



Canadian Shooting Sports Association  
Association des Sports de Tir du Canada

Leading the way...Chef de file

Fier d'appuyer  
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## Individual Member - Plan "A" Overview Policy 21624

This brochure is prepared for you information only and does not, in itself, constitute a contract. Exact reference to the benefits and other provisions of this benefit plan is contained in the contract between your plan consultant and Green Shield Canada.

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefit representative, broker/consultant, or the Green Shield Customer Service Centre at 1-888-711-1119 to determine benefit eligibility and coverage details.

### DRUG

- A co-payment of 20% applies to each prescription and a dispensing fee maximum of \$5.00
- Ontario residents only: The Ontario Drug Benefit co-pay/deductible for seniors is a benefit
- Quebec residents only: Legislation states that Green Shield Canada is obligated to follow RAMQ reimbursement guidelines for all residents of Quebec. For those 65 years of age and under, Green Shield Canada is primary payor.

Payment will be based on the lowest cost generic equivalent unless the prescriber indicates no substitution allowed.

Benefits include **drugs legally requiring a prescription by law, diabetic needles and syringes.**

Benefits **do not include** smoking cessation products and medication for the treatment of obesity and infertility. Serums and vitamins are also ineligible unless injected and medically necessary.

**"Co-payment" means the amount that you are required to pay.**

### HEALTH SERVICES

- Your overall Health deductible is nil
- Your co-insurance for Health Services is 100% unless otherwise noted

**"Co-insurance"** means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.

## **EMERGENCY TRANSPORTATION**

- **Ambulance Transportation**, for land ambulance to the nearest hospital equipped to provide the required treatment.

## **ACCIDENTAL DENTAL BENEFITS**

**Accidental Dental** benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

## **ACCOMODATION**

### **SEMI-PRIVATE**

- Semi-Private Room in a public general hospital, up to a maximum of \$125.00 per day and a maximum of 30 days per benefit year.

### **PRIVATE**

- Private Room in a public general hospital, up to a maximum of \$125.00 per day and a maximum of 30 days per benefit year.

## **AUDIO**

- Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of \$500 once every 3 years, based on first paid claim.
- Batteries are not eligible.

## **MEDICAL ITEMS**

**Prosthetic Appliances and Durable Medical Equipment** as well as replacements, repairs, fittings and adjustments of such devices. Contact the Customer Service Centre to verify eligibility of a particular benefit.

Eligible Services include, but are not limited to the following:

- Prosthetic glasses and/or contact lenses eligible once per lifetime
- Braces for the legs, arms, neck or back
- Custom made foot orthotics payable at 50% coinsurance, up to a maximum of \$200 every 3 years, based on first paid claim, when prescribed by your attending physician
- Durable medical equipment such as manual hospital beds, crutches, canes patient lifts, walkers, manual wheelchairs, bedpans, commodes (if patient is bed confined), urinals and oxygen

## **PARAMEDICAL SERVICES**

- Up to a maximum of \$400 per paramedical discipline per calendar year for the following:  
Physiotherapist, Psychologist, Chiropractor, Osteopath, Podiatrist/Chiropodist, Registered Massage Therapist (medical referral required), Speech Therapist, Naturopath
- Private Duty Nursing Benefits carry a maximum of \$5,000 annually based on the date of the first paid claim for the services of a Registered Nurse (R.N.), Registered

Practical Nurse (R.P.N.)/Licensed Practical Nurse (L.P.N.) in the home on a full or part shift basis.

**NOTE:(Ontario residents only)**

- Podiatry Services are not eligible until the OHIP maximum has been exhausted
- Paramedical services are only eligible when the practitioner rendering the service is licensed by their provincial association and that association is recognized by Green Shield Canada. Please contact the Green Shield Customer Service Centre to confirm eligibility when in doubt.
- **Optometrist, Eye examinations** performed by a registered, licensed Optometrist or Physician **limited to one exam every 24 months for adults aged 20 through 64 inclusive, up to the usual and customary amount and subject to the Extended Health Services deductibles, co-insurance and co-payments.**
- **Excluding** - eye examinations when eligible for this benefit under the Ontario Provincial Health Insurance plan.

As a Green Shield plan member, you have access to our national preferred provider vision network arrangement with “the Bay Optical”, “Zellers Vision Centre” and “Sears Optical” stores.

**All** Green Shield plan members are eligible to receive a discount of 33% off the regular prices available at “The Bay Optical”, and “Zellers Vision Centre” and up to 30% off the regular prices available at “Sear Optical” stores. This offer applies to all extra coatings and upgrades (excluding disposable contact lenses).

