

PLANDIRECT™ COVERAGE AT A GLANCE

	VALUE PLAN	BASIC PLAN	ADVANTAGE PLAN	COMPREHENSIVE PLAN	PREMIER PLAN
BENEFIT DETAILS	HEALTH – NO DRUGS	HEALTH WITH DRUGS	HEALTH & DENTAL – NO DRUGS	HEALTH & DENTAL WITH DRUGS	HEALTH & DENTAL WITH DRUGS
HOSPITAL ACCOMMODATION	100% to \$225 per day for a maximum of 90 days per calendar year for a semi-private room	100% to \$225 per day for a maximum of 90 days per calendar year for a semi-private room	100% to \$225 per day for a maximum of 90 days per calendar year for a semi-private room	100% to \$225 per day for a maximum of 90 days per calendar year for a semi-private room	100% to \$250 per day with unlimited number of days for a private room
PRESCRIPTION DRUGS	No coverage	Without drug card – 90% to a maximum of \$1,000 per person each calendar year or With drug card – 80% to a maximum of \$1,000 per person each calendar year	No coverage	Without drug card – 100% to a maximum of \$1,200 per person each calendar year or With drug card – 90% to a maximum of \$1,200 per person each calendar year	90% to a maximum of \$1,400 per person each calendar year; includes drug card
AMBULANCE SERVICES	Air & ground covered at 100%	Air & ground covered at 100%	Air & ground covered at 100%	Air & ground covered at 100%	Air & ground covered at 100%
IN-HOME NURSING CARE	90% up to \$3,500 per person every 36 months	90% up to \$3,500 per person every 36 months	100% up to \$3,500 per person every 36 months	100% up to \$3,500 per person every 36 months	90% up to \$1,500 each year including home health care aid
MEDICAL SUPPLIES, AIDS AND APPLIANCES	90% up to maximums in policy	90% up to maximums in policy	100% up to maximums in policy	100% up to maximums in policy	90% up to maximums in policy
DENTAL ACCIDENT CARE	Covered at 90%	Covered at 90%	Covered at 100%	Covered at 100%	Covered at 90%
PARAMEDICAL SERVICES	90% up to maximums in policy	90% up to maximums in policy	100% up to maximums in policy	100% up to maximums in policy	90% up to maximums in policy
VISIONCARE	No coverage	No coverage	100% up to \$150 per person every 24 months	100% up to \$150 per person every 24 months	90% up to \$200 per person every 24 months
HEARING AIDS	90% up to \$500 per person every 5 years	No coverage	100% up to \$500 per person every 5 years	100% up to \$500 per person every 5 years	90% up to \$500 per person every 5 years
DENTALCARE – ROUTINE LEVEL 1	No coverage	No coverage	80% up to \$1,000 per person each calendar year	80% up to \$1,000 per person each calendar year	85%
DENTALCARE – ROUTINE LEVEL 2	No coverage	No coverage	Includes endodontics, periodontics, denture relines & rebases (max. combined with Level 1)	Includes endodontics, periodontics, denture relines & rebases (max. combined with Level 1)	50% for endodontics and periodontics
DENTALCARE – MAJOR RESTORATIVE	No coverage	No coverage	No coverage (optional Major Dental Services and Supplies Benefit available)	No coverage (optional Major Dental Services and Supplies Benefit available)	50% up to \$750 per person each calendar year for dentures, crowns, posts, onlays & inlays
ANNUAL PLAN MAXIMUM	\$15,000 per person each calendar year	\$15,000 per person each calendar year	\$20,000 per person each calendar year	\$25,000 per person each calendar year	\$25,000 per person each calendar year

ALL PLANS INCLUDE:

- Preferred Vision Services** – Discount on prescription eyewear at participating outlets.
- Health Information Service** – Reliable information and reassurance with one phone call.
- Family Support Service** – Links individuals to a network of qualified healthcare and home care professionals.
- Nutrition Support Service** – Expert advice that offers a proactive, self-care approach to wellness.

OPTIONAL COVERAGE

- Emergency Travel Medical Benefit** – provides 30-day multi-trip coverage
- Accidental Death, Dismemberment and Specific Loss Benefit** – available in units of \$25,000, up to 10 units
- Hospital Cash Benefit** – \$50 per day beginning on the fourth day of hospitalization
- Major Dental Services and Supplies Benefit** – 50% up to \$500 annually

Note: The above information is a summary only. Please view our Detailed Coverage Information under Plan Designs at www.greatwestlife.com/plandirect for more details.