

The Johnson Personal Health Plan

Designed with you in mind, the Johnson Personal Health Plan is an affordable health and dental benefit plan, offering you a choice in coverage through the **Optimum, Preferred and Standard Plan options.**

Who is covered?

The Johnson Personal Health Plan is available to members of sponsored groups who are Canadian residents and are covered under their government health insurance plan. Certain eligibility requirements may apply.

Coverage is medically underwritten and available for singles, couples, and families. A family consists of you, your spouse, and all unmarried dependent children under the age of 21 who live with you and are not regularly employed. Dependent children attending an accredited college or university full-time remain eligible for coverage until the age of 25.

Available Coverages	Single: 1 applicant
	Couple: 1 applicant + 1 dependent
	Family: 1 applicant + 2 or more dependents

DID YOU KNOW?

Having a pre-existing condition does not exclude you from participating in the Johnson Personal Health Plan.*

Premiums for the Johnson Personal Health Plan are eligible medical expenses under the Canadian Federal Income Tax Act.

*Alternative or limited coverage may be available based on the health and other information provided in the application for coverage.

Focus on your business with one less thing to worry about

Enjoy peace of mind knowing the health and dental needs of you and your family are covered.

The Johnson Personal Health Plan is your solution if you are:

- Self-employed
- A small business owner
- A contract worker
- Employed on a part-time, seasonal, or temporary basis.

Call us or apply online.

1.800.461.4155

www.johnson.ca/personalhealth



What is Covered?

BENEFIT	OPTIMUM PLAN	PREFERRED PLAN	STANDARD PLAN
HEALTH			
Prescription Drugs	90% reimbursement \$2,500/year	80% reimbursement \$2,500/year	not covered
Vision	Year 1 & 2: \$150/24 months; Year 3 & 4: \$200/24 months; Year 5+: \$250/24 months	\$150/24 months	\$150/24 months
Eye Exam	\$80/24 months	\$65/24 months	\$65/24 months
Hospital	Semi-Private Rm. 30 days/year	Semi-Private Rm. 30 days/year	not covered
Professional/Registered Therapists	\$500/year (\$25/visit, 20 visits/year)	\$400/year (\$20/visit, 20 visits/year)	\$300/year (\$20/visit, 15 visits/year)
Accidental Dental	\$10,000/year	\$5,000/year	\$5,000/year
Emergency Transportation	Land or air to nearest hospital	Land or air to nearest hospital	Land or air to nearest hospital
Hearing Aids	\$500 every 4 years	\$350 years 1 to 4 \$500 every 4 years thereafter	\$300 years 1 to 4 \$400 every 4 years thereafter
Home Support Services	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000
Medical Items	Year 1: \$2,000 Year 2: \$4,000 Year 3+: \$6,000	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000	Year 1: \$2,000 Year 2: \$3,000 Year 3: \$4,000 Year 4+: \$5,000
Medical Services	\$2,000/year	\$2,000/year	\$2,000/year
DENTAL			
Maximum	Year 1: \$700 Year 2: \$900 Year 3+: \$1,100	not covered	Year 1: \$500 Year 2: \$650 Year 3+: \$800
Basic Services	80% reimbursement Recall once every 9 months	not covered	80% reimbursement Recall once every 9 months
Comprehensive Basic Services	Year 1: 60% Year 2: 70% Year 3+: 80%	not covered	Year 1: 50% Year 2: 70% Year 3+: 80%
Major Restorative Services	Year 3+: 50% reimbursement	not covered	not covered

Note: Maximums listed are per covered person.

