



Your guide to Personal Health Coverage





Table of Contents

Whether you're retiring, changing jobs or starting your own business, losing the health coverage you've enjoyed under your previous employer's benefits plan can be stressful.

You want to make sure your family's basic health and dental needs will be covered and that you'll be prepared for any unexpected health issues. But it's difficult to know what's covered – or not covered – under the public health plan in your province.

We've created this guide specifically for people who are losing health coverage previously provided by a group benefits plan. We've provided answers – in plain language – to the most common questions.

- What's covered – and not covered – by my provincial health plan?..... 1
- What's the cost for services not covered by my provincial health plan?..... 2
- What will my annual out-of-pocket health costs be? 3
- How do I determine whether I need to purchase personal health coverage?..... 5
- How much do health benefits cost? 7
- What personal health coverage options are available?..... 7

What's Covered?

What services and treatments **ARE** covered under my provincial health plan?

What's covered by your provincial health plan depends on where you live since each province has its own health insurance plan. While these plans are required to cover "medically necessary" physician and hospital services, it's up to each province to determine what other services they insure.

For services or treatments that aren't considered "medically necessary," most provincial governments have programs that provide coverage for certain groups, such as low-income residents and seniors.

For everyone else, these health services are usually funded privately, either by an employer-sponsored group benefits plan, or by patients themselves – through the purchase of personal insurance coverage or by paying directly, out-of-pocket.

What services and treatments **ARE NOT** covered under my provincial health plan?

Services **not** covered vary by province, but typically include:

- Drugs administered outside hospitals;
- Ambulance services;
- Hearing care, including audiology exams and hearing aids;
- Vision care, including eye exams for adults, eyeglasses, contact lenses and laser eye surgery;
- Dental services provided in a dentist's office, as well as braces and dentures;
- Non-medically-required surgery, such as cosmetic procedures;
- Private and semi-private hospital rooms, and private nursing services;
- Services provided by health care providers other than physicians, such as acupuncturists, chiropractors, massage therapists, naturopaths, homeopaths, physiotherapists, dieticians, speech therapists, podiatrists, counsellors and psychologists; and
- Medical appliances, prosthetics, supplies, and mobility devices cover final expenses.

Find out what's covered in your province or territory by clicking on the appropriate link below:

[British Columbia](#)

[Quebec](#)

[Newfoundland and Labrador](#)

[Alberta](#)

[New Brunswick](#)

[Northwest Territories](#)

[Saskatchewan](#)

[Nova Scotia](#)

[Yukon](#)

[Manitoba](#)

[Prince Edward Island](#)

[Nunavut](#)

[Ontario](#)

What's the cost for services?

What's the cost for services not covered by my provincial health plan?

Below are average cost ranges for 20 common medical services or treatments typically not covered under provincial health programs.*

Service or treatment	Average cost range*
Ambulance service	\$45 - \$475
Audiology exam	\$50 - \$100
Hearing aids (pair)	\$400 - \$2,000
Eye exam	\$90 - \$150
Eyeglasses (lenses and frames)	\$100 - \$1000
Contact lenses	\$500 - \$700
Laser eye surgery (both eyes)	\$2,000 - \$4,000
Routine dental exam and cleaning	\$100 - \$130
Dental filling	\$150 - \$300
Dental crown	\$1,000 - \$1,300
Dental bridge	\$2,500 - \$3,500
Root canal	\$400 - \$800
Diabetes glucometer and test strips	\$5 - \$100
Dentures	\$1,500 - \$2,500
Orthotics/Orthopaedic shoes	\$150 - \$1500
Private and semi-private hospital room	Private coverage \$100 - \$250 Semi private \$125 - \$190
Private nursing services	\$20 - \$60 per hour
Acupuncture	\$80 - \$125
Chiropractor	\$60 - \$150
Massage therapy (30 minutes)	\$50 - \$65
Physiotherapy	\$65 - \$130
Podiatrist/Chiropodist	\$60 - \$115

* Cost ranges are based on Equitable Life's claims data for average reasonable and customary fees charged by health practitioners for particular services across Canada. Costs can vary by province or provider.

Prescription Drugs

Most provincial plans only cover prescription medications administered outside a hospital for certain groups, such as seniors, people on social assistance or children. Many provinces also provide catastrophic coverage for people who have high drug costs in relation to their household income.

British Columbia, Saskatchewan and Manitoba provide public drug coverage to all residents. However, these programs have deductibles or co-payments based on income, and cover only a limited basket of drugs.

