

Sonata Health

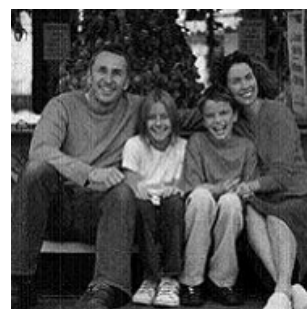
Scale 5

Individual Health and Dental Insurance Plan Presentation

Proposed Owner: Dr. CMAAC MEMBER

Proposed Insured: Dr. CMAAC MEMBER

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BC



ENHANCED HEALTHCARE INSURANCE

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Underwritten by The Great-West Life Assurance Company
Administered by PDAssure

Version 3.9

Prepared: July 21, 2014

THE
Great-West Life
ASSURANCE  COMPANY

Sonata Health

Individual Health and Dental Insurance

Features and Benefits

Great-West Life has been helping Canadians achieve financial security for more than a century. We are a leading provider of financial security products in Canada, offering a wide range of insurance, retirement savings and income plans for individuals, families, businesses and organizations.

Throughout this presentation, "you" and "your" refer to the proposed owner for which this presentation was prepared.

Scale 5 Policy Features

Sonata Health provides benefits for expenses for covered healthcare and dentalcare services and supplies incurred by an insured, when provided for injury or sickness, subject to the provisions of your policy. Coverage is provided for reasonable and customary expenses not covered by a government plan.

Below are highlights of the coverage provided under the *Sonata Health* policy and any optional benefits you have chosen.

Sonata Health contains many valuable features and benefits which are set out in your policy. We recommend owners read their policy carefully upon delivery as it contains important definitions, limitations and exceptions that affect the amount Great-West will pay for benefits.

Healthcare Services and Supplies

Sonata Health provides coverage for the following healthcare services and supplies:

Ambulance Services

- Including air ambulance service, if provided by a licensed ambulance company for transportation to the nearest centre where essential treatment is available.

In-home Nursing care and Home Health Aid Care

- Provided in a private residence by a graduate registered nurse, licensed practical nurse or registered nursing assistant and home health aid care, if prescribed by a physician and obtained through a licensed home health agency.

Medical Services and Supplies

Breathing Equipment

- Set out below when prescribed by a physician. For supplies available on a rental basis, Great-West covers the rental cost, or at its discretion, the cost of purchase.
- Oxygen and the equipment needed for its administration
- Intermittent positive pressure breathing machines and continuous positive airway pressure machines
- Apnea monitors for respiratory dysrhythmias
- Mist tents and nebulizers
- Chest percussors, drainage boards, and sputum stands
- Tracheostoma tubes

Scale 5 Policy Features (cont.)

Orthopedic Equipment	<ul style="list-style-type: none">• Braces, casts, splints, cervical collars• Custom-made foot orthotics and custom-fitted orthopedic shoes• External electrospondyl stimulators for the correction of scoliosis• Non-union bone stimulators and prone standers
Prosthetic Equipment	<ul style="list-style-type: none">• Artificial eyes• Standard artificial limbs• Cleft palate obturators• External breast prostheses and surgical brassieres• Internal breast prostheses to the amount payable for external breast prostheses
Mobility Aids	<ul style="list-style-type: none">• Wheelchairs and power scooters when necessary to permit independent participation daily living and repairs and rechargeable batteries for covered wheelchairs
Hearing Aids	<ul style="list-style-type: none">• Hearing aids, including batteries, tubing and ear molds and repairs and adjustments
Diabetic Equipment	<ul style="list-style-type: none">• Blood-glucose monitoring machines
Other Medical Supplies	<ul style="list-style-type: none">• Canes, walkers, crutches and parapodiums• Hospital beds, bed rails, trapeze bars, head halters and traction apparatus• Colostomy and ileostomy supplies• Catheters and catheterization supplies• Food substitutes that must be administered through tube feed process• Tube feeding pumps and pump sets• Transcutaneous nerve stimulators for the control of chronic pain• Custom-made pressure supports for lymphedema• Extremity pumps for lymphedema or severe postphlebotic syndrome• Custom-made burn garments• Elevated toilet seats, shower chairs, bathtub rails and standard commodes• Wigs for cancer patients undergoing chemotherapy• Surgically implanted intraocular lenses• Eyeglasses or contact lenses following eye surgery
Diagnostic Services	<ul style="list-style-type: none">• Performed in the insured's home province or territory
Paramedical Services	<ul style="list-style-type: none">• As set out below, for out of hospital treatment, after provincial benefits have been paid, by a:<ul style="list-style-type: none">• Licensed chiropractor for muscle and bone disorders;• Licensed osteopath;• Licensed physiotherapist for movement disorders;• Licensed podiatrist for foot disorders;• Registered psychologist or social worker;• Qualified massage therapist;• Qualified speech therapist for speech impairments;• Licensed naturopath; and• Qualified acupuncturist.



