



Johnson Personal Health Plan

Optimum Plan - Schedule of Benefits

Prescription Drug Benefits	Paid at 90% \$5,000 per benefit year
Extended Health Benefits	Maximums
Accidental dental	\$10,000 per benefit year
Ambulance transportation	Land or air transportation to nearest hospital
Audio / hearing aids	\$500 every 48 months
Compression stockings	2 pairs every 4 months
Footwear <ul style="list-style-type: none"> • Custom made foot orthotics • Custom made boots or shoes 	\$250 every 24 months \$500 every 24 months
Home support services	\$2,000 in year 1 \$4,000 in year 2 \$6,000 per year thereafter
Medical items <ul style="list-style-type: none"> • Surgical bra • Wigs 	\$2,000 in year 1 \$4,000 in year 2 \$6,000 per year thereafter 2 every 12 months \$400 per lifetime
Medical services	\$2,000 per benefit year
Professional services / Registered therapists: <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Footcare specialist (Chiropodist / Podiatrist) • Massage therapist • Naturopath • Osteopath • Physiotherapist / Kinesiologist / Athletic Therapist • Psychologist / Registered social worker (RSW) • Speech therapist 	\$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year combined \$500 per benefit year combined \$500 per benefit year
Vision Benefits	Maximums
Eye examinations	1 every 24 months up to \$80
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 in the first 24 months \$200 in the second 24 months \$250 every 24 months thereafter
Semi-Private and Private Hospital Accommodation Benefits	30 days per benefit year

Dental Benefits	
Maximum	\$700 in year 1; \$900 in year 2; \$1,100 per year thereafter
Basic Preventive and Restorative Services Basic diagnostic, basic preventive, basic restorative, basic oral surgery	Paid at 80% Complete oral examinations, emergency and specific examinations, full series X-rays and panoramic X-rays – once every 3 years Recall frequency including preventive cleaning (up to 1 unit of polishing plus up to 1 unit of scaling), topical application of fluoride – once every 9 months Denture cleaning and bitewing X-rays – once every 12 months
Comprehensive Basic Services Endodontic and periodontal treatment and standard denture services	Paid at 60% in year 1 Paid at 70% in year 2 Paid at 80% thereafter Periodontal scaling and root planing – 8 units every 12 months Occlusal equilibration – 8 units every 12 months Relining and rebasing of dentures – once every 3 years
Major Services – starting in year 3 Crowns, bridges, dentures	Paid at 50% Crowns, Bridges and Dentures – once every 5 years

Note: Maximums listed are per covered person. Benefit year refers to the consecutive 12 month period following the effective date of coverage and each 12 month period thereafter.

Plans underwritten by **Green Shield Canada Insurance**

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Green Shield Canada Insurance, 8677 Anchor Drive, PO Box 1606, Windsor, ON N9A 6W1

Contact Information on the next page

Contact Information

Please keep this sheet handy for future reference regarding information on the **Johnson Personal Health Plan**.

Check your ID card

Your benefits and claims payments are based on the information provided on your application, as well as the information shown on your GreenShield identification card. Please review it carefully and if there are any discrepancies, contact us immediately.

Notification of Change

To ensure there are no disruptions to your benefits, please contact Johnson Inc., the Plan Administrator, immediately in the event of:

- Changes in status (family status, marital status, death);
- Changes in plan options;
- Change of address or province of residence;
- Change of bank account details (financial institution and/or account numbers).

Note: If you change your address, Johnson Inc. requires specific written notification. Otherwise, all correspondence to the Member will be sent to the address as it appears on the application for this Contract.

To receive a Premium Confirmation letter for tax purposes, please contact Johnson Inc.

Email: personalhealth@johnson.ca
Telephone: 905-764-4959
Toll-Free: 1-800-461-4155
Fax: 1-866-623-8257

Mail:
Johnson Inc.
Group Benefits, Service
PO Box 4216, Station A
Toronto, ON M5W 5M7

Claims Inquiries

For claims inquiries, to determine eligibility for a specific item or service, or to obtain pre-authorization requirements, please contact Green Shield Canada Insurance's Customer Service Centre at 1-888-525-7587 Monday to Friday (excluding holidays), 8:30am to 8:30pm EST/EDT, or visit greenshield.ca to email your question.

Claim Reimbursement (*refer to Claiming Information section of the Contract for complete details*)

Register for Plan Member Online Services – Getting started is easy

GreenShield+ is the ultimate in online self-service. Check out the enclosed information sheet to find out how to register, submit claims and more.