

Guaranteed Acceptance No Health Questions Asked	ZONE 1 Elementary	ZONE 2 Primary	ZONE 3 Basic	ZONE Fundamental
PRESCRIPTION DRUGS				
Maximums	Not included	Not included	Not included	Year 1: \$550 Year 2: \$600 Year 3+: \$650 Plan pays 70% per person per year, to annual max.
DENTAL CARE				
Maximums	Not included	Year 1: \$500 per person Year 2: \$650 per person Year 3+: \$800 per year	Year 1: \$600 per person Year 2: \$800 per person Year 3+: \$1,000 per year	\$450 per person per year
Recall Frequency		9 months		
Basic Services		Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Comprehensive Basic Services		Year 1: Plan pays 50% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.	Plan pays 80%, subject to annual max.	Plan pays 70%, subject to annual max.
Major Services		Not included	Available in Year 3 – Plan pays 50%, subject to annual max.	Not included
Orthodontic Services	Not included			
VISION CARE				
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years			
Eye Examination	\$65 per person every 2 years	\$65 per person every 2 years	\$65 per person every 2 years	\$80 per person every 2 years
EXTENDED HEALTH CARE				
GreenShield Telemedicine	4 virtual visits every year with a licensed general healthcare practitioner, available 7 days a week, 365 days a year (24 hours a day)			
Professional Services/Registered Therapists				
Chiropractor, Massage Therapist, Physiotherapist, Acupuncturist, Chiropodist/ Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit to a max. of \$300 per person per practitioner, per year	\$20 per visit to a max. of \$300 per person per practitioner, per year	\$20 per visit to a max. of \$400 per person per practitioner, per year	\$40 per visit to a max. of \$400 per person per practitioner, per year
Speech Therapist	\$300 per person per year	\$300 per person per year	\$400 per person per year	\$400 per person per year
Psychologist/Psychotherapist/ Registered Social Worker	\$300 per person per year, combined	\$300 per person per year combined	\$400 per person per year combined	\$400 per person per year combined
GreenShield Mental Health	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit			
Accidental Dental	\$5,000 per person per year	\$5,000 per person per year	\$5,000 per person per year	\$3,000 per person per year
Ambulance Transportation	Includes land and air			
Hearing Aids	Year 1-4: \$300 per person Year 5+: \$400 every 4 years	Year 1-4: \$300 per person Year 5+: \$400 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 every 4 years	Year 1-4: \$350 per person Year 5+: \$500 every 4 years
Medical Services – Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year			
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$1,000 per person Year 2: \$1,500 per benefit Year 3: \$2,000 category, Year 4+: \$2,500 per year *Coverage towards CPAP, BiPAP and APAP machines and supplies is limited to \$250 in Year 1 and Year 2; in Year 3+, overall medical items maximums apply.	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, Year 4+: \$5,000 per year *Coverage towards CPAP, BiPAP and APAP machines and supplies is limited to \$500 in Year 1 and Year 2; in Year 3+, overall medical items maximums apply.	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, Year 4+: \$5,000 per year *Coverage towards CPAP, BiPAP and APAP machines and supplies is limited to \$500 in Year 1 and Year 2; in Year 3+, overall medical items maximums apply.	Year 1: \$1,500 per person Year 2: \$2,000 per benefit Year 3: \$3,000 category, Year 4+: \$4,000 per year *Coverage towards CPAP, BiPAP and APAP machines and supplies is limited to \$500 in Year 1 and Year 2; in Year 3+, overall medical items maximums apply.
TRAVEL – Out of Province/Country				
Multi-Trip Emergency Medical Travel Coverage	15 days per trip, \$5,000,000 per person per year			
OPTIONAL HOSPITAL ACCOMMODATION – Optional add-on benefit that pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence.				
Semi-Private and/or Private	Not offered			

