




SONATA HEALTH™

ENHANCED
Healthcare
INSURANCE



Why choose Sonata Health?

Ensuring your family's healthcare needs are met today and in the future is probably foremost on your mind. However, putting a plan into place is not always easy.

Sonata Health can help. It's an enhanced health and dental benefits plan designed for individuals and families, to provide coverage for **expenses not covered by your provincial health plan.**

Province by province, governments are covering fewer of the medical expenses that are part of everyday life, and costs are going up. Many provincial health plans offer limited coverage – or none at all – for expenses such as:

- prescription drugs
- basic dental services
- eye exams and glasses
- ambulance services
- paramedical services such as chiropractic, physiotherapy or acupuncture.

You can count on Sonata Health to help bridge the gap. With **five plan designs, which includes a guaranteed acceptance plan, and four optional benefits,** Sonata Health allows you to choose the level of coverage that fits you and your family. And, if you're self-employed, Sonata Health may even be tax-deductible.

Our plans

Sonata Health allows you to choose from five levels of coverage, which includes our guaranteed acceptance plan, so you can design a plan that fits your needs:

- **Scale 1**, our basic plan, provides coverage for a range of medical and dental expenses for you and your family.
- **Scale 2** provides more comprehensive coverage for the same expenses covered under Scale 1, plus visioncare and hearing aids.
- **Scale 3**, our broadest plan, provides more generous coverage for the same expenses covered under Scale 2, plus major dental services such as crowns, bridges and dentures.
- **Scale 4** provides the same generous coverage as Scale 3, but with no coverage for prescription drugs.
- Our **Guaranteed Acceptance Plan (GAP)** provides well-rounded coverage for all your essential needs. Turn to page 4 to learn more.

Flip to the back page of this brochure for an “at-a-glance” comparison of what’s covered under each plan. Or, turn to page 16 for detailed coverage information.

Optional coverage

Sonata Health also offers four options, available with Scales 1 to 4*:

- **Hospital Accommodation Benefit** – provides coverage for the difference between a hospital ward and semi-private room rate.
- **Emergency Travel Medical Benefit** – provides worldwide emergency medical coverage and assistance for travellers, 24 hours a day.
- **Hospital Cash Benefit** – pays you cash while you’re confined to a hospital.
- **Accidental Death, Dismemberment and Specific Loss Benefit** – provides coverage in units of \$25,000 to \$250,000.

*These options cannot be added to the GAP plan, as it already includes similar coverage.

Turn to page 8 for more details on Sonata Health’s options.



Guaranteed Acceptance Plan (GAP)

If you're looking for a plan that provides well-rounded coverage for all of your essential needs, or if your health prevents you from qualifying for Sonata Health's Scales 1 to 4, our **Guaranteed Acceptance Plan (GAP)** may be right for you.

This plan helps bridge the gap between expenses not covered by your provincial plan, offering a range of medical and dental coverage, including drugs, visioncare and hearing aids for you and your family. With Sonata Health's GAP, you also have coverage for benefits that are only available as optional add-ons under Scales 1 to 4 – emergency travel medical, hospital accommodation, and accidental death and dismemberment. And to qualify, you don't need to have had any prior coverage.

Because acceptance is guaranteed with GAP, you are eligible even if your health situation prevents you from qualifying for more enhanced coverage.

Optional Coverage is not available under GAP, however, similar coverage is included. Please refer to the Optional Coverage section of this brochure for information on these benefits for GAP, starting on page 8.

Flip to the back page of this brochure for an "at-a-glance" look at what's covered under this plan. Or, turn to page 16 for detailed coverage information.



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Included services

With any Sonata Health plan, you also receive the following services:

Preferred Vision Services (PVS)

The Preferred Vision Services (PVS) program gives you a discount of up to 20 per cent on eyewear for you and your family purchased from participating outlets. The discount applies to frames, prescription lenses, contact lenses and lens extras, such as scratch guard, tints, etc. Most locations will also apply the discount to non-prescription eyewear and accessory items. PVS also entitles you to a discount on laser eye surgery obtained through an organization that is part of the PVS network.

Best Doctors®

Having the best medical knowledge for any important healthcare decision can make a critical, even lifesaving difference.

Best Doctors allows you and your physician to consult with the best specialists worldwide to ensure that the diagnosis is correct and the best treatment options are being considered. Over 50,000 specialists make up the Best Doctors network.

Most common conditions are covered, so if you've been diagnosed with or suspect a serious illness, call Best Doctors. Where applicable, they will assign a personal nurse advocate to your case, who will help gather all relevant medical information and provide support and guidance throughout the process. The Best Doctors team of world-class experts will perform an exhaustive analysis of your medical information and tests, and will re-test all pathology specimens. Best Doctors will provide you with specific diagnosis and treatment options, involving you and your treating physician in a unique collaborative effort that may help improve recovery time and outcomes, extend life expectancy, or reduce invasive procedures.

These services are included with your plan, but are not part of the Sonata Health policy and are not underwritten by The Great-West Life Assurance Company.

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Choosing your Sonata Health plan

Sonata Health allows you to choose the level of coverage most appropriate for you and your family. When choosing your Sonata Health plan, you should consider not only the types of services and expenses that are covered, but also the reimbursement levels and maximums each plan offers.

Reimbursement level

The *reimbursement level* is the percentage of a covered expense that a plan will pay. There are differences in the levels of reimbursement provided by each Sonata Health plan.

The reimbursement levels also vary for different types of expenses within a plan. For example, Scale 3 reimburses 90 per cent of eligible prescription drug expenses, but 100 per cent of eligible ambulance expenses.

Maximums

The *maximum* is the total dollar amount the plan will pay for a certain type of benefit within a certain time period. The maximums generally increase as you choose more comprehensive coverage.

As with reimbursement levels, the maximums also vary for different types of expenses within each plan. For example, Scale 3 has a \$10,000 per-person calendar year maximum on prescription drugs, and a \$500 per-person calendar year maximum for paramedical services.



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Provincial coverage

You should also compare Sonata Health plans with coverage provided by your provincial plan. For a copy of your provincial fact sheet, which identifies the differences between your provincial healthcare plan and the Sonata Health plans, contact your financial security advisor or consultant or visit www.greatwestlife.com/sonata and click on the link under "Government Plan Coverage".

