



PLAN DETAILS & PREMIUMS

www.corsana.com

EXTENDED HEALTH CARE PLANS

Corsana offers a wide range of extended health care plans to fit your needs.

	† GUARANTEED ANYTIME		† GUARANTEED IN A 60-DAY OPEN WINDOW		MEDICALLY UNDERWRITTEN
	Essential	Essential Plus	Complete	Complete Plus	Optimum
Co-Insurance (Drugs)	X	80%	80%	80%	90%
Prescription Drugs	X	\$750	\$1,000	\$2,500	\$10,000
Co-Insurance (EHS)	80%	90%	100%	100%	100%
Travel Benefit	\$1,000,000 (100%)	\$1,000,000 (100%)	\$1,000,000	\$1,000,000	\$1,000,000
Trip Cancellation	\$5,000 (100%)	\$5,000 (100%)	\$5,000	\$5,000	\$5,000
Hospital Accommodations	X	X	\$3,000	\$3,000	\$5,000
Private Duty Nursing/PSW	\$1,500	\$2,500	\$5,000	\$5,000	\$5,000
Psychologist/ Master of Social Work /Psychotherapist	\$400 combined	\$400 combined	\$400 combined	\$500 combined	\$500 combined
Speech Therapist	\$400	\$400	\$400	\$500	\$500
Physiotherapist	\$400	\$400	\$400	\$500	\$500
Podiatrist/Chiropracist	\$400 combined	\$400 combined	\$400 combined	\$500 combined	\$500 combined
Massage/Chiropractor/ Osteopath/Naturopath/ Acupuncturist/Dietitian/ Occupational Therapist	\$400 combined	\$400 combined	\$400 combined	\$500 combined	\$500 combined
Vision	\$100 (100%)	\$100 (100%)	\$150	\$200	\$250
Eye Exam	\$65 (100%)	\$65 (100%)	\$65	\$65	\$65
Audio	\$300 (100%)	\$300 (100%)	\$400	\$500	\$750
Accidental Dental	\$1,500 (100%)	\$1,500 (100%)	\$2,500	\$2,500	\$5,000
Medical Items	\$1,500	\$1,500	\$2,500	\$2,500	\$5,000
Medical Alert Bracelets	\$50	\$50	\$50	\$50	\$50
Emergency Transportation	Unlimited (100%)	Unlimited (100%)	Unlimited	Unlimited	Unlimited

Maximums: There is no lifetime maximum or overall annual plan maximum.

Co-insurance: Percentage the Insurer pays, subject to coverage maximums, applies to all categories of coverage unless otherwise specifically stated.

Deductible: There is no deductible.

NOTE: Stated maximums are per benefit year, unless otherwise specified, and apply to each plan member and insured dependant. Complete Form 2 included in this enrollment kit when applying for Optimum health plan.

† GUARANTEED - eligibility and open window conditions may apply

DENTAL PLANS

Dental plans are available as an optional add-on to any health plan.

Deductible: There is no deductible.

Co-insurance: Percentage of an eligible claim the insurer pays.

Fee Guide: Coverage follows the current fee guide.

Maximums: Plan maximums stated below are per benefit year, unless otherwise specified and apply to each plan member and insured dependant.

Overall Dental Plan Maximums

Year	Basic	Enhanced
Year 1	\$500 (70%)	\$700 (80%)
Year 2	\$750 (80%)	\$850 (80%)
Year 3+	\$1,000 (80%)	\$1,000 (80%)
Endodontic & Periodontal Services		
	50%	80%
Major Restorative Services		
Available ONLY after the 36th consecutive month of dental coverage		
	Not Included	50%

Summary of Eligible Services

Eligible services include recall examinations once every 9 months, fillings, cleanings, scalings, examinations, polishing, extractions, general anesthetic and other standard services.

Endodontic treatment includes root canal therapy. Periodontal treatment includes addressing diseased bones and gums.

Major Restorative Services

(Enhanced Dental Only)

Dentures include standard complete, immediate, transitional and partial dentures. Crowns include standard onlays or crown restorations (paid to full metal on molar) to restore diseased or accidentally injured natural teeth.

Standard bridges, including pontics, abutment retainers/crowns (paid to full metal on molar) on natural teeth. Standard repair or re-cementing of crowns, onlays and bridge work on natural teeth.

ADDITIONAL DETAILS

Further details to coverages listed on previous page.

Prescription Drugs: (Pay Direct Drug Card system)

Benefits include drugs legally requiring a prescription, diabetic needles and syringes. Pay generic only unless otherwise indicated in the prescription. Benefits do not include smoking cessation products and medication for the treatment of obesity, erectile dysfunction and infertility.

Travel Benefit: Out of province/out of country emergency medical services up to 60 days for each trip; dollar maximum is per CALENDAR year regardless of the number of trips.

Trip Cancellation: Per covered person, per trip included in the overall maximum out of province/out of country.

Hospital Accommodations: Semi-private room in a public general hospital.

Private Duty Nursing: Services of an RN or RPN or LPN or PSW.

Vision: Maximums apply every 24 months based on date of first paid claim. Prescription eye glasses and/or contact lenses and/or laser eye surgery, eye exams (this benefit is only available for residents in provinces that do not cover eye exams under their provincial plan).