With public coverage, prescription drug costs vary widely, and they're often the most significant out-of-pocket health expense for those without private health coverage.

What's the cost for services?

What will my annual out-of-pocket health care costs be?

If you're no longer covered by a workplace health benefits plan, your out-of-pocket health care costs will depend on numerous factors, such as where you live, how many dependants you have and your individual health needs. The profiles below may help illustrate what your annual costs may look like.*



Roger Retiree

Roger is a new 60-year old retiree and no longer has coverage under his employer's benefits plan. His wife, Joyce, doesn't have coverage either. Roger has high blood pressure and high cholesterol, and Joyce was recently diagnosed with diabetes.

		Annual Cost
Dental	Routine exams and cleaning for Roger and Joyce (two annual cleanings each)	\$460
	Bridge for Joyce	\$3,000
	Replacement filling for Roger	\$225
Drug	Blood pressure and cholesterol medications for Roger's	\$510
	Diabetes medications and test strips for Joyce	\$3,600
Paramedical	Monthly Chiropractor appointments for Roger's bad back	\$1,260
Vision care	Annual eye exams for Roger and Joyce	\$240
	Reading glasses for Roger	\$300
	Contact lenses for Joyce	\$600
		Total: \$10,195



Patricia Parent

Patricia is a single mom with three kids. Her oldest son, Kyle, is asthmatic and suffers from eczema. But he recently turned 25 and is no longer eligible for coverage under her plan.

		Annual Cost
Dental	Routine exams and cleaning (two annual cleanings)	\$230
Drug	Prescription ointment for eczema	\$750
	Asthma medications	\$1,230
Paramedical	Three months of physiotherapy for soccer injury	\$960
Vision care	Annual eye exam	\$120
	Glasses	\$600
		Total: \$3,890



Troy Transition

Troy was recently laid off and wants to go to school part-time to improve his job prospects. He has two daughters. His older daughter, Chelsey, has a peanut allergy. His youngest, Hailey has ADHD. His wife has psoriasis and doesn't have coverage through her employer.

		Annual Cost
Dental	Routine exams and cleaning for the family (two annual cleanings each)	\$920
	Filling for Hailey	\$225
Drug	Epipens for Chelsey's peanut allergy	\$460
	ADHD medication for Hailey	\$1,750
	Psoriasis medication for Troy's wife	\$22,000
Paramedical	Four months of physiotherapy for Troy's tennis elbow	\$1,280
Vision care	Annual eye exams for the family	\$480
	Glasses for Chelsey	\$600
	Contact lenses for Troy's wife	\$600
		Total: \$30,115



Ellie Entrepreneur

After 10 years with a large firm, Ellie is starting her own business and no longer has coverage through her employer. She has battled depression and pain for years, but is managing it well with medication and therapy.

		Annual Cost
Dental	Routine exams and cleaning (two annual cleanings)	\$230
Drug	Depression medications	\$1,580
	Chronic pain medications	\$770
	Birth control	\$270
Paramedical	Bi-weekly massage therapy	\$1,560
Vision care	Annual eye exam	\$120
	Glasses	\$600
		Total: \$5,130



Do I need coverage?

How do I determine whether I need to purchase personal health coverage?

Determining whether you should purchase supplementary coverage when losing your workplace benefits can be difficult. That's because everyone's needs are different. It depends partly on what's covered under your provincial plan and whether your spouse has coverage through their employer.

Most importantly, you need to consider the individual health needs of you and your family.

Here are some questions you should ask yourself when determining if you need supplementary coverage:

- Does your spouse have coverage through their employer? Are you and your family covered under your spouse's plan?
- Do you have dependants who were also covered under your workplace health plan? Are they covered under any other group health plan?
- Would you be able to cover the out-of-pocket costs for prescription medications, private hospital rooms, or dental procedures if you or your dependants had an unforeseen medical issue or diagnosis?
- Are you or your dependants currently taking any prescription medications?
- Do you or your dependants have any chronic illnesses, ongoing health concerns or history of disease?
- Have you or your dependants visited the dentist in the last six months? Do you anticipate any major dental work required in the near future, such as braces, dentures, etc.?
- Do you wear eyeglasses? Have you been for an eye exam in the last two years?
- Do you regularly see a paramedical practitioner?

Annual Health Cost Estimate Worksheet

Use the worksheet below to estimate the anticipated annual health costs for you and your family.