Waiting period

A **three-month waiting period** applies to Dentalcare Services and Supplies. This means **no benefits** are payable for Dentalcare Services and Supplies expenses incurred during the period starting on the Policy Effective Date and ending on the last day of the third month following the Policy Effective Date.

At your service

While we've tried to make Sonata Health easy to understand and even easier to use, you can count on the expert help of your financial security advisor or consultant, as well as the backing of a network of product specialists, to help you tailor coverage to your needs.

With your commitment to quality healthcare protection for you and your family, along with the guidance of your advisor or consultant, you'll be able to maximize the value of your plan.

For example, if you own a business or part of a business, your Sonata Health premiums may be tax-deductible. Ask your advisor or consultant for more information about this, and about making the most of your Sonata Health plan.

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Optional Coverage

Sonata Health offers four options for individuals and families looking for additional protection against medical and dental expenses not covered under your provincial health plan.

These options can be added to Scales 1 to 4 as part of *Sonata Health*.

Our GAP plan already includes similar benefits, as described below.

Hospital Accommodation Benefit

Scales 1 to 4 – This option provides up to \$175 per day for up to 60 days each year.

GAP – Includes coverage for a maximum of \$175 per day for up to 30 days each year.

A hospital stay is not something anyone looks forward to. A semi-private room can make your stay much more comfortable, but like many other healthcare costs, the portion you are required to pay out of your pocket has increased in recent years. Without coverage for semi-private accommodation in hospital, your costs can add up quickly.

This benefit pays the difference between a standard ward rate, which may be eligible for payment under your provincial plan, and the cost of semi-private accommodation.

Please see page 24 for more detailed coverage information on the Hospital Accommodation Benefit.

Emergency Travel Medical Benefit

Scales 1 to 4 – This option covers you for trips up to 30 days.

GAP – Includes coverage for trips up to 9 days.

You've probably heard that you could be faced with high medical care costs if you have a medical emergency while travelling outside Canada. *Sonata Health* makes it easier than ever to have the travel medical coverage you need. With competitive rates and the convenience of having one less arrangement to make the next time you travel, this option is another excellent addition to your *Sonata Health* plan.

Most emergency medical expenses incurred within Canada but outside your home province are covered by your provincial plan. The Emergency Travel Medical Benefit provides up to \$1,000,000 of coverage per trip for a medical emergency when you're outside Canada.

Make sure you check your provincial plan coverage before incurring medical expenses outside your province.

Emergency treatment

The Emergency Travel Medical Benefit covers basic services and supplies related to emergency medical treatment, including:

- treatment by a physician
- hospital services
- medical services and supplies, such as anesthesia, blood, casts and dressings
- prescribed drugs when provided during an in-patient or outpatient hospital visit
- ambulance service
- emergency dental treatment.

Assistance services

You also have access to emergency travel assistance when you're travelling outside Canada or more than 500 kilometres from home — 24 hours a day, seven days a week. Assistance co-ordinators can help you locate medical care, legal assistance, local interpreters and appropriate services for replacing lost passports. Other emergency services include hospital admission assistance, assistance for unattended children, return of vehicle, medical evacuation and family member travel assistance.

Extra value benefits

To help provide you with comprehensive protection, this option also covers the cost of pre-paid travel expenses that are not refundable or recoverable from another source, under certain circumstances, when:

- your trip must be cancelled for medical reasons
- you must return home due to a medical emergency
- you must return home because a close family member has died or has an unforeseeable sickness or injury requiring intensive care treatment.

Please see pages 25 to 30 for more detailed coverage information on the Emergency Travel Medical Benefit.

Accidental Death, Dismemberment and Specific Loss Benefit

Scales 1 to 4 – This optional benefit provides coverage in units of \$25,000 to \$250,000. You can buy the level of coverage you feel you need for added security, should you or your dependants have an accident that causes death or injury.

GAP – Includes coverage for you and your dependants in case of accidental death or injury, up to:

- \$25,000 for the policy owner
- \$12,500 for your spouse
- \$2,500 for children

The amount payable depends on the type of injury.

For loss of:	Amount payable
- life	the maximum benefit amount
- both hands or both feet or the sight of both eyes	the maximum benefit amount
- one hand and one foot	the maximum benefit amount
- one hand and the sight of one eye, or one foot and sight of one eye	the maximum benefit amount
- speech and hearing in both ears	the maximum benefit amount
- one arm or one leg	3/4 of the maximum benefit amount
- one hand or one foot or the sight of one eye	1/2 of the maximum benefit amount
- speech or hearing in both ears	1/2 of the maximum benefit amount
- thumb and index finger	1/4 of the maximum benefit amount
- four fingers on one hand	1/4 of the maximum benefit amount
- all toes of one foot	1/8 of the maximum benefit amount
For loss of use of:	Amount payable
- both arms or both legs or both hands	the maximum benefit amount
- one arm and one leg or one hand and one leg	the maximum benefit amount
- one arm or one leg	3/4 of the maximum benefit amount
- one hand	1/2 of the maximum benefit amount

Insured amount and cost

With Scales 1 to 4 you can purchase up to 10 units of \$25,000 each (maximum \$250,000 of coverage). If your spouse is covered under your *Sonata Health* plan, he or she will be insured for 50 per cent of your insured amount. If you have covered children, each child will be insured for 10 per cent of your insured amount. For example, if you select four units for yourself, and you have family coverage, then coverage would be up to a maximum benefit amount of:

	You	Your spouse	Each child
Scales 1 – 4:	\$100,000	\$50,000	\$10,000

If you select an insured amount of \$100,000 as shown in the above example, and you have an accident that results in the loss of four fingers on one of your hands, the benefit amount payable would be of \$100,000, or \$25,000.

Please see page 31 for more detailed coverage information on the Accidental Death, Dismemberment and Specific Loss Benefit.

Hospital Cash Benefit

Scales 1 - 4 – Available as an option.

GAP – Not available.

If you were faced with an extended stay in hospital, wouldn't it be nice to know you have some extra income to help offset some of the costs associated with your stay?