Johnson Personal Health Plan Monthly Premium Rates

Optimum Plan (Extended Health, Drugs & Dental)

ONTARIO & ATLANTIC			
Age Bands	Single	Couple	Family
18-44	\$116.34	\$220.43	\$289.63
45-54	\$125.28	\$237.21	\$311.59
55-59	\$137.01	\$259.28	\$340.55
60-64	\$152.93	\$288.97	\$379.29
65+	\$144.23	\$271.86	\$356.36

BRITISH COLUMBIA, SASKATCHEWAN, MANITOBA & TERRITORIES			
Age Bands	Single	Couple	Family
18-44	\$94.92	\$180.05	\$236.67
45-54	\$100.96	\$191.25	\$251.42
55-59	\$108.81	\$206.00	\$270.68
60-64	\$119.58	\$226.01	\$296.73
65+	\$114.19	\$215.57	\$282.72

ALBERTA			
Age Bands	Single	Couple	Family
18-44	\$106.22	\$201.24	\$264.43
45-54	\$113.66	\$215.24	\$282.74
55-59	\$123.33	\$233.45	\$306.74
60-64	\$136.70	\$258.08	\$338.71
65+	\$130.02	\$245.28	\$321.47

QUEBEC			
Age Bands	Single	Couple	Family
18-44	\$ 98.00	\$ 185.63	\$ 243.86
45-54	\$ 104.45	\$ 197.53	\$ 259.54
55-59	\$ 112.25	\$ 212.75	\$ 278.50
60-64	\$ 123.41	\$ 232.78	\$ 305.35
65+	\$ 122.80	\$ 231.34	\$ 303.10

Preferred Plan (Extended Health & Drugs)

ONTARIO & ATLANTIC			
Age Bands	Single	Couple	Family
18-44	\$64.58	\$122.05	\$160.27
45-54	\$73.62	\$139.05	\$182.44
55-59	\$85.56	\$161.54	\$211.82
60-64	\$101.91	\$192.11	\$251.63
65+	\$91.80	\$172.31	\$225.27

BRITISH COLUMBIA, SASKATCHEWAN, MANITOBA & TERRITORIES			
Age Bands	Single	Couple	Family
18-44	\$45.20	\$85.45	\$112.25
45-54	\$51.56	\$97.40	\$127.74
55-59	\$59.94	\$113.12	\$148.30
60-64	\$71.35	\$134.55	\$176.18
65+	\$64.25	\$120.65	\$157.66

ALBERTA			
Age Bands	Single	Couple	Family
18-44	\$54.34	\$102.68	\$134.75
45-54	\$61.89	\$116.76	\$153.15
55-59	\$71.67	\$135.29	\$177.48
60-64	\$85.35	\$160.69	\$210.30
65+	\$77.61	\$145.61	\$190.29

QUEBEC			
Age Bands	Single	Couple	Family
18-44	\$ 47.35	\$ 89.28	\$ 117.16
45-54	\$ 53.71	\$ 101.16	\$ 132.53
55-59	\$ 61.28	\$ 115.51	\$ 151.28
60-64	\$ 72.56	\$ 136.33	\$ 178.25
65+	\$ 71.24	\$ 133.35	\$ 174.05

Standard Plan (Extended Health & Dental)

ONTARIO & ATLANTIC			
Age Bands	Single	Couple	Family
18-44	\$65.11	\$123.77	\$162.84
45-54	\$66.62	\$126.68	\$166.61
55-59	\$68.13	\$129.48	\$170.37
60-64	\$69.42	\$131.94	\$173.61
65+	\$70.93	\$134.86	\$177.38

BRITISH COLUMBIA, SASKATCHEWAN, MANITOBA & TERRITORIES			
Age Bands	Single	Couple	Family
18-44	\$58.99	\$112.15	\$147.57
45-54	\$60.06	\$114.19	\$150.14
55-59	\$61.14	\$116.13	\$152.83
60-64	\$61.99	\$117.85	\$155.10
65+	\$63.06	\$119.90	\$157.67

ALBERTA			
Age Bands	Single	Couple	Family
18-44	\$63.06	\$119.90	\$157.79
45-54	\$64.47	\$122.48	\$161.12
55-59	\$65.76	\$125.07	\$164.57
60-64	\$66.94	\$127.22	\$167.48
65+	\$68.34	\$129.92	\$162.68

QUEBEC			
Age Bands	Single	Couple	Family
18-44	\$ 67.35	\$ 128.01	\$ 168.51
45-54	\$ 68.89	\$ 131.09	\$ 172.40
55-59	\$ 70.53	\$ 133.96	\$ 176.40
60-64	\$ 71.86	\$ 136.63	\$ 179.79
65+	\$ 73.40	\$ 139.60	\$ 183.68

Note:
Rates and/or benefits are subject to change with thirty (30) days notice to the policyholder.