Scale 5 Policy Features (cont.)

Visioncare for the following:

- Eye exams when performed by a licensed ophthalmologist or optometrist
- Glasses, contact lenses and laser surgery, when required to correct vision and laser eye surgery when provided by a licensed ophthalmologist

Scale 5 Policy Features (cont.)

Dentalcare Services and Supplies

Sonata Health provides coverage for the following dentalcare services and supplies, subject to a three-month no claims waiting period:

Routine Dental Services and Supplies

Diagnostic Services

- Complete oral examination
- Oral pathology, periodontal, surgical, prosthodontic and endodontic examinations
- Limited oral and periodontal examinations
- Specific and emergency examinations
- Complete series of intra-oral radiographs
- Intra-oral radiographs
- Sialography
- Extra-oral radiographs other than panoramic and sialography
- Radiopaque dyes used to demonstrate lesions
- Interpretation of radiographs or models from another source
- Microbiological, histological, cytological, and pulp vitality tests
- Laboratory services

Preventative Services

- Prophylaxis and topical application of fluoride
- Pit and fissure sealants on bicuspid and permanent molars
- Space maintainers and maintenance of space maintainers
- Appliances for the control of harmful habits
- Finishing restorations
- Interproximal diskings
- Recontouring of teeth

Minor Restorative Services

- Caries, trauma and pain control
- Amalgam and tooth-coloured filling
- Retentive pins and prefabricated posts for fillings when a filling is the final restoration
- Prefabricated crowns for primary teeth

Endodontic Services

- Procedures described in the endodontic section of the Canadian Dental Association Uniform System of Coding and List of Services

Periodontal Services

- Procedures described in the periodontic section of the Canadian Dental Association Uniform System of Coding and List of Services

Denture Maintenance

- Denture relines and rebases for dentures
- Resilient liner in relined or rebased dentures

Scale 5 Policy Features (cont.)

Oral Surgery

- Removal of teeth
- Surgical exposure of teeth
- Minor alveoplasty, gingivoplasty and stomatoplasty for remodeling and recontouring oral tissues
- Surgical incisions
- Surgical excision of tumors, cysts and granulomas
- Treatment of fractures, including related bone grafts to the jaw
- Treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty
- Palatal obturators

Adjunctive Services

- Minor remedies for relief of dental pain
- Therapeutic injections
- Anesthesia required in relation to covered services

Major Dental Services and Supplies

Crowns and Onlays

- Metal, plastic, porcelain and ceramic crowns
- Onlays
- Posts, cores and pins related to covered crowns
- Copings related to covered crowns and overdentures
- Repairs to covered tooth-coloured materials
- Removal and recementation of crowns and onlays

Dentures and Bridgework

- Dentures and bridgework, including overdentures and implant-retained appliances, are covered when required to replace one or more teeth extracted while your policy is in force.
- Replacement appliances are also covered when:
 - The existing appliance is a covered temporary appliance; or
 - The existing appliance is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable, while the insured is covered under the policy, as a result of:
 - The placement of an initial opposing appliance, or
 - The extraction of additional teeth. If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

Denture-Related Surgery

- The following denture-related surgical services for remodelling and recontouring oral tissues are covered:
 - Remodelling, excisions, removal, reduction or augmentation of the alveolar bone
 - Remodelling of the flooring of the mouth
 - Vestibuloplasty
 - Reconstruction of the alveolar ridge
 - Extensions of mucous folds
 - Related surgical grafts

Scale 5 Policy Features (cont.)