The Hospital Cash Benefit option provides \$50 per day, to a maximum of \$200 per day for all insured family members, for discretionary spending. Coverage starts on the fourth day you're in the hospital in Canada, for a maximum of 60 days in a calendar year. For an insured child under 31 days of age, coverage is limited to \$50 per day starting on the fourth day in the hospital in Canada, for a maximum of seven days confinement.

You can use the money to cover costs that will make your stay as comfortable as possible, such as a television in your room, or parking, cafeteria or babysitting expenses for your family. The choice is yours.

Please see page 31 for more detailed coverage information on the Hospital Cash Benefit.

Eligibility, cost and more

Throughout this brochure, “you” and “your” refer to the proposed owner of the Sonata Health policy.

Eligibility

You’re eligible to apply for coverage under a *Sonata Health* plan if you’re covered by the provincial health plan in your province of residence and are age 60 or under.

If you have a spouse, he or she also must be covered by the provincial health plan and be age 60 or under.

If you have children, they must be covered by the provincial health plan and be either under the age of 21, or under the age of 25 if they’re full-time students, to be eligible for coverage.

If you do not qualify for Scales 1 to 4 based on your medical health, you may be eligible for our Guaranteed Acceptance Plan (GAP). For more information on GAP, please see page 4.

Optional coverage

Optional coverage is only available with Scales 1 to 4. Options cannot be added to the Guaranteed Acceptance Plan, which already includes similar coverage.

You’re eligible to apply for the options if you’re already covered under a *Sonata Health* plan (Scales 1-4), or when you first apply for *Sonata Health* coverage. Your spouse and children must also be covered under your *Sonata Health* plan to be eligible for the optional benefits.

Cost

Your premium rate for *Sonata Health* depends on:

- the province or territory you live in;
- the plan of coverage;
- any options added;
- whether you cover yourself, yourself and your spouse, or your whole family; and
- your health and the health of your family.

Your premium may change during the year if:

- you or your covered spouse or children become members of a different risk class (a group of insureds of similar ages and other characteristics residing in the same province or territory) while your policy is in force;
- you make a change to your coverage, such as upgrading your coverage or adding an optional benefit; or
- you or your covered spouse dies.

If you choose to add the Accidental Death, Dismemberment and Specific Loss Benefit, your rate also depends on the number of \$25,000 units you choose.

Premium for Scales 1 to 4 may be subject to adjustment based on your medical history or that of a family member. It is also subject to change annually, upon renewal of your plan.

Premium payments couldn’t be easier. Your premium is split into 12 monthly payments, which are automatically deducted from the bank account of your choice, or Visa or MasterCard. You may also choose to pay your premiums annually.

Please see the Rates booklet or visit www.greatwestlife.com/sonata to determine your cost.

Notice to Quebec residents

If you live in Quebec, you are required to have drug coverage through your employer or the Quebec provincial plan, the Régie de l’assurance maladie du Québec (RAMQ). When covered for drugs under RAMQ, you will still have to pay a monthly deductible plus a coinsurance charge out of your own pocket, subject to a calendar year maximum. The calendar year out-of-pocket maximum applicable to Quebec residents for in-province expenses for drugs listed in the Liste de médicaments published by RAMQ is automatically updated to the maximum established by law, and is subject to change from time to time.

If you choose a plan that includes drug coverage, *Sonata Health* tops up your RAMQ coverage by paying 70 to 90 per cent, depending on the plan, of your out-of-pocket expenses (including the RAMQ monthly deductible and coinsurance) for drugs covered by RAMQ. It also pays 70 to 90 per cent of some drugs not covered by RAMQ but covered by *Sonata Health*, subject to the per-prescription dispensing fee and calendar year maximums.

To receive benefits under RAMQ after you cease to be employed or no longer have access to a group plan, you must immediately register with the Régie by calling or visiting one of their offices. For more information about RAMQ coverage, visit their website at www.ramq.gouv.qc.ca

Renewing or terminating your coverage

Each *Sonata Health* policy is for a term of one year, provided premiums are paid when due, beginning on the policy effective date. Great-West will automatically renew your policy on your policy's annual renewal date.

The *Sonata Health* policy will terminate on the last day of the month in which the policyholder turns age 65.

Optional coverage terminates on the earlier of:

- the date the policy terminates; or
- the last day of the month prior to the annual renewal date, provided Great-West has been given a written request from the policyholder to terminate this rider at least 31 days prior to the anniversary date.

Making a claim

We'll send you a supply of claim forms with your policy information. Claim forms are also available on our website. When you need to make a claim, simply complete a claim form and send it, along with your original receipts, to Great-West. We'll send you your claim cheque together with a complete explanation of your benefits.

Most prescription drug claims are settled right in the pharmacy with your Assure Card™. You pay only for the fees not covered by *Sonata Health*.

Great-West is linked electronically with many dentists across Canada. If your dentist has such a link with Great-West, your claim can be settled right in the dentist's office. You only pay for any expenses not covered by *Sonata Health*.

Direct Deposit

You can have your *Sonata Health* claims payments automatically deposited to your bank account with direct deposit from Great-West.

With direct deposit, there are no delays receiving your cheques due to mail disruptions, no chance your cheques will be lost or stolen, and no need to deposit your cheques in person.

You can choose direct deposit when you apply for *Sonata Health*, or at a later date, free of charge.



Detailed coverage information

This section describes the coverage available under *Sonata Health* in more detail.

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Optional Coverage

(Optional for Scales 1 to 4, or included with GAP)

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Healthcare services and supplies

Coverage is provided as follows for reasonable and customary expenses not covered by a government plan.

Prescription drugs – Scales 1, 2, 3 and GAP cover:

Drugs that by law require a prescription by a doctor or dentist to be dispensed.

Coverage is not provided for certain prescription drugs such as: drugs for the treatment of erectile dysfunction, preventative immunization vaccines and toxoids, non-injectable allergy extracts, drugs that are considered cosmetic, oral contraceptives*, smoking cessation products, anti-obesity drugs, drugs for the treatment of infertility, drugs dispensed during treatment as an in-patient or outpatient in a hospital, proprietary or patent medicines and any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.