Revised: September, 2014



Johnson Personal Health Plan

Optimum Plan - Schedule of Benefits

Prescription Drug Benefits	Paid at 90% \$2,500 per benefit year
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 4 years
Compression stockings	2 pairs every 4 months
Footwear	
• Custom made foot orthotics	\$250 every 24 months
• Custom made boots or shoes	\$500 every 24 months
Home support services	\$2,000 in year 1 \$4,000 in year 2 \$6,000 per year thereafter
Medical items	\$2,000 in year 1 \$4,000 in year 2 \$6,000 per year thereafter
• Surgical bra	2 every 12 months
• Wigs	\$400 per lifetime
Medical services	\$2,000 per benefit year
Professional services / Registered therapists:	
• Acupuncturist	\$25 per visit; 20 visits per benefit year
• Chiropractor	\$25 per visit; 20 visits per benefit year
• Footcare specialist (Chiropodist / Podiatrist)	\$25 per visit; 20 visits per benefit year
• Massage therapist	\$25 per visit; 20 visits per benefit year
• Naturopath	\$25 per visit; 20 visits per benefit year
• Osteopath	\$25 per visit; 20 visits per benefit year
• Physiotherapist / Kinesiologist	\$25 per visit; 20 visits per benefit year combined
• Psychologist	\$500 per benefit year
• 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 Benefits	30 days per benefit year

Dental Benefits	
Maximum	\$700 in year 1; \$900 in year 2; \$1,100 per year thereafter
Basic diagnostic, basic preventive, basic restorative, basic oral surgery	Paid at 80% 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 60% in year 1 Paid at 70% in year 2 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 Crowns, bridges, dentures	Paid at 50% 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...



Johnson Personal Health Plan

Preferred Plan - Schedule of Benefits

Prescription Drug Benefits	Paid at 80% \$2,500 per benefit year
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Extended Health Benefits	Maximums
Accidental dental	\$5,000 per benefit year
Ambulance transportation	Land or air transportation to nearest hospital
Audio / hearing aids	\$350 in the first 4 years \$500 every 4 years thereafter
Compression stockings	2 pairs every 4 months
Footwear <ul style="list-style-type: none"> • Custom made foot orthotics • Custom made boots or shoes 	\$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"> • Surgical bra • Wigs 	\$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"> • Acupuncturist • Chiropractor • Footcare specialist (Chiropodist / Podiatrist) • Massage therapist • Naturopath • Osteopath • Physiotherapist / Kinesiologist • Psychologist • Speech therapist 	\$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year \$20 per visit; 20 visits per benefit year combined \$400 per benefit year \$400 per benefit year

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

Semi-Private and Private Hospital Accommodation Benefits	30 days per benefit year
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Dental Benefits	Not covered
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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...



Johnson Personal Health Plan

Standard Plan - Schedule of Benefits

Prescription Drug Benefits	Not covered
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Extended Health Benefits	Maximums
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"> • Custom made foot orthotics • Custom made boots or shoes 	\$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"> • Surgical bra • Wigs 	\$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"> • Acupuncturist • Chiropractor • Footcare specialist (Chiropodist / Podiatrist) • Massage therapist • Naturopath • Osteopath • Physiotherapist / Kinesiologist • Psychologist • Speech therapist 	\$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

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

Semi-Private and Private Hospital Accommodation Benefits	Not covered
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Dental Benefits	
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 planing – 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 16th 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.