

## **Johnson Personal Health Plan**

## **Green Shield Canada**

# **Optimum Plan - Schedule of Benefits**

Prescription Drug Benefits	Paid at 90% \$5,000 per benefit year
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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
<ul><li>Footwear</li><li>Custom made foot orthotics</li><li>Custom made boots or shoes</li></ul>	\$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
<ul><li>Medical items</li><li>Surgical bra</li><li>Wigs</li></ul>	\$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:  • Acupuncturist	\$25 per visit; 20 visits per benefit year
Chiropractor     Chiropractor     Chiropradiat / Radiatriat	\$25 per visit; 20 visits per benefit year
Footcare specialist (Chiropodist / Podiatrist)     Massage therapist	\$25 per visit; 20 visits per benefit year \$25 per visit; 20 visits per benefit year
Naturopath	\$25 per visit; 20 visits per benefit year
Osteopath  Physical Associated Athletic Theory in the Committee of th	\$25 per visit; 20 visits per benefit year
Physiotherapist / Kinesiologist / Athletic Therapist     Physiotherapist / Pagistaged Secial Wester (PSW)	\$25 per visit; 20 visits per benefit year combined
Psychologist / Registered Social Worker (RSW)      Speech the applied.	\$500 per benefit year combined
Speech therapist	\$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	30 days per benefit year
Benefits	





Dental Benefits	
Maximum	\$700 in year 1; \$900 in year 2; \$1,100 per year thereafter
Basic Preventive and Restorative Services	Paid at 80%
Basic diagnostic, basic preventive, basic restorative, basic oral surgery	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	Paid at 60% in year 1
Endodontic and periodontal treatment and standard	Paid at 70% in year 2
denture services	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	Paid at 50%
Crowns, bridges, dentures	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.

Contact Information on the next page





### **Contact Information**

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

#### **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

1595 16th Avenue, Suite 100 Richmond Hill, ON L4B 9Z9

#### **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's Customer Service Centre at 1.888.711.1119 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**

#### QUICK, CONVENIENT AND EASY....register today!

Plan Member Online Services provides you with instant access to important benefit plan information. We are making it easier for you to access your benefit eligibility, to determine when you are eligible for your next pair of glasses, as well as giving you information about claims payments.

Plan Member Online Services includes: ID card download, claims information, direct deposit, benefit eligibility and personalized claim forms. Registration is quick and easy. You'll need your GSC ID number and the registration key that was included with your ID card. Just select the login button at greenshield.ca (top right corner) and follow the instructions.