**Under Scale 3 only, coverage is provided for oral contraceptives.*

The plan pays for the lower cost alternative – generic or brand name prescription drug, unless the physician has directed that a particular brand name prescription drug not be interchanged.

The deductible is the dollar amount which must be paid by you before certain benefits are payable under your policy.

Ambulance service– All plans cover:

Ambulance service including air ambulance service, if provided by a licensed ambulance company for transportation to the nearest centre where essential treatment is available.

In-home nursing care – All plans cover:

In-home nursing care provided in a private residence by a graduate registered nurse, licensed practical nurse or registered nursing assistant.

Home health aid care – Scales 2, 3 and 4 cover:

Home health aid care, if prescribed by a physician, obtained through a licensed home health agency, and provided on a part-time or intermittent basis.

Medical supplies – All plans cover:

The following when prescribed by a physician. For supplies available on a rental basis, Great-West covers the rental cost or, at its discretion, the cost of purchase.

- **Diagnostic lab and x-ray services** performed in the insured's home province or territory
- **Breathing equipment:** Oxygen and the equipment needed for its administration, intermittent positive pressure breathing machines, continuous positive airway pressure machines, apnea monitors for respiratory dysrhythmias, mist tents and nebulizers, chest percussors, drainage boards, sputum stands and tracheostoma tubes
- **Orthopedic equipment:** Custom-made foot orthotics and custom-fitted orthopedic shoes (limited to a per insured person, per calendar year maximum of \$100 for Scale 1 and GAP, \$200 for Scale 2, \$300 for Scales 3 and 4, braces, casts, splints, cervical collars, external electrospinal stimulators for the correction of scoliosis, non-union bone stimulators and prone standers
- **Prosthetic equipment:** External breast prostheses (once per insured person per calendar year), surgical brassieres (two per insured person per calendar year), artificial eyes, standard artificial limbs, cleft palate obturators, and internal breast prostheses to the amount payable for external breast prostheses
- **Mobility aids:** Wheelchairs and power scooters when necessary to permit independent participation in daily living, and repairs and rechargeable batteries for covered wheelchairs (limited to \$1,500 per insured person per lifetime)
- **Diabetic equipment:** Blood-glucose monitoring machines (limited to one per insured person every 4 years)

- **Other medical supplies:** Canes, walkers, crutches, parapodiums, hospital beds, bed rails, trapeze bars, head halters and traction apparatus, colostomy and ileostomy supplies, catheters and catheterization supplies, food substitutes that must be administered through tube feed process and the tube feeding pumps and pump sets, transcutaneous nerve stimulators for the control of chronic pain (limited to \$700 per insured person per lifetime), custom-made pressure supports for lymphedema, custom-made compression hose (limited to 4 pairs per insured person per calendar year), extremity pumps for lymphedema or severe postphlebotic syndrome (limited to \$1,500 per insured person per lifetime), custom-made burn garments, elevated toilet seats, shower chairs, bathtub rails and standard commodes, wigs for cancer patients undergoing chemotherapy (limited to \$500 per insured person per lifetime), surgically implanted intraocular lenses, and eyeglasses or contact lenses following eye surgery (limited to one pair following eye surgery).

Paramedical services – All plans cover:

Out-of-hospital treatment, after provincial benefits have been paid, by a:

- **licensed chiropractor** for muscle and bone disorders;
- **licensed osteopath**;
- **licensed physiotherapist** for movement disorders;
- **licensed podiatrist** for foot disorders;
- **registered psychologist** or **social worker**;
- **qualified massage therapist**;
- **qualified speech therapist** for speech impairments;
- **licensed naturopath**; and
- **qualified acupuncturist**.

Hearing aids – Scales 2, 3, 4 and GAP cover:

Hearing aids, including batteries, tubing and ear molds provided at the time the hearing aid is purchased.

Visioncare – Scales 2, 3, 4 and GAP cover:

- Eye exams when performed by a licensed ophthalmologist or optometrist
- Glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician
- Laser eye surgery when performed by a licensed ophthalmologist.

Dentalcare services and supplies

Coverage is provided for reasonable and customary expenses based on the current fee guide in effect in your home province or territory on the date the expense is incurred.

Note: A three-month no-claims waiting period applies to Dentalcare services and supplies.

Routine dental services and supplies – All plans cover:

- **Diagnostic services:** One complete oral examination per insured person every 3 years; oral pathology, periodontal, surgical, prosthodontic and endodontic examinations; one limited oral and periodontal examination per insured person every 9 months; specific and emergency examinations; one complete series of intra-oral radiographs per insured person every 3 years; intra-oral radiographs to a maximum of 15 films and one panoramic radiograph every 3 years when not provided in the same year as a complete series; sialography; extra-oral radiographs other than panoramic and sialography; radiopaque dyes used to demonstrate lesions; interpretation of radiographs or models from another source; microbiological, histological, cytological, and pulp vitality tests and laboratory services
- **Preventative services:** Prophylaxis and topical application of fluoride per insured person every 9 months; pit and fissure sealants on bicuspids and permanent molars once per insured person every 5 years; space maintainers and maintenance of space maintainers; appliances for the control of harmful habits; finishing restorations; interproximal diskings and recontouring of teeth
- **Minor restorative services:** Caries, trauma and pain control; amalgam and tooth-coloured fillings; retentive pins and prefabricated posts placed when a filling is the final restoration, and prefabricated crowns for primary teeth
- **Periodontal services:** Scaling, limited to a maximum of six 15-minute time units per insured person per calendar year
- **Adjunctive services:** Minor remedies for relief of dental pain, therapeutic injections and anesthesia required in relation to covered services
- **Dental accident treatment:** Treatment from accidental injury to sound, natural teeth. The accident must occur while insured under the *Sonata Health* policy. Treatment must begin within 60 days after the injury and be performed by a dentist, oral surgeon or denturist.