Health Questionnaire Required	ZONE 4 Moderate			ZONE 5 Choice			ZONE 6 Premier			ZONE 7 Ultimate		
PRESCRIPTION DRUGS												
Maximums	Year 1-2: \$2,500 Year 3+: \$3,500		Plan pays 80% per person per year, to annual max.	\$5,000	Plan pays 90% per person per year, to annual max.		\$10,000	Plan pays 90% per person per year, to annual max.		\$20,000	Plan pays 90% per person per year, to annual max.	
DENTAL CARE												
Maximums	Not included			Year 1: \$700 per person Year 2: \$900 per person Year 3+: \$1,100 per year		Year 1: \$800 per person Year 2: \$1,000 per person Year 3+: \$1,300 per year		Year 1: \$1,000 per person Year 2: \$1,200 per person Year 3+: \$1,500 per year				
Recall Frequency				9 months		6 months		6 months				
Basic Services				Plan pays 80%, subject to annual max.		Plan pays 80%, subject to annual max.		Year 1: Plan pays 80%, subject to annual max.				
Comprehensive Basic Services				Year 1: Plan pays 60% Year 2: Plan pays 70% Year 3+: Plan pays 80%, subject to annual max.		Plan pays 80%, subject to annual max.		Year 2+: Plan pays 90%, subject to annual max.				
Major Services				Available in Year 3 – Plan pays 50%, subject to annual max.		Available in Year 3 – Plan pays 50%, subject to annual max.		Available in Year 3 – Plan pays 50%, subject to annual max.				
Orthodontic Services				Not included		Available in Year 3 – Plan pays 50%; subject to overall dental max. and \$2,000 lifetime max. per person		Available in Year 3 – Plan pays 50%, subject to overall dental max. and \$2,000 lifetime max. per person.				
VISION CARE												
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years			Year 1-2: \$150 per person Year 3-4: \$200 per person Year 5+: \$250 every 2 years		Year 1-2: \$200 per person Year 3-4: \$250 per person Year 5+: \$300 every 2 years		Year 1-2: \$250 per person Year 3-4: \$300 per person Year 5+: \$350 every 2 years				
Eye Examination	\$80 per person every 2 years			\$100 per person every 2 years		\$100 per person every 2 years		\$120 per person every 2 years				
EXTENDED HEALTH CARE												
GreenShield Telemedicine	4 virtual visits every year with a licensed general healthcare practitioner, available 7 days a week, 365 days a year (24 hours a day)											
Professional Services/Registered Therapists												
Chiropractor, Massage Therapist, Physiotherapist, Acupuncturist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$40 per visit to a max. of \$400 per person per practitioner, per year			\$45 per visit to a max. of \$500 per person per practitioner, per year		\$45 per visit to a max. of \$600 per person per practitioner, per year		\$50 per visit to a max. of \$750 per person per practitioner, per year; \$2,000 combined				
Speech Therapist	\$400 per person per year			\$500 per person per year		\$600 per person per year		\$750 per person per year				
Psychologist/Psychotherapist/Registered Social Worker	\$400 per person per year combined			\$500 per person per year combined		\$600 per person per year combined		\$750 per person per year combined				
GreenShield Mental Health	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit											
Accidental Dental	\$5,000 per person per year			\$10,000 per person per year		\$10,000 per person per year		\$15,000 per person per year				
Ambulance Transportation	Includes land and air											
Hearing Aids	Year 1-4: \$350 per person Year 5+: \$500 every 4 years			\$500 per person every 4 years		\$500 per person every 4 years		\$600 per person every 4 years				
Medical Services – Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year			\$2,000 per person per year		\$2,000 per person per year		\$2,500 per person per year				
Medical Items and Home Support Services (in home nursing) Separate maximums for Medical Items and Home Support Services	Year 1: \$2,000 per person Year 2: \$3,000 per benefit Year 3: \$4,000 category, Year 4+: \$5,000 per year			Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year		Year 1: \$2,000 per person Year 2: \$4,000 per benefit Year 3+: \$6,000 category, per year		Year 1: \$3,000 per person Year 2: \$5,000 per benefit Year 3+: \$8,000 category, per year				
TRAVEL – Out of Province/Country												
Multi-Trip Emergency Medical Travel Coverage	15 days per trip, \$5,000,000 per person per year			30 days per trip, \$5,000,000 per person per year		30 days per trip, \$5,000,000 per person per year		30 days per trip, \$5,000,000 per person per year				
OPTIONAL HOSPITAL ACCOMMODATION – Optional add-on benefit that pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital in your province/territory of residence.												
Semi-Private and/or Private	Up to 30 days per person per year											

