

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.