Appliance Maintenance

- Denture remakes and adjustments
- Denture repairs and additions, tissue conditioning and resetting of denture teeth
- Repairs to bridgework
- Removal and recementation of bridgework
- Removal of implant-retained prostheses for repair
- Reinsertion of implant-retained prostheses

Dental Accident Treatment

- Treatment from accidental injury to sound, natural teeth if the injury occurs while covered under your policy, treatment is performed by a dentist, oral surgeon or denturist and treatment begins within 60 days after the injury.

Deductibles, Reimbursement Levels and Maximum Benefits Amounts

Deductibles, reimbursement levels and maximum benefit amounts for covered healthcare and dentalcare services and supplies are set out under Healthcare Services and Supplies and Dentalcare Services and Supplies under the heading "Coverage Highlights and Premium Summary".

The *deductible* is the dollar amount which must be paid by you before certain benefits are payable under your policy. The reimbursement level is the percentage of a covered expense that your policy will pay. The maximum benefit amount is the total dollar amount your policy will pay for a certain type of benefit within a certain time period.

Waiting Period

The waiting period is the period starting on the policy effective date and ending on the last day of the third month following the policy effective date. The waiting period applies only to covered dentalcare services and supplies.



Optional Benefits Available But Not Selected

Hospital Accommodation Benefit

Hospital Cash Benefit

Emergency Travel Medical

Accidental Death, Dismemberment and Specific Loss

Limitations and Exceptions

You will receive a conditional offer of acceptance which you must agree to and sign to proceed with coverage if, as a result of medical evidence received, certain expenses are excluded from coverage.

General Limitations and Exceptions

No benefits will be paid under your policy for the following:

- Expenses incurred as a result of an injury or sickness that has been excluded from coverage under a conditional offer of acceptance.
- Expenses that private insurers are not permitted to cover by law.
- Services and supplies that the insured is entitled to without charge by law, or for which a charge is made only because the insured has insurance coverage.
- Services and supplies that do not represent reasonable medical treatment or reasonable dental treatment.
- Services and supplies associated with treatment performed for cosmetic purposes only.
- Services and supplies associated with:
 - The diagnosis or treatment of infertility; or
 - Contraception (oral contraceptives are covered under Scales 3, 5 and 6 only).
- Dentalcare services and supplies associated with:
 - Congenital defects or developmental malformations in people 19 years of age or over;
 - Temporomandibular joint disorders;
 - Vertical dimension correction; or
 - Myofacial pain.
- Services and supplies associated with covered items, unless specifically listed as a covered healthcare or dentalcare service or supply.
- Services or supplies received outside of Canada, except as provided by the Emergency Travel Medical Benefit, if inforce.
- Services and supplies received out of province in Canada unless:
 - The insured is covered by the Government Plan providing medicare coverage in the insured's home province or territory; and
 - Great-West would have paid benefits for the same service or supplies if they had been received in the insured's home province.
- Expenses arising from war, declared or undeclared, insurrection, acts of terrorism, voluntary participation in a riot or civil unrest.
- Services arising from committing or attempting to commit an assault, battery or criminal offense, whether or not you are charged with a criminal offense.
- Expenses incurred as a result of or a loss resulting from or associated with a self-inflicted injury or attempted suicide, while sane or insane.

Benefits payable under your policy, for healthcare and dentalcare services and supplies eligible under any Government Plan are limited to any deductible and co-insurance amounts the insured is required to pay under the Government Plan.

A Government Plan means a plan that provides drug, health, dental or vision coverage and is legislated, funded, or administered by a government.

Limitations and Exceptions (cont.)

Specific Limitations and Exceptions

- Coverage is not provided for air-fluidized beds.
- Coverage is not provided for visioncare services and supplies required by an employer as a condition of employment.
- Coverage is only provided for replacement fillings if the existing filling is at least 2 years old or the existing filling was not covered under your policy.
- Coverage is not provided for implantology.
- Coverage for crowns on molars is limited to the cost of metal crowns.