Features of this great value-added service include:

1. **offer applies to any Green Shield plan member, regardless of whether or not you have Green Shield vision benefits;**
2. The “Bay Optical”, “Zellers Vision Centres” and “Sears Optical” may bill Green Shield directly; the plan member just pays any portion not covered;
3. trustworthy retail chains with convenient locations;
4. discount offer applies to everything such as coatings, upgrades and accessories
5. hundreds of the latest frame styles to choose from, plus the latest lens and coating technology;
6. professional opticians to assist in selecting products;
7. offer applies to non-disposable contact lenses.

To find a Bay Optical store near you, call the toll free store locator at 1-866-BAY-EYES. To find a Sears Optical store near you visit the store locator at [www5.sears.ca/e/specprod/opt1\\_loc.htm](http://www5.sears.ca/e/specprod/opt1_loc.htm). Or visit our web site at [www.greenshield.ca](http://www.greenshield.ca) for information on these providers.

## CLAIMING INFORMATION

1. Present your Green Shield identification Card as proof of being a Green Shield plan member.
2. The vision provider will apply the appropriate discount(s) to your claim and may submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.
3. If no vision benefit exists, you pay your provider the full balance owing after the applicable discounts have been applied.

## DENTAL

- You deductible is nil
- Your overall Dental maximum is \$1,000 annually, based on the subscriber's effective date of coverage
- Stated maximums are based on paid dollars
- Your co-insurance which is applied to the eligible allowed amount is 80% for Basic & Comprehensive Basic Services
- Basic services cover: recalls 1 every 9 months, other exams and full mouth x-rays every 3 years
- Comprehensive basic services cover denture relines 1 every 3 years
- Applicable lab, drug and other expenses are eligible to a maximum of 40% of the allowable professional fee. Any applicable co-payment is then applied.
- Your eligible claims are reimbursed at the level stated above and in accordance with the current year General Practitioners fee Guide. In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

## BASIC SERVICES

- **Recalls** include exams, bitewing X-rays, preventative cleanings and fluoride treatments.
- **Complete, general or comprehensive** oral exams, full mouth X-rays and panoramic X-rays.
- **Proper and effective home care oral hygiene instruction/re-instruction [care of the mouth] once in 9 months.**
- **Basic restoration**, fillings and inlays.
- **Extractions and surgical services.** General anesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery. Sleep dentistry is not eligible.

## COMPREHENSIVE BASIC SERVICES

- **Endodontic\*** treatment including standard root canal therapy, excluding retreatments.
- **Periodontal\*** treatment including scaling and/or root planning, up to 4 units of time in 9 months.

- **Standard denture services** including relining and rebasing of dentures plus denture adjustments after 6 months from installation

\* Endodontic and periodontal services are subject to a combined annual maximum of \$500.00 included in the overall maximum of \$1,000.00



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## Individual Member - Plan "B" Overview Policy 30980

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Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefit representative, broker/consultant, or the Green Shield Customer Service Centre at 1-888-711-1119 to determine benefit eligibility and coverage details.

### DRUG

- Payable to a maximum of \$3,000 per year, based on the subscribers effective date coverage
- A co-payment equal to 20% of allowed claim cost + allowed dispensing fee applies to each prescription
- Ontario residents only: The Ontario Drug Benefit co-pay/deductible for seniors is a benefit
- Quebec residents only: Legislation states that Green Shield Canada is primary payor.

Payment will be based on the lowest cost generic equivalent unless the prescriber indicates no substitution allowed.

Benefits include **drugs legally requiring a prescription by law, diabetic needles and syringes.**

Benefits **do not include** smoking cessation products and medication for the treatment of obesity and infertility. Serums and vitamins are also ineligible unless injected and medically necessary.

**"Co-payment" means the amount that you are required to pay.**

### HEALTH SERVICES

- Your overall Health deductible is nil
- Your co-insurance for Health Services is 100% unless otherwise noted

"Co-insurance" means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.

## **EMERGENCY TRANSPORTATION**

- **Ambulance Transportation**, for land ambulance to the nearest hospital equipped to provide the required treatment.

## **ACCIDENTAL DENTAL BENEFITS**

**Accidental Dental** benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

## **AUDIO**

- Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of \$500 once every 3 years, based on first paid claim.
- Batteries are not eligible.

## **MEDICAL ITEMS**

**Prosthetic Appliances and Durable Medical Equipment** as well as replacements, repairs, fittings and adjustments of such devices. Contact the Customer Service Centre to verify eligibility of a particular benefit.