Benefit Descriptions

Prescription drugs

- Prescription drugs approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.
- Brand name drugs covered if no generic equivalent exists.
- Smoking cessation products and drugs for the treatment of obesity, infertility and erectile dysfunction are not covered.

For Quebec residents: To be eligible for ZONE prescription drug coverage, you must be covered by the RAMQ (Régie de l'assurance maladie du Québec) Public Prescription Drug Insurance Plan. Your prescription drug claims must be submitted to RAMQ first. When RAMQ reimburses a portion of the drug cost, unpaid balances (including co-payments and deductibles) will be co-ordinated so that you may be reimbursed up to 100% of the eligible expense incurred. If the drug is not covered by RAMQ, the standard co-pay applies.

Dental care

BASIC SERVICES

- Preventive cleaning
- Routine examinations, x-rays
- Fillings and extractions
- Fluoride treatment for children

COMPREHENSIVE BASIC SERVICES

- Endodontic treatment – root canal therapy
- Periodontal treatment – scaling and root planing, occlusal adjustment, equilibration
- Denture repairs, rebasing, relining

MAJOR SERVICES

- Crowns and onlays, dentures, bridgework

ORTHODONTIC SERVICES

- Orthodontic treatment to straighten teeth and correct the bite

Extended health care

GREENSHIELD MENTAL HEALTH

Virtual counselling with qualified GreenShield Mental Health therapists who best match your needs. The GreenShield Mental Health platform provides a unique and flexible matching process that incorporates diversity, inclusivity considerations and personal preferences, as well as therapist credentials that align with your clinical needs. The final choice is yours. There are no out-of-pocket expenses for the initial 4 hours of therapy (2 for individual counselling; 2 for couples counselling). Additional virtual sessions are easy to arrange and eligible for coverage under the Psychology benefit.

MEDICAL ITEMS

- Aids for daily living (such as hospital style beds, IV stand, trapeze, bedpan)
- Braces, casts, catheters and ostomy supplies
- Compression stockings
- Diabetic supplies
- Custom made boots or shoes, custom made foot orthotics
- Mobility aids (such as canes, crutches, walkers, wheelchairs)
- Prosthetics
- Respiratory/cardiology items (such as breathing and heart monitors for infants, compressors, oxygen)

A few helpful things to know

Guaranteed acceptance – Personal Health Coverage ZONE 1, ZONE 2, ZONE 3, and ZONE Fundamental plans

With GreenShield Personal Health Coverage ZONE 1, ZONE 2, ZONE 3, and ZONE Fundamental plans, your acceptance is guaranteed – no medical exams or questions when you apply (as long as GreenShield receives your initial payment). These plans are designed to offer peace of mind with coverage for pre-existing medical conditions, up to the plan maximums.

Health questionnaires – ZONE 4, ZONE 5, ZONE 6, ZONE 7

For ZONE plans that require a health questionnaire, the process is kept as simple as possible. You'll need to share details about any prior or existing medical conditions, injuries, or illnesses up to your application date. This information will be evaluated. GreenShield may send you an offer for coverage that excludes medications that treat those conditions.

Additional information

This plan comparison is a summary and does not constitute a contract. Actual terms, conditions, limitations and exclusions are detailed in the contract issued by GreenShield upon application approval. Reimbursement will be made for eligible expenses incurred, paid for and received by the covered person provided such services and supplies are, in the opinion of GreenShield, medically necessary for the treatment of an illness or injury and reasonable and customary, taking all factors into account. Expenses covered by provincial health insurance plans are not eligible under ZONE plans.