The above are examples only and further specific limitations and exceptions apply, please read your policy carefully upon delivery.

Cancellation and Termination

Cancellation

Great-West has the right to cancel your policy on any annual renewal date, provided that cancellation will be made to all policies within a particular risk class and will not affect only your policy.

Great-West will give you written notice of a cancellation at least 31 days prior to the cancellation date.

Termination

Your policy will terminate at the earliest of:

- The date you are no longer covered under a Government Plan providing medicare coverage in your province or territory of residence;
- The date you are no longer a permanent resident of Canada;
- The last day of the month, in which:
 - You attain your 65th birthday;
 - The grace period ends if premium has not been paid in full by that date;
 - The end of the premium period occurs when we receive a written request to terminate your policy;
 - Your death occurs; and
 - Cancellation as described above occurs.

Coverage for your spouse or a child will terminate on the earliest of:

- The date on which your spouse or child ceases to be covered under the Government Plan which provides medicare coverage in their province or territory of residence;
- The date your spouse or child is no longer a permanent resident of Canada;
- The last day of the month, in which:
 - The policy terminates;
 - Your spouse attains age 65;
 - Your spouse or child ceases to qualify as an insurable spouse or an insurable child;
 - Your spouse or child's death occurs; and
 - The end of the premium period occurs when we receive a written request from you terminating coverage for a spouse or child.

Terms of Insurance and Renewability

The policy is for a term of one year, beginning on the policy effective date. Great-West will automatically renew your policy on your policy's annual renewal date for successive one-year term. The policy must be in force on the day before each annual renewal date in order to be renewed.



Coverage Highlights and Premium Summary

Coverage Highlights

Scale 5 Policy

Healthcare Services and Supplies	
• Deductible for healthcare services and supplies	None
Prescription Drugs	
• Reimbursement level	90% for the first \$10,000
	100% the next \$240,000
• Maximum Benefit Amount	\$250,000 per insured person per calendar year
• Dispensing fee for prescription drug expenses	\$7.00 per prescription
Paramedical Services	
• Reimbursement level	90%
• Maximum benefit amount for paramedical services	\$500 per calendar year per insured for all practitioners combined
Visioncare	
• Reimbursement level	100%
• Maximum benefit amount for eye exams	\$50 every 2 years per insured person
• Maximum benefit amount for glasses, contact lenses and laser surgery	\$200 every 2 years per insured person
Medical Supplies	
• Reimbursement level	100%
• Foot orthotics and orthopedic shoes	\$300 for both foot orthotics and orthopedic shoes combined per calendar year per insured person
• External breast prostheses	Once per calendar year per insured person
• Surgical brassieres	Twice per calendar year per insured person
• Wheelchairs, power scooters, batteries and repairs	\$1,500 for wheelchairs, power scooters, batteries and repairs per lifetime per insured person
• Blood-glucose monitoring machines	Once every 4 years per insured person
• Hearing aids, including batteries, tubing and ear molds	\$500 every 5 years per insured person
• Custom-made graduated compression hose	4 pairs per calendar year per insured person
• Eyeglasses or contact lenses following eye surgery	One pair per insured person following eye surgery
• Transcutaneous nerve stimulators	\$700 per lifetime per insured person
• Extremity pumps	\$1,500 per lifetime per insured person
• Wigs for cancer patients	\$500 per lifetime per insured person
In-home Nursing care and home health aid Care	
• Reimbursement level	100%
• Maximum Benefit Amount	\$5,000 every 12 months combined for both in-home nursing and home health aid care per insured person
All Other Healthcare Expenses	
• Reimbursement level	100%

Coverage Highlights and Premium Summary

Coverage Highlights

Scale 5 Policy (cont.)