Audio: Hearing aids, repairs or replacement parts (maximums apply every 5 years based on date of first paid claim).

Accidental Dental: Accidental injury to natural teeth. Submit accident report immediately.

Medical Items: Includes items such as wheelchair, hospital bed, glucometer and lancets, orthotics, prosthetics, ventilator, pressure gradient stockings etc. Each individual item is scaled to usual customary limits.

Emergency Transportation: Land or air ambulance.

Medical Alert Bracelets: Maximums apply every 2 years based on date of first paid claim.

Premium Guide

Rates are effective November 1st, 2023 for residents of North West Territories

All rates listed are paid **monthly** and are inclusive of all taxes if applicable in your province of residence. Your coverage and your premium may be affected by changes in your family status. It is your sole responsibility to make Corsana Group Benefits aware of any such changes at the time of occurrence. Any premium paid towards coverage for which you were ineligible or which you no longer required as a result of non-contact at the time of the changes will not be refunded.

		Rates For Under 65				
		Essential	Essential Plus	Complete	Complete Plus	Optimum
Single	No Dental	\$69.94	\$95.40	\$108.78	\$173.18	\$108.78
	Basic Dental	\$113.77	\$138.93	\$152.31	\$220.96	\$152.31
	Enhanced Dental	\$130.95	\$156.77	\$168.99	\$235.12	\$168.99
Couple	No Dental	\$131.86	\$182.36	\$206.39	\$337.79	\$206.39
	Basic Dental	\$210.53	\$260.48	\$284.51	\$422.59	\$284.51
	Enhanced Dental	\$241.66	\$292.80	\$315.83	\$448.07	\$315.83
Family	No Dental	\$157.09	\$218.74	\$247.79	\$411.27	\$247.79
	Basic Dental	\$278.98	\$339.78	\$368.83	\$541.70	\$368.83
	Enhanced Dental	\$326.79	\$389.42	\$416.47	\$580.44	\$416.47

		Rates For 65+				
		Essential	Essential Plus	Complete	Complete Plus	Optimum
Single	No Dental	\$65.14	\$99.11	\$123.24	\$152.21	\$123.24
	Basic Dental	\$125.12	\$155.88	\$178.52	\$204.90	\$178.52
	Enhanced Dental	\$146.13	\$178.77	\$199.16	\$223.47	\$199.16
Couple	No Dental	\$128.31	\$193.32	\$239.63	\$293.46	\$239.63
	Basic Dental	\$236.11	\$295.85	\$341.00	\$389.85	\$341.00
	Enhanced Dental	\$272.37	\$335.02	\$379.20	\$425.90	\$379.20
Family	No Dental	\$138.40	\$216.53	\$271.19	\$335.30	\$271.19
	Basic Dental	\$303.33	\$372.75	\$428.64	\$484.52	\$428.64
	Enhanced Dental	\$359.79	\$434.27	\$488.93	\$540.33	\$488.93

Premium Payment

A deposit and first month premium payment are required with each enrollment. Both payments are equal to the monthly premium for the plan into which you are enrolling.

Following your enrollment, ongoing monthly premium payments are made by pre-authorized, automatic debit from the chequing account of your choice.

The withdrawal will occur on the first of the month and funds are used to pay for your coverage for the following month.

1. Deposit Cheque

Your deposit cheque is to be dated the same as your enrollment forms and WILL be cashed when the enrollment forms are received. This cheque is **NOT VOID**.

The amount should be equal to the monthly premium for the plan into which you are enrolling. The amount will be held in trust for the duration of time you are covered under the Corsana Group Benefits plan and may be used to pay for your last month's premium should you choose to cancel OR may serve to ensure there is no disruption in your coverage should we not be able to collect payment from you in any given month - ie. insufficient funds.

PAY TO THE ORDER OF	Corsana Group Benefits	March 15, 2024	\$187.22
One Hundred & Eighty-Seven		22/100 DOLLARS	
FOR	Deposit	Jane Smith	

2. First Month Premium

Your first month premium cheque is to be dated for the first of the month in which your coverage will begin. This cheque is **NOT VOID**.

The amount should be equal to the monthly premium for the plan into which you are enrolling. This amount will be used to cover the cost of your first month of coverage under the plan.

Each monthly premium following your first month will be drawn from the same account on your last pay day each month and will cover the following month's coverage.

PAY TO THE ORDER OF	Corsana Group Benefits	April 1, 2024	\$187.22
One Hundred & Eighty-Seven		22/100 DOLLARS	
FOR	First Month Premium	Jane Smith	

Don't Use Cheques?

We offer alternate solutions for making deposit and first month premium payments, ask an associate for more details. If paying your deposit and first month premium payment via an alternative method, please submit a pre-authorized debit banking form with your enrollment.



Have Questions?

We're here to help! Our team can be reached Monday - Friday from 8:30 am - 4:30 pm.

**1032 Brock Street South
Whitby, Ontario L1N 4L8**

Toll-Free: 1.855.267.7262

Local: 905.668.4050

info@corsana.com

www.corsana.com