Eligible Services include, but are not limited to the following:

- Prosthetic glasses and/or contact lenses eligible once per lifetime
- Braces for the legs, arms, neck or back
- Custom made foot orthotics payable at 50% coinsurance, up to a maximum of \$200 every 3 years, based on first paid claim, when prescribed by your attending physician
- Durable medical equipment such as manual hospital beds, crutches, canes patient lifts, walkers, manual wheelchairs, bedpans, commodes (if patient is bed confined), urinals and oxygen

## **PARAMEDICAL SERVICES**

- Up to a maximum of \$400 per paramedical discipline per calendar year for the following:
- Physiotherapist, Psychologist, Chiropractor, Osteopath, Podiatrist/Chiropodist, Registered Massage Therapist (medical referral required), Speech Therapist, Naturopath
- Private Duty Nursing Benefits carry a maximum of \$5,000 annually based on the date of the first paid claim for the services of a Registered Nurse (R.N.), Registered Practical Nurse (R.P.N.)/Licensed Practical Nurse (L.P.N.) in the home on a full or part shift basis.

NOTE:(Ontario residents only)

- Podiatry Services are not eligible until the OHIP maximum has been exhausted
- Paramedical services are only eligible when the practitioner rendering the service is licensed by their provincial association and that association is recognized by Green Shield Canada. Please contact the Green Shield Customer Service Centre to confirm eligibility when in doubt.
- Optometrist, Eye examinations performed by a registered, licensed Optometrist or Physician limited to one exam every 24 months for adults aged 20 through 64 inclusive, up to the usual and customary amount and subject to the Extended Health Services deductibles, co-insurance and co-payments.

- Excluding - eye examinations when eligible for this benefit under the Ontario Provincial Health Insurance plan.

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Features of this great value-added service include:

8. offer applies to any Green Shield plan member, regardless of whether or not you have Green Shield vision benefits.
9. The “Bay Optical”, “Zellers Vision Centres” and “Sears Optical” may bill Green Shield directly; the plan member just pays any portion not covered;
10. trustworthy retail chains with convenient locations;
11. discount offer applies to everything such as coatings, upgrades and accessories
12. hundreds of the latest frame styles to choose from, plus the latest lens and coating technology;
13. professional opticians to assist in selecting products;
14. offer applies to non-disposable contact lenses.

To find a Bay Optical store near you, call the toll free store locator at 1-866-BAY-EYES. To find a Sears Optical store near you visit the store locator at [www5.sears.ca/e/specprod/opt1\\_loc.htm](http://www5.sears.ca/e/specprod/opt1_loc.htm). Or visit our web site at [www.greenshield.ca](http://www.greenshield.ca) for information on these providers.

## **CLAIMING INFORMATION**

4. Present your Green Shield identification Card as proof of being a Green Shield plan member.
5. The vision provider will apply the appropriate discount(s) to your claim and may submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.
6. If no vision benefit exists, you pay your provider the full balance owing after the applicable discounts have been applied.

## **DENTAL**

- You deductible is nil
- Your overall Dental maximum is \$1,000 annually, based on the subscriber's effective date of coverage
- Stated maximums are based on paid dollars

- Your co-insurance which is applied to the eligible allowed amount is 80% for Basic & Comprehensive Basic Services
- Basic services cover: recalls 1 every 9 months, other exams and full mouth x-rays every 3 years
- Comprehensive basic services cover denture relines 1 every 3 years
- Applicable lab, drug and other expenses are eligible to a maximum of 40% of the allowable professional fee. Any applicable co-payment is then applied.
- Your eligible claims are reimbursed at the level stated above and in accordance with the current year General Practitioners fee Guide. In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

### **BASIC SERVICES**

- **Recalls** include exams, bitewing X-rays, preventative cleanings and fluoride treatments.
- **Complete, general or comprehensive** oral exams, full mouth X-rays and panoramic X-rays.
- **Proper and effective home care oral hygiene instruction/re-instruction [care of the mouth] once in 9 months.**
- **Basic restoration**, fillings and inlays.
- **Extractions and surgical services.** General anesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery. Sleep dentistry is not eligible.

### **COMPREHENSIVE BASIC SERVICES**

- **Endodontic\*** treatment including standard root canal therapy, excluding retreatments.
- **Periodontal\*** treatment including scaling and/or root planning, up to 4 units of time in 9 months.
- **Standard denture services** including relining and rebasing of dentures plus denture adjustments after 6 months from installation

\* Endodontic and periodontal services are subject to a combined annual maximum of \$500.00 included in the overall maximum of \$1,000.00