Dentalcare Services and Supplies	
• Deductible for dentalcare services and supplies	\$25 per insured person per calendar year to a maximum of \$50 per family per calendar year
• Waiting Period	3-month no claims waiting period
Routine dental expenses	
• Maximum Benefit Amount for routine dental expenses	\$750 per calendar year per insured person
Diagnostic services	
• Reimbursement Level	80%
Maximum Benefit Amount:	
• Complete oral examinations	Once every 3 years per insured person
• Limited oral examinations and limited periodontal examinations	Once every 9 months per insured person
• Complete series of intra-oral radiographs and panoramic radiographs	Once every 3 years per insured person
• Intra-oral radiographs	15 films every 3 years per insured person
Preventative Services	
• Reimbursement Level	80%
Maximum Benefit Amount:	
• Prophylaxis and fluoride treatment	Once every 9 months per insured person
• Pit and fissure sealants	Once every 5 years per insured person
Endodontic Services	
• Reimbursement Level	60%
Maximum Benefit Amount:	
• Root canal therapy for permanent teeth	One course of treatment per tooth
Periodontal Services	
• Reimbursement Level	60%
Maximum Benefit Amount:	
• Scaling and root planing	6 - 15 minute time units for both scaling and root planing combined per calendar year per insured person
• Occlusal adjustment and equilibration	6 - 15 minute time units for both occlusal adjustment and equilibration combined per calendar year per insured person
Oral Surgery	
• Reimbursement Level	60%

Coverage Highlights and Premium Summary

Coverage Highlights

Scale 5 Policy (cont.)

Denture Maintenance	
• Reimbursement Level	80%
Maximum Benefit Amount:	
• Denture relines, rebases and resilient liners for relined or rebased dentures	Once every 3 years per insured person
Other Routine Dental Services	
• Reimbursement Level	80%
Major dental expenses	
• Reimbursement Level	50% of the lesser of the billed cost of the dental services and the dental fee guide
• Maximum benefit amount for major dental expenses	\$500 per calendar year per insured person
• Denture remakes	Once every 3 years per insured person
• Denture adjustments	Once a year per insured person
Dental Accident Treatment Expenses	
• Maximum Benefit Amount for dental accident treatment expenses	Not subject to a per calendar year maximum
• Reimbursement Level	100% of the lesser of the billed cost of the dental services and the dental fee guide

Coverage Highlights and Premium Summary

Premium Summary

Scale 5 Policy

		Monthly Premium
Province of Residence - British Columbia		
Coverage Category		
Single - age 40		
		\$120.39
Total for Scale 5		\$120.39
Total for Optional Benefits		\$0.00
Total monthly premium		\$120.39

Premium Rates

Premium rates are not guaranteed and are subject to change without prior notice.

The monthly premium rates shown above are valid only for policies issued with a standard rate, based on Great-West's underwriting process. The premium charged for your policy may be subject to adjustment based on your or your family member(s) medical history. You can pay for your plan either monthly or annually either by automated debit from your banking account or by credit card (Visa or MasterCard).

Medical Evidence

Medical and lifestyle information must be completed for each applicant on the Medical and Lifestyle questionnaire at the time of application. Eligibility for coverage for you, your spouse and children is based, among other things, on the medical history provided. Great-West reserves the right to decline coverage for you, your spouse and any dependent children based on its medical assessment.

If your or your family member(s) medical history results in a higher premium being required or coverage being available on modified terms, you will receive a conditional offer of acceptance notifying you so you can agree to the changes required to obtain coverage. If you decide not to proceed with coverage, your initial premium will be returned to you and your application cancelled.

Conditional Insurance

Conditional insurance coverage is not available. Coverage will begin on the first day of the month following approval of the application by Great-West.

Important Information

For more information concerning features and benefits available under a *Sonata Health* plan ask your representative for a Sonata Health Enhanced Healthcare Insurance package or contact the PDAssure at 1-800-268-3489 or email sonatahealth@pdadmin.com

If, after receiving your policy, and you are not satisfied with your Sonata Health policy, you may cancel it without penalty within 10 days after you received it (or where permitted by law within 60 days after its effective date if you did not yet receive the policy). If you add an optional benefit to your existing Sonata Health policy, the 10-day right to examine will apply to the new benefit.