		Yourself	Spouse	Child	Child	Child
Prescription drugs	Maintenance medications Immunizations Antibiotics Birth control Other drugs					
Vision care	Annual eye exam Glasses Contact lenses Other vision care					
Paramedical	Massage therapy Chiropractor Physiotherapy Acupuncture Podiatrist/Chiropodist Other paramedical services					
Acute/emergency care	Private or semi-private hospital room Private-duty nursing Ambulance Travel emergency Dental accident					
Medical equipment and supplies	Hearing aids Braces Orthotics Other supplies					
Dental care	Routine exams and cleaning Fillings and extractions Crowns / bridges Dentures Other dental care					
					Total:	



Coverage Options

How much do health benefits cost?

The cost of personal health coverage will depend on many factors, including:

- Your age and province of residence;
- Whether you're applying for health coverage only, or health and dental coverage;
- Whether you're applying for single or family coverage;
- What level of coverage you're applying for (Coverage2go® or Coverage2go+).

[Get a quote](#) by using our easy online quote calculator to confirm just how affordable personal health and dental coverage can be through Equitable®.

What are the personal health coverage options available?

Whether you're retiring, changing jobs or moving on to do something new where there will be no group benefits, Coverage2go from Equitable allows you to purchase health and dental coverage that is affordable and reliable. Coverage2go may not cover all the same benefits or have the same coverage maximum amounts as under your previous group benefits plan; please see below for details.

There are no medical questions if you apply within 60 days of losing health coverage under your group benefits plan*. To apply for dental coverage, you will need to have had a dental benefit under your previous plan.

You automatically qualify for coverage if you:

1. Had group health benefits within the last 60 days;
2. Have registered provincial health coverage; and
3. Are less than 75 years of age.

*Applies to application for coverage only. A prescription from a physician may be required to confirm eligibility for some claims.

Coverage Options

There are [two levels of protection](#) to select from, so you can choose the level of coverage and protection that suits the needs of you and your family.*

Benefit	Coverage2go	Coverage2go+
Overall plan maximum (includes Private Duty Nursing, Medical supplies/equipment, Dental Accident, Paramedical practitioners and/or Ambulance)	\$200,000	\$300,000
Prescription drugs	80% coverage up to \$1,100/year	80% coverage up to \$2,000/year
Vision (includes eye glasses, contact lenses, surgery and eye examinations)	100% coverage up to \$150/two years	100% coverage up to \$200/two years
Paramedical practitioners (includes chiropractor, registered massage therapist, naturopath, osteopath, physiotherapist, podiatrist/chiroprapist, psychologist, acupuncturist and/or speech therapist). A referral from a physician is required for paramedical services to be eligible for coverage.	\$500 combined maximum/year	\$650 combined maximum/year
Hospital care (semi-private)	85%, \$175/day Up to \$6,000/year, 180 days per stay	85%, \$200/day Up to \$6,000/year, 180 days per stay
Private duty nursing A referral from a physician is required for eligibility.	85% coverage up to \$5,000/year, \$25,000 lifetime	90% coverage up to \$5,000/year, \$25,000 lifetime
Medical supplies/equipment (includes prosthesis, orthotics/orthopaedic shoes, wheelchairs, wigs and hairpieces, glucometers, casts, crutches, hospital bed, hearing aids). A referral from a physician is required for eligibility.	85% coverage up to \$3,000/year	90% coverage up to \$3,500/year
Dental accident	\$5,000/lifetime	\$5,000/lifetime
Ambulance	100% coverage for ground services only	100% coverage for ground services Up to \$5,000 for air services
Emergency Travel Assistance (up to age 80)	\$1 million/policy lifetime 60 day trip duration	\$1 million/policy lifetime 60 day trip duration
Optional Dental	80% coverage for Basic Services (9 month recall exam) 50% coverage for Major Restorative Services** Up to a combined maximum of \$750/year	80% coverage for Basic Services (9 month recall exam) 50% Major Restorative Services** Up to a combined maximum of \$800/year

* Coverage information provided in this document is for descriptive purposes only. Certain definitions and exclusions apply which are set out in the policy contract at time of issue. Reimbursement is based on reasonable and customary costs where services are provided. Different maximums apply to each covered type of Medical Equipment and Supply.

**Major Restorative Services are only available after Dental benefits have been in place for one year. Major Restorative Services include: Endodontics and Periodontics (e.g. services associated with the restoration or reconstruction of teeth or missing teeth such as crowns, bridges and dentures)

About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



® or ™ denotes a trademark of The Equitable Life Insurance Company of Canada.

1804 (2022/10/27)