

## SOLO Health OPTION 2

### **DESJARDINS FINANCIAL SECURITY LIFE ASSURANCE COMPANY**

Desjardins Financial Security is a new company resulting from the merger of Imperial Life Assurance Company of Canada and Desjardins-Laurentian Life Assurance. We are a subsidiary of the Desjardins group of companies, Canada's sixth largest financial group with over \$80 billion in assets.

Desjardins Financial Security offers a wide array of financial risk management solutions and services through a wide network of national distributors including independent Managing General Agents and Laurentian Financial Services. Our product portfolio consists of life, health, investment and retirement products designed to meet the diverse financial needs of Canadians seeking financial protection.

### **SOLO HEALTH BENEFITS**

In today's uncertain health care climate, more and more Canadians are turning to private health insurance plans to provide the complete protection and security they need. Whether or not you are self-employed, SOLO HEALTH has the ability to cover your health insurance needs - and so much more.

SOLO HEALTH offers you the flexibility to custom-tailor a plan that meets your unique needs and provides the valuable coverage you deserve. Whether you're self-employed, an established business owner, a salaried employee, or just starting your own small business, SOLO HEALTH coverage can be customized to work for you.

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### DESCRIPTION OF BENEFITS

Your needs shape our solutions: we have designed an insurance program which is flexible enough to suit each individual's priorities and budget.

#### ENHANCED CORE HEALTH BENEFIT

- 100% reimbursement, no deductible, subject to a \$50,000 lifetime maximum

#### **Alternative practitioners:**

Chiropractor, acupuncturist, podiatrist, massage therapist (upon medical recommendation), homeopath (excluding homeopathic preparations), osteopath, occupational therapist, orthotherapist or naturopath = \$25/visit, maximum of \$500 per calendar year per insured person and a maximum of \$1000 per calendar year per family, for all these services combined

#### **Psychologist, psychiatrist, social worker and guidance counsellor**

= \$60/visit, up to \$600 per calendar year, per insured person for all these services combined

#### **Physiotherapist**

= \$25/visit, up to \$375 per calendar year, per insured person

#### **Speech therapist and hearing therapist**

= \$40/visit, up to \$480 per calendar year, per insured person for all these services combined

#### **Accidental dental**

= \$2,000 per accident, per insured person

#### **Ambulance services**

= \$2,000 per calendar year, per insured person in excess of the amount paid by the provincial health plan, if applicable

#### **Assistive devices/prosthetic appliances, including orthopedic prostheses, orthoses (excluding Plantar Orthosis), orthopedic apparatus or crutches, external breast prostheses (following a mastectomy), artificial eyes or limbs.**

= \$1,000 per calendar year, per insured person for all these services combined

#### **Durable medical equipment, including therapeutic devices or equipment, conventional hospital bed and wheelchair**

= \$2,500 per calendar year, per insured person for all these services combined

#### **Hearing aids (excluding batteries)**

= \$500/36 months, per insured person

#### **Home nursing care**

= \$5,000 per calendar year, per insured person

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**Imaging techniques (including X-rays, ultrasound or MRI examinations), diagnostic laboratory tests, radiotherapy or radium therapy, oxygen therapy and blood, blood plasma and transfusions**  
= \$500 per calendar year, per insured person for all these services combined

**Orthopedic shoes**

= \$300 per calendar year, per insured person (see combined maximum)

**Plantar Orthosis**

= \$500 per calendar year, per insured person (see combined maximum)

Combined maximum of \$500 per year per insured person for Orthopedic Shoes and Plantar Orthosis

**Travel coverage**

= First 30 days of a trip, lifetime maximum \$1,000,000, per insured person

**Vision care**

= \$150 every 2 years (waiting period 3 months), per insured person

### PRESCRIPTION DRUG BENEFIT

- 80% reimbursement for eligible prescribed medications
- \$5 per prescription co-payment on drugs
- Reimbursement is based on the lowest-cost generic equivalent, if available
- Annual maximum payable: \$2,000
- Eligible Drugs: prescription drugs and life-sustaining products

### DENTAL CARE BENEFIT

- 70% reimbursement, no deductible;
- 3-months waiting period
- Maximum 1st year: \$500 (prorated)  
2nd year: \$750  
Each subsequent year: \$1,000

**Diagnostic**

- Complete X-ray series OR Panoramic radiograph once every three years.
- Complete examination: Once every three years.
- Recall examinations: once every nine months.
- Emergency OR specific examination every nine months.
- Maximum of four Bitewing or Periapical radiographs annually.
- Biopsies and Cytological examinations.

**Preventive Services**

- THREE units of periodontal scaling OR root planing every nine months.
- One unit of polishing every nine months.
- Pit and Fissure Sealants on molars (primary and permanent) and bicuspid for dependants age 14 and younger.
- Topical fluoride application for dependants age 14 and younger once every nine months.
- Space maintainers, once per two year period, maintenance included.

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### **Basic Restorations**

- Amalgam restorations (non-Bonded only).
- Composite resin (Bonded and non-Bonded) restorations.
- Retentive pins.
- Caries/Trauma/Pain Control: one unit per nine month period.
- Emergency pulpectomy or pulpotomy.

### **Periodontal Benefits**

- Occlusal Adjustment: One unit per nine-month frequency period.
- Root planing: as noted above (see scaling under Preventive).
- Periodontal abscess or pericoronitis, includes Lancing, Scaling, Curettage, Surgery or Medication, allowed up to one unit per nine month period.

### **Surgical Services**

- Extractions (removals) of uncomplicated erupted teeth and retained roots.
- Impaction removals (cost of least costly impaction fee in applicable Fee Guide).
- Alveoplasty (in conjunction or not in conjunction with extractions).
- Surgical incision and drainage.
- Frenectomy (maximum of one procedure per arch).
- Surgical excision of cyst or neoplasm.
- Repair of soft tissue laceration.
- Repair through and through laceration.

### **Adjunctive Services**

- General Anaesthesia: This service is allowed only in conjunction with surgical services, to a maximum of \$150.00 per session of work.

### **Denture Services**

- Denture repairs.
- Relining of complete and partial dentures once every 3 years.

### **Exclusion and Coordination of Benefits**

For the first calendar year during which this coverage is in force, the amount of the deductible and the maximum reimbursement are proportional to the number of months of insurance in this first calendar year.

### **Tax Deductibility**

SOLO HEALTH premiums for health and dental care coverage may in fact be tax deductible. Self employed individuals can deduct SOLO HEALTH premiums including Dental Care, Prescription Drugs and Hospital coverage from their annual income for income tax purposes. For individuals who are not self employed, these premiums may be combined with other health expenses and be claimed under the 'medical expenses tax credit' section of the tax return.

The above tax information is intended as a guideline only. For specific tax details, please consult with a taxation specialist or advisor.