



## Johnson Personal Health Plan

### Standard Plan - Schedule of Benefits

<b>Prescription Drug Benefits</b>	Not covered
-----------------------------------	-------------

<b>Extended Health Benefits</b>	<b>Maximums</b>
Accidental dental	\$5,000 per benefit year
Ambulance transportation	Land or air transportation to nearest hospital
Audio / hearing aids	\$300 in the first 4 years \$400 every 4 years thereafter
Compression stockings	2 pairs every 4 months
Footwear <ul style="list-style-type: none"> <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 \$3,000 in year 2 \$4,000 in year 3 \$5,000 per year thereafter
Medical items <ul style="list-style-type: none"> <li>• Surgical bra</li> <li>• Wigs</li> </ul>	\$2,000 in year 1 \$3,000 in year 2 \$4,000 in year 3 \$5,000 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"> <li>• Acupuncturist</li> <li>• Chiropractor</li> <li>• Footcare specialist (Chiropodist / Podiatrist)</li> <li>• Massage therapist</li> <li>• Naturopath</li> <li>• Osteopath</li> <li>• Physiotherapist / Kinesiologist</li> <li>• Psychologist</li> <li>• Speech therapist</li> </ul>	\$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year \$20 per visit; 15 visits per benefit year combined \$300 per benefit year \$300 per benefit year

<b>Vision Benefits</b>	<b>Maximums</b>
Eye examinations	1 every 24 months up to \$65
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 every 24 months

<b>Semi-Private and Private Hospital Accommodation Benefits</b>	No Coverage
---	-------------

<b>Dental Benefits</b>	
Maximum	\$500 in year 1; \$650 in year 2; \$800 per year thereafter
Basic diagnostic, basic preventive, basic restorative, basic oral surgery	Paid at 80% Recall frequency – once every 9 months 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
Endodontic, periodontic, standard denture services, comprehensive oral surgery	Paid at 50% in year 1 Paid at 70% in year 2 Paid at 80% thereafter Periodontal scaling and root planting – 8 units every 12 months Occlusal equilibration – 8 units every 12 months Relining and rebasing of dentures – once every 3 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:** 905.764.4163

**Mail:** Plan Benefits, Service  
Johnson Inc.  
1595 16<sup>th</sup> Avenue, Suite 700  
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 GSC'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. It's easy! All you have to do is register online with your unique GSC ID number and an e-mail address.