



Plan Comparison

Guaranteed Acceptance No Health Questions Asked	CORE 1	CORE 2
Prescription Drugs		
Maximums	Not included	\$550 per person per year
Plan pays		Year 1: 60% Year 2: 70% Year 3+: 80% subject to annual max.
Dental Care		
Maximums	Year 1: \$500 Year 2: \$700 Year 3+: \$900 per person per year	\$500 per person per year
Recall Frequency	9 months	9 months
Basic Services	Plan pays 80% subject to annual max.	Plan pays Year 1: 60% Year 2: 70% Year 3+: 80% subject to annual max.
Comprehensive Basic Services		
Major Services	Not included	Not included
Orthodontic Services	Not included	Not included
Vision Care		
Prescription eyeglasses, contact lenses, laser eye surgery	\$100 per person every 2 years	\$150 every per person 2 years
Eye Examination	\$65 per person every 2 years	\$80 every per person 2 years
Extended Health Care		
GreenShield Telemedicine	4 virtual visits per family 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, to a max. of \$300 per person per practitioner, per year; \$1,000 combined