Scales 2, 3 and 4 also cover:

- **Endodontic services:** Procedures described in the endodontic section of the Canadian Dental Association Uniform System of Coding and List of Services. Root canal therapy on permanent teeth is limited to one course of treatment per tooth.
- **Periodontal services:** Procedures described in the periodontal section of the Canadian Dental Association Uniform System of Coding and List of Services. Both scaling and root planing are limited to a combined maximum of six 15-minute time units per insured person per calendar year. Both occlusal adjustment and equilibration are limited to a combined maximum of six 15-minute time units per insured person per calendar year.
- **Oral surgery:** Removal of teeth, surgical exposure of teeth, minor alveoplasty, gingivoplasty and stomatoplasty for remodeling and recontouring oral tissues, surgical incisions, surgical excision of tumours, cysts, and granulomas, treatment of fractures, including related bone grafts to the jaw, treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty and palatal obturators.

Scales 3 and 4 also cover:

- **Denture maintenance:** One denture reline, rebase and resilient liner in relined or rebased dentures per insured person every 3 years.

Major dental services and supplies – Scales 3 and 4 cover:

- **Crowns and onlays:** Metal, plastic, porcelain and ceramic crowns, onlays, posts, cores, pins and copings related to covered crowns. Coverage for crowns on molars is limited to the cost of metal crowns
- **Dentures and bridgework:** Dentures and bridgework, including overdentures and implant-retained appliances, are covered when required to replace one or more teeth extracted while *Sonata Health* is in force

- **Denture-related surgery:** The following denture-related surgical services for remodeling and recontouring oral tissues are covered: Remodeling, excisions, removal, reduction or augmentation of the alveolar bone, remodeling of the flooring of the mouth, vestibuloplasty, reconstruction of the alveolar ridge, extensions of mucous folds and related surgical grafts
- **Appliance maintenance:** One denture remake per insured person every 3 years, one denture adjustment per insured person per year, denture repairs and additions, tissue conditioning and resetting of denture teeth, repairs to bridgework, removal and recementation of bridgework, removal of implant-retained prostheses for repair and reinsertion of implant-retained prostheses.



Conditional offer of acceptance

If, as a result of medical evidence received at the time of application, certain expenses are excluded from coverage, you will receive a Conditional Offer of Acceptance that you must agree to and sign to proceed with coverage.

***If you do not qualify for Scales 1 to 4 based on your medical evidence, you may be eligible for our Guaranteed Acceptance Plan (GAP). Please see page 4 for more information.**

General limitations and exceptions

No benefits will be paid under *Sonata Health* for the following:

- expenses incurred as a result of an injury or sickness that has been excluded from coverage under a Conditional Offer of Acceptance
- expenses that private insurers are not permitted to cover by law
- services and supplies that the insured is entitled to without charge by law, or for which a charge is made only because the insured has insurance coverage
- services and supplies that do not represent reasonable medical treatment or reasonable dental treatment
- services and supplies associated with treatment performed for cosmetic purposes only
- services and supplies associated with the diagnosis or treatment of infertility or contraception (oral contraceptives are covered under Scale 3 only)
- dentalcare services and supplies associated with congenital defects or developmental malformations in people 19 years of age or over, temporomandibular joint disorders, vertical dimension correction, myofacial pain or orthodontic treatment
- services or supplies associated with items covered under your policy, unless specifically listed as a covered healthcare or dentalcare service or supply
- services or supplies received outside Canada, except as provided by the Emergency Travel Medical Benefit, if in force
- services or supplies received out-of-province in Canada unless:
 - the insured is covered by the Government Plan providing Medicare coverage in the insured's home province or territory; and
 - Great-West would have paid benefits for the same services or supplies if they had been received in the insured's home province.

- expenses arising from war, declared or undeclared, insurrection, acts of terrorism, voluntary participation in a riot or civil unrest.
- expenses arising from committing or attempting to commit an assault, battery or criminal offence, whether or not the insured was charged with a criminal offence.
- expenses incurred as a result of or a loss resulting from or associated with a self-inflicted injury or attempted suicide, while sane or insane.

Benefits payable under *Sonata Health*, for healthcare and dentalcare services and supplies eligible under any Government Plan, are limited to any deductible and co-insurance amounts the insured is required to pay under the Government Plan. A Government Plan means a plan that provides drug, health, dental or vision coverage and is legislated, funded, or administered by a government.

Specific limitations and exceptions

The above are the general limitations and exceptions that apply to *Sonata Health*. *Sonata Health* also contains specific limitations and exceptions that apply to specific coverage. The following are a few examples of specific limitations and exceptions that apply:

- Benefits are payable for a single purchase of a drug that would reasonably be consumed or used within 34 days, except for certain maintenance drugs when dispensed in quantities that would reasonably be consumed or used within 100 days. (Applies to plans that provide prescription drug coverage.)
- Coverage is not provided for special wheelchair features primarily for participation in sports.
- Coverage is only provided for replacement fillings if the existing filling is at least 2 years old or the existing filling was not covered under your policy.
- Hypnosis and acupuncture are not covered dentalcare services.

The above are examples only. Further specific limitations and exceptions apply. Please read your policy carefully upon delivery, as it contains important definitions, limitations and exceptions.

Detailed coverage information – Optional coverage*

Hospital Accommodation Benefit

Sonata Health covers:

- semi-private accommodation in a hospital in Canada if:
 - the stay starts while the insured is covered under the policy; and
 - the care the insured receives is acute care, convalescent care, or palliative care.
- the difference between the standard ward rate for the hospital accommodation and the government-authorized allowance under your provincial plan for hospital accommodation in Canada, but outside your home province or territory.
- the hospital facility fee related to dental surgery for an insured.
- charges by a hospital for services on an outpatient basis, incurred outside the insured's home province or territory but in Canada when not covered by the insured's provincial plan.

Hospital means an institution that:

- is legally termed a hospital;
- is open at all times;
- offers in-patient accommodation;
- has a staff of one or more physicians available at all times; and
- continuously provides 24-hour nursing by graduate registered nurses.

Great-West covers accommodation in a nursing home if:

- the stay starts while the insured is covered under the policy;
- the care the insured receives is acute care, convalescent care, or palliative care; and
- Great-West has approved the accommodation prior to commencement of care.

**These benefits (except Hospital Cash) are automatically included in the GAP plan. See page 8 for information.*

Nursing Home means an institution or part of an institution that:

- offers in-patient accommodation;
- has a staff of one or more physicians available at all times; and
- continuously provides 24-hour medical care by or under the supervision of professional nurses.