All coverage amounts are shown in Canadian dollars.

Benefits are subject to change; GreenShield will notify policy owners with thirty (30) days written notice.



Ready for a quote?

www.greenshield.ca/personal



Questions?

Give us a call at **1-844-850-7873**



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Green Shield Canada Insurance, 8677 Anchor Drive, PO Box 1606, Windsor, ON N9A 6W1
1-888-711-1119

LINK

Plan Comparison

1-844-850-7873

No Medical Underwriting Required Your Acceptance is Guaranteed	LINK 1 Standard	LINK 2 Classic
PRESCRIPTION DRUGS		
Maximums	Year 1: \$500 Year 2: \$650 Year 3+: \$800 Plan pays 80% per person per year, to annual max.	Year 1: \$750 Year 2: \$900 Year 3+: \$1,100 Plan pays 80% per person per year, to annual max.
DENTAL CARE		
Maximums	Not included	Year 1: \$600 Year 2: \$800 Year 3+: \$1,000 per person per year
Recall Frequency		9 months
Basic Services		Plan pays 80%, subject to annual max.
Comprehensive Basic Services		Plan pays 80%, subject to annual max.
Major Services		Not included
Orthodontic Services		
VISION CARE		
Prescription eyeglasses, contact lenses, laser eye surgery	\$150 per person every 2 years	\$200 per person every 2 years
Eye Examination	\$50 per person every 2 years	
EXTENDED HEALTH CARE		
GreenShield Telemedicine	4 virtual visits every year with a licensed general healthcare practitioner, available 7 days a week, 365 days a year (24 hours a day)	
Professional Services/Registered Therapists		
Chiropractor, Physiotherapist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$20 per visit, 15 visits per person per practitioner, per year	\$300 per person per practitioner, per year
Massage Therapist, Acupuncturist	\$20 per visit, 15 visits per person per practitioner, per year	
Speech Therapist	\$300 per person per year	
Psychologist/Psychotherapist/Registered Social Worker	\$600 per person per year combined	
GreenShield Mental Health	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit	
Accidental Dental	\$2,500 per person per year	\$5,000 per person per year
Ambulance Transportation	Includes land and air	
Hearing Aids	\$300 per person every 4 years	\$400 per person every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	\$2,000 per person per year	
Medical Items and Home Support Services (in-home nursing) Separate maximums for Medical Items and Home Support Services	\$1,500 per person per benefit category, per year	\$2,500 per person per benefit category, per year
HOSPITAL ACCOMMODATION – Semi-Private and/or Private		
Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital in your province/territory of residence	\$200 per person per day 30 days maximum per year	
TRAVEL – Out of Province/Country		
Multi-Trip Emergency Medical Travel Coverage	10 days per trip \$5,000,000 per person per year	

