per benefit category, per year	Year 1: $2,000 Year 2: $4,000 Year 3+: $6,000 per benefit category, per year	Year 1: $3,000 Year 2: $5,000 Year 3+: $8,000 per benefit category, per year
TRAVEL (benefits per person) Out of Province/Country				
Emergency Medical Travel Coverage	15 days per trip; $5,000,000 per year	30 days per trip; $5,000,000 per year	30 days per trip; $5,000,000 per year	30 days per trip; $5,000,000 per year
OPTIONAL HOSPITAL ACCOMMODATION (benefits per person) Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence. Medical underwriting is required.				
Semi-Private and/or Private	Up to 30 days per year			

Key Benefit Descriptions

PRESCRIPTION DRUGS

Prescription drug benefits cover prescription drugs approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.

Brand name drugs are covered if no generic equivalent exists.

Smoking cessation products and drugs for the treatment of obesity, infertility and erectile dysfunction are not covered.

For Quebec residents: To be eligible for ZONE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) Public Prescription Drug Insurance Plan. Your prescription drug claims must be submitted to RAMQ first. When RAMQ reimburses a portion of the drug cost, unpaid balances (including co-payments and deductibles) will be co-ordinated so that you may be reimbursed up to 100% of the eligible expense incurred. If the drug is not covered by RAMQ, the standard co-pay applies.

DENTAL CARE

BASIC SERVICES:

- Preventive cleaning
- Routine examinations, x-rays
- Fillings and extractions
- Fluoride treatment for children

COMPREHENSIVE BASIC SERVICES:

- Endodontic treatment – root canal therapy
- Periodontal treatment – scaling and root planing, occlusal adjustment, equilibration
- Denture repairs, rebasing, relining

MAJOR SERVICES:

- Crowns and onlays, dentures, bridgework

ORTHODONTIC SERVICES:

- Orthodontic treatment to straighten teeth and correct the bite

EXTENDED HEALTH CARE

MENTAL HEALTH

Two hours of individual and two hours of couples virtual counselling with the qualified GreenShield Health therapist who best matches your needs. (The GreenShield Health platform provides a unique and flexible matching process that incorporates diversity, inclusivity considerations and personal preferences, along with therapist credentials that align with your clinical needs.) Access to virtual appointments can happen quickly, within 24 to 48 hours of your online assessment. There are no out-of-pocket expenses for these four hours of therapy. And in between sessions, you'll have access to digital mental health resources like articles, podcasts and video presentations by GreenShield Health therapists. To continue your therapy journey, additional virtual sessions with your therapist are easy to arrange and eligible for coverage under the Psychology benefit of your plan.

MEDICAL ITEMS:

- Aids for daily living (such as hospital style beds, IV stand, trapeze, bedpan)
- Braces, casts, catheters and ostomy supplies
- Compression stockings
- Diabetic supplies
- Custom made boots or shoes, custom made foot orthotics
- Mobility aids (such as canes, crutches, walkers, wheelchairs)
- Prosthetics
- Respiratory/cardiology items (such as breathing and heart monitors for infants, compressors, oxygen)

EMERGENCY MEDICAL TRAVEL COVERAGE

Multi-trip emergency medical coverage when travelling out-of-province or out-of-country.

OPTIONAL HOSPITAL ACCOMMODATION

Semi-private and/or private accommodation in a public general hospital in your province/territory of residence.



Additional Information

This Plan Comparison is a summary and does not constitute a contract. Actual terms, conditions, limitations and exclusions are detailed in the contract issued by GreenShield upon application approval.

Reimbursement will be made for eligible expenses incurred, paid for and received by the covered person provided such services and supplies are, in the opinion of GreenShield, medically necessary for the treatment of an illness or injury and reasonable and customary, taking all factors into account.

Costs for medical services eligible for coverage under provincial health insurance plans will not be eligible for coverage under ZONE plans.

Coverage amounts shown are in Canadian Dollars.

Benefits are subject to change; GreenShield will provide policy owners with thirty (30) days written notice.

Plans provided and underwritten by

Green Shield Canada Insurance

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Green Shield Canada Insurance, 8677 Anchor Drive,
PO Box 1606, Windsor, ON N9A 6W1
1-888-711-1119

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