For greater certainty, nursing home does not include a facility established primarily as a residence for senior citizens or which provides personal rather than medical care.

For nursing home accommodation, benefits payable are limited to the government-authorized co-payment under the insured's provincial plan for a maximum of 60 days in a calendar year.

Emergency Travel Medical Benefit

The following are a few of the specific terms that are useful to help understand this option:

Emergency Medical Treatment means medical treatment immediately required for the relief of an injury or an acute episode of sickness.

Medical Emergency means any injury or sickness which arises suddenly, cannot reasonably be anticipated and requires emergency medical treatment.

Non-Emergency Treatment or Surgery means:

- any treatment or surgery not required for immediate relief of acute pain or suffering or which could reasonably be delayed until the insured returns home, including periodic check-ups or examinations and regular care for chronic conditions;
- any treatment received by the insured outside of Canada following emergency medical treatment, including follow-up visits and rehabilitation, if the insured's medical condition permits the insured to return home;
- any treatment or surgery for a medical condition where the medical condition would not have prevented the insured from returning home for treatment or surgery; and
- any medical or hospital services which the insured specifically travelled to obtain, whether or not on the advice of a physician.

Benefits payable for emergency medical treatment and emergency medical assistance services are limited to customary charges for the service or supply provided.

The following services and supplies are covered when provided during a covered trip. The provision of these services and supplies must be related to emergency medical treatment resulting from a medical emergency.

Emergency medical treatment

Ambulance services

- ambulance services, including air ambulance, to the nearest centre where essential treatment is available.
- where air ambulance service is required, coverage for a medical attendant is also included, if required.
- air ambulance services must be approved, in advance, by Great-West and arranged by the assistance centre.

Hospital services

- hospital in-patient services and supplies, including room and board and general nursing care while confined to a hospital semi-private room, ward, coronary care unit or intensive care unit for acute care;
- surgery; and
- hospital outpatient services and supplies.

Physician services

- the services of a licensed physician.

Emergency dental treatment

- benefits payable for emergency dental treatment provided for treatment to a sound natural tooth, required as a result of a blow from an external force, are limited to \$1,000 per covered trip, and for a reason other than a blow from an external force, are limited to \$200 per covered trip.

Private duty nursing services

- a professional nurse, who is not a member of the insured's family, when provided during hospital confinement for emergency medical treatment, when ordered by a physician.

Miscellaneous services and supplies

The following miscellaneous services and supplies are covered when provided on an in-patient or outpatient basis:

- anaesthesia and its administration;
- diagnostic x-ray and laboratory examination;
- whole blood, blood plasma and blood products;
- oxygen and its administration;
- casts, dressings, crutches, canes, slings and splints;
- prescription drugs requiring a prescription by law; and
- rental of medical appliances, a hospital-type bed, wheelchair, crutches, braces, etc. (not to exceed the cost of purchase).

Emergency medical assistance services

Where Great-West has given its prior approval, Great-West will pay for, or reimburse expenses for, the following emergency medical assistance services resulting from a medical emergency, where arranged by the assistance centre.

Medical evacuation and repatriation

- transportation to the nearest hospital where treatment is available or to a hospital in Canada.
- coverage for a medical attendant is also included, if required.

Great-West reserves the right to transfer the insured to another hospital or return the insured to his or her home province or territory. Great-West will be absolved of any further liability for that medical emergency if the transfer request is refused.

Return home

- return home by an insured by economy seating (or by upgraded seating or air ambulance if medically necessary), as well as additional seats for a stretcher, if required.
- if an insured is hospitalized and unable to accompany home any other insured who is on a covered trip with the insured, a one-way economy flight for each such insured to return home.
- return or round trip transportation for an attendant for any insured who is unable to travel alone may be covered when considered necessary by Great-West.

Benefits under the Return Home provision are limited to \$5,000 per insured per covered trip.

Extended stay

- if the insured is unable to return to his or her home province or territory by the originally scheduled date of return because the insured is hospitalized on that date, Great-West covers any unexpected additional hotel accommodations and meals incurred by the insured, and by a person who accompanied the insured on the covered trip and who wishes to stay with the insured or at the bedside of the insured (limited to \$200 per day to a maximum of \$2,000 per covered trip). Coverage begins on the day after the originally scheduled date of return.

Identification of deceased insured

- in the event of death of an insured during a covered trip, reasonable travel, hotel accommodation and meal expenses for one person to identify the remains (limited to \$5,000 per insured).

Repatriation of deceased insured

- in the event of death of an insured during a covered trip, the cost of services and supplies legally required for the preparation of the body and the cost for its return transportation to Canada (limited to \$5,000 per insured).

Burial or cremation of deceased insured at the place of death

- in the event of death of an insured during a covered trip, the cost of services and supplies legally required for the preparation of the insured's body for burial or cremation at the place of death (limited to \$3,000 per insured).

The determination to have an insured's body buried or cremated or returned to Canada will be made by the insured's closest relative.

Transportation to bedside

- if the insured is on a covered trip alone, is hospitalized and expected to remain in hospital for more than seven consecutive days, the cost for reasonable travel, hotel accommodation and meal expenses for one person to visit the insured (limited to \$5,000 per covered trip).

Trip cancellation

If, prior to a scheduled departure, an insured is required to cancel a trip due to:

- the death of an insured or an extended family member occurring within 22 days of the scheduled departure date;
- the injury or sickness, which did not result from a pre-existing

condition, of an insured that caused the insured to be unable to start the trip. The attending physician must substantiate in writing that prior to the scheduled departure date, he or she advised the insured to cancel the trip or that the injury or sickness made it impossible for the insured to start the trip;

- the injury or sickness, which did not result from a pre-existing condition, of an extended family member which required immediate hospitalization with an expected stay of at least three days; or
- the enforceable call of an insured to jury duty or sudden and unexpected subpoena to act as a witness in a court of law during the trip,

Great-West will reimburse the cost of pre-paid travel expenses which are not refundable or recoverable from any other source (limited to \$2,500 per insured or \$5,000 for all insureds per covered trip).

For a benefit to become payable under the Trip Cancellation provision, Great-West must be notified within seven days of any cancellation in travel arrangements and Great-West must receive satisfactory proof of the reason for cancellation within seven days thereafter.