No Medical Underwriting Required Your Acceptance is Guaranteed	LINK 3 Supreme	LINK 4 Elite
PRESCRIPTION DRUGS		
Maximums	Year 1: \$1,200 Year 2: \$1,350 Year 3+: \$1,500	Plan pays 80% per person per year, to annual max. Year 1: \$2,300 Year 2: \$2,400 Year 3: \$2,500 Year 4+: \$2,700
DENTAL CARE		
Maximums	Year 1: \$750 Year 2: \$1,000 Year 3+: \$1,250	per person per year Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,750
Recall Frequency	9 months	6 months
Basic Services	Plan pays 80%, subject to annual max.	
Comprehensive Basic Services	Plan pays 80%, subject to annual max.	
Major Services	Available in Year 3 – Plan pays 50%, subject to annual max.	Available in Year 3 – Plan pays 60%, subject to annual max.
Orthodontic Services	Not included	Available in Year 3 – Plan pays 60%; \$2,000 lifetime max. per person
VISION CARE		
Prescription eyeglasses, contact lenses, laser eye surgery	\$250 per person every 2 years	\$300 per person every 2 years
Eye Examination	\$65 per person every 2 years	\$80 per person every 2 years
EXTENDED HEALTH CARE		
GreenShield Telemedicine	4 virtual visits every year with a licensed general healthcare practitioner, available 7 days a week, 365 days a year (24 hours a day)	
Professional Services/Registered Therapists		
Chiropractor, Physiotherapist, Chiropodist/Podiatrist, Dietitian, Naturopath, Osteopath	\$400 per person per practitioner, per year	\$600 per person per practitioner, per year; up to \$1,200 per person per year combined
Massage Therapist, Acupuncturist	\$40 per visit, 20 visits per person per practitioner, per year	\$50 per visit, 20 visits per person per practitioner, per year
Speech Therapist	\$400 per person per year	\$600 per person per year
Psychologist/Psychotherapist/Registered Social Worker	\$600 per person per year combined	
GreenShield Mental Health	4 hours of virtual counselling (2 hours for individual therapy, 2 hours for couples therapy) per person per year; additional therapy is eligible for coverage under the Psychology benefit	
Accidental Dental	\$10,000 per person per year	
Ambulance Transportation	Includes land and air	
Hearing Aids	\$500 per person every 4 years	\$600 per person every 4 years
Medical Services	\$2,000 per person per year	
Medical Items and Home Support Services (in-home nursing) Separate maximums for Medical Items and Home Support Services	\$5,000 per person per benefit category, per year	
HOSPITAL ACCOMMODATION – Semi-Private and/or Private		
Benefit pays the difference between standard ward charges and semi-private and/or private accommodation in a public general hospital in your province/territory of residence	\$200 per person per day 30 days maximum per year	\$250 per person per day 30 days maximum per year
TRAVEL – Out of Province/Country		
Multi-Trip Emergency Medical Travel Coverage	15 days per trip \$5,000,000 per person per year	

Benefit Descriptions

Prescription drugs

- Prescription drugs approved for use in Canada that require a prescription by law and have been prescribed by an authorized medical practitioner.
- Brand name drugs covered if no generic equivalent exists.
- Smoking cessation products and drugs for the treatment of obesity, infertility and erectile dysfunction are not covered.

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Dental care

BASIC SERVICES

- Preventive cleaning
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COMPREHENSIVE BASIC SERVICES

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- Orthodontic treatment to straighten teeth and correct the bite

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MEDICAL ITEMS

- Aids for daily living (such as hospital style beds, IV stand, trapeze, bedpan)
- Braces, casts, catheters and ostomy supplies
- Compression stockings
- Diabetic supplies
- Custom made boots or shoes, custom made foot orthotics
- Mobility aids (such as canes, crutches, walkers, wheelchairs)
- Prosthetics
- Respiratory/cardiology items (such as breathing and heart monitors for infants, compressors, oxygen)

A few helpful things to know

Guaranteed acceptance

Just apply within 90 days of your group benefit end date, and your acceptance for any LINK plan is guaranteed—as long as we receive your initial payment. Coverage can start as early as the first of the following month. It's that simple.

Coverage for pre-existing conditions

Additionally, LINK plans include coverage for ongoing medical conditions, giving you peace of mind when you need it most.

Additional information

This plan comparison is a summary and does not constitute a contract. Actual terms, conditions, limitations and exclusions are detailed in the contract issued by GreenShield upon application approval. Reimbursement will be made for eligible expenses incurred, paid for and received by the covered person provided such services and supplies are, in the opinion of GreenShield, medically necessary for the treatment of an illness or injury and reasonable and customary, taking all factors into account. Costs for medical services eligible for coverage under provincial health insurance plans will not be eligible for coverage under LINK plans.

Coverage amounts shown are in Canadian Dollars.

Benefits are subject to change; GreenShield will provide policy owners with thirty (30) days written notice.



Ready for a quote?

www.greenshield.ca/personal



Questions?

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