Trip interruption

- if an insured has to end a covered trip and return to his or her home province or territory because the insured experienced a medical emergency, the cost of any non-refundable prepaid travel for the insured and for each insured travelling with the insured who has to return home.
- if the insured does not return home and opts to continue travelling after the medical emergency has ended, the additional cost of travel for the insured and for each insured person travelling with the insured. If required, Great-West will reimburse the additional cost for hotel accommodation and meals incurred by an insured travelling with the insured on account of the interruption.

Benefits payable under the Trip Interruption provision are limited to \$2,500 per insured or \$5,000 for all insureds per covered trip.

Unexpected return

- if an insured must return to his or her home province or territory because an extended family member who is not on the covered trip with the insured is suffering from an unforeseeable sickness or injury requiring intensive care treatment or who has died, Great-West will reimburse the cost of any non-refundable prepaid travel for each insured who is on the covered trip. Great-West will pay any extra cost for a one-way economy flight home (limited to \$5,000 per insured per covered trip).

Vehicle return

- if, for medical reasons, an insured or any accompanying person are unable to drive an automobile owned or leased by the insured to his or her home or to the place to which the automobile must be returned, the cost of returning the automobile (limited to \$2,000 per covered trip).

Benefits payable under this option will be reduced by 20%, up to a maximum of \$10,000, if in the event of a medical emergency, the assistance centre is not notified as required. This reduction in benefits payable does not apply if the total expenses incurred for medical services and supplies do not exceed \$500.

Important information

The Emergency Travel Medical Benefit contains a pre-existing condition exclusion that applies to expenses due to any injury or sickness or change in medical condition that happened in the 90 days before your trip if you are under age 60, or in the 365 days before your trip if you are age 60 or over. This means that expenses arising from or related to such a pre-existing condition are not covered.

In addition, for individuals age 60 and over on their departure date, there is an exclusion in the policy for circulatory or heart conditions if the individual is taking or has taken any medication for that circulatory or heart condition in the 365 days before their trip.

The coverage also has other limitations and exclusions common for this type of insurance. For example, there is no coverage for expenses incurred for non-emergency treatment, treatment if travel was undertaken against the advice of a physician, or if caused by participation in hazardous or professional sports activities.

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important to read and understand your policy before you travel, as your coverage may be subject to certain limitations and exceptions.

Accidental Death, Dismemberment and Specific Loss Benefit

Loss after termination of insurance

Accidental death, dismemberment and specific loss benefits are payable for covered losses suffered after termination of this option as long as the injury was sustained while this option was in force.

Repatriation benefits

If benefits are payable under this option for loss of life of an insured which occurred at least 150 kilometres from the insured's home, this option will pay for the preparation of the body and its transportation to the place of burial or cremation up to a maximum of \$2,500. Repatriation benefits do not include funeral expenses.

Surgical reattachment

If a dismembered part is surgically reattached, regardless of the use regained, the benefits payable are limited to 50% of the amount payable for the specific loss. The balance of the benefit for Loss by Dismemberment is payable if the reattachment fails and the reattached part is removed within 365 days after the reattachment was performed.

Important information

Insurance coverage of this type contains certain limitations and exclusions. For instance, no benefits are payable for losses resulting from a sickness, medical treatment, inhalation of gas, participation in hazardous sports, or flying other than as a passenger on a commercial airline.

Hospital Cash Benefit

(Available with Scales 1 to 4 only. Not available with GAP)

Hospital means the same as set out under Hospital Accommodation Benefit in this brochure.

The hospital stay must start while the insured is covered under this option.

Additional information

Important notice

This brochure has been designed to provide a brief description of some of the features available with a *Sonata Health* policy. It is not a contract. Actual terms and conditions are set out in the policy issued by Great-West upon application approval. The policy contains important definitions and information concerning terms, conditions, limitations, exceptions and exclusions. Please read carefully upon receipt.

Medical underwriting

Great-West reviews information required on the medical and lifestyle questionnaire, which forms part of the application for underwriting purposes. Based on your or a family member's medical history, we may decline coverage, offer our GAP plan, modify the coverage we offer, exclude certain conditions, or adjust the premium charged for coverage.

If your or a family member's medical history results in modifications to the coverage or a higher premium being required, you will be notified so you can agree to the changes prior to a policy being issued. If you decide not to proceed with coverage, your initial premium will be returned and your application cancelled.

10-day right to examine your policy

If, after receiving it, you are not satisfied with your *Sonata Health* policy, you may cancel it without penalty, provided you return it within 10 days from when you received it.

If you add an optional benefit to your existing *Sonata Health* policy, the 10-day right to examine will apply to the new benefit.

Learn more about Sonata Health

For more information about *Sonata Health*:

- contact your financial security advisor or consultant
- visit the Sonata Health section of Great-West's website, at www.greatwestlife.com/sonata



About Great-West

All *Sonata Health* clients are insured by The Great-West Life Assurance Company.

Great-West has been helping Canadians achieve financial security for more than a century. We are a leading provider of financial security products in Canada, offering a wide range of insurance, retirement savings and income plans for individuals, families, businesses and organizations.

Great-West Life has received very strong ratings on our claims paying ability and financial strength from the major rating agencies.* For current information on Great-West's ratings and financial strength, visit our website at www.greatwestlife.com.

**As rated by A.M. Best Company, Dominion Bond Rating Service, Fitch Ratings, Moody's Investors Service and Standard & Poor's Corporation at time of publication.*



About PAdmin Group

Administration services for *Sonata Health* are provided by PAdmin Group, including handling client services, premium collection, maintaining policy information and distributing policy and renewal materials to policyholders. PAdmin Group is an innovative third-party administrator, partnering with some of the largest and most financially sound insurance companies in Canada and providing unparalleled sales and service in the health & dental and emergency travel health insurance markets.



Coverage at a glance

Sonata Health coverage at a glance

Type of coverage	Scale 1	Scale 2	Scale 3	Scale 4	GAP plan
Prescription Drugs	<ul style="list-style-type: none"> 70% for both generic and brand name prescriptions \$750 max. per person each calendar year \$5 max. dispensing fee per prescription 	<ul style="list-style-type: none"> 75% for both generic and brand name prescriptions \$10,000 max. per person each calendar year \$5 max. dispensing fee per prescription 	<ul style="list-style-type: none"> 90% for both generic and brand name prescriptions \$10,000 max. per person each calendar year \$7 max. dispensing fee per prescription 	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> 70% for both generic and brand name prescriptions \$300 max. per person each calendar year \$5 max. dispensing fee per prescription
Ambulance	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100%
Dentalcare	<ul style="list-style-type: none"> 3-month no claims waiting period \$25 per person to a max. of \$50 per family per calendar year 70% for selected routine services \$350 max. per person each calendar year 	<ul style="list-style-type: none"> 3-month no claims waiting period \$25 per person to a max. of \$50 per family per calendar year 50% for endodontic, periodontal and oral surgery services 75% for other covered routine services \$500 max. per person each calendar year 	<ul style="list-style-type: none"> 3-month no claims waiting period \$25 per person to a max. of \$50 per family each calendar year 60% for endodontic, periodontal and oral surgery services 80% for other covered routine services \$750 max. per person each calendar year 	<ul style="list-style-type: none"> 3-month no claims waiting period \$25 per person to a max. of \$50 per family each calendar year 60% for endodontic, periodontal and oral surgery services 80% for other covered routine services \$750 max. per person each calendar year 	<ul style="list-style-type: none"> 3-month no claims waiting period \$50 per person to a max. of \$100 per family each calendar year 70% for selected routine services \$300 max. per person each calendar year
Waiting Period Deductible					
Routine					
Major	<ul style="list-style-type: none"> No coverage for major services 	<ul style="list-style-type: none"> No coverage for major services 	<ul style="list-style-type: none"> 50% for major services \$500 max. per person each calendar year 	<ul style="list-style-type: none"> 50% for major services \$500 max. per person each calendar year 	<ul style="list-style-type: none"> No coverage for major services
Dental Accident Treatment	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100% 	<ul style="list-style-type: none"> 100%
Visioncare	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> 100% to a max. of \$100 per person every 2 years for lenses and frames, contacts or laser eye surgery \$50 every 2 years for eye exams 	<ul style="list-style-type: none"> 100% to a max. of \$200 per person every 2 years for lenses and frames, contacts or laser eye surgery \$50 every 2 years for eye exams 	<ul style="list-style-type: none"> 100% to a max. of \$200 per person every 2 years for lenses and frames, contacts or laser eye surgery \$50 every 2 years for eye exams 	<ul style="list-style-type: none"> 100% to a max. of \$100 per person every 2 years for lenses and frames, contacts or laser eye surgery \$50 every 2 years for eye exams
Paramedicals	<ul style="list-style-type: none"> 70% to a max. of \$300 per person each calendar year for all practitioners combined 	<ul style="list-style-type: none"> 80% to a max. of \$400 per person each calendar year for all practitioners combined 	<ul style="list-style-type: none"> 90% to a max. of \$500 per person each calendar year for all practitioners combined 	<ul style="list-style-type: none"> 90% to a max. of \$500 per person each calendar year for all practitioners combined 	<ul style="list-style-type: none"> 70% up to \$300 per person each calendar year for all practitioners combined
In-Home Nursing Benefits & Home Care	<ul style="list-style-type: none"> 100% to a max. of \$2,500 per person each calendar year Home care not included 	<ul style="list-style-type: none"> 100% to a combined max. of \$3,500 per person each calendar year for in-home nursing and home care 	<ul style="list-style-type: none"> 100% to a combined max. of \$5,000 per person each calendar year for in-home nursing and home care 	<ul style="list-style-type: none"> 100% to a combined max. of \$5,000 per person each calendar year for in-home nursing and home care 	<ul style="list-style-type: none"> 80% to a max. of \$2,500 per person every 36 months Home care not included
Medical Supplies	<ul style="list-style-type: none"> 100% \$100 max. per year for orthotics 	<ul style="list-style-type: none"> 100% \$200 max. per year for orthotics 	<ul style="list-style-type: none"> 100% \$300 max. per year for orthotics 	<ul style="list-style-type: none"> 100% \$300 max. per year for orthotics 	<ul style="list-style-type: none"> 80% \$100 max. per year for orthotics
Hearing Aids	<ul style="list-style-type: none"> No coverage 	<ul style="list-style-type: none"> 100% to a max. of \$400 per person every 5 years 	<ul style="list-style-type: none"> 100% to a max. of \$500 per person every 5 years 	<ul style="list-style-type: none"> 100% to a max. of \$500 per person every 5 years 	<ul style="list-style-type: none"> 100% to a max. of \$300 per person every 5 years
Hospital Accommodation	Optional Benefit available with Scales 1 - 4:	Provides coverage for the difference between a hospital ward and semi-private room rate, if you purchase this additional coverage			<ul style="list-style-type: none"> 100% to a max. of \$175 per day for semi-private room, for up to 30 days per person each calendar year
Emergency Travel Medical	Optional Benefit available with Scales 1 - 4:	Provides worldwide emergency medical coverage and assistance for travellers, 24 hours a day, if you purchase this additional coverage			<ul style="list-style-type: none"> 100% to a max. of \$1,000,000 for trips up to 9 days Pre-existing conditions excluded (90 days or less before trip up to age 59; 365 days or less for age 60 and up)
Accidental Death & Dismemberment	Optional Benefit available with Scales 1 - 4:	Provides coverage in units of \$25,000 up to \$250,000, if you purchase this additional coverage			<ul style="list-style-type: none"> \$25,000 for policyowner \$12,500 for spouse \$2,500 for children
Hospital Cash	Optional Benefit available with Scales 1 - 4:	Pays you cash while you're confined to a hospital, if you purchase this additional coverage			<ul style="list-style-type: none"> No coverage
Preferred Vision Services (PVS)	Included in all plans:	Preferred Vision Services offers a discount on prescription eyewear and accessories of up to 20% at participating outlets			
Best Doctors®	Included in all plans:	Consultation services that put you in touch with the world's best medical specialists to help with diagnosis and treatment planning			

Note: The above information is a summary only. Please see pages 16-31 for more detailed coverage information.



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Great-West Life
ASSURANCE  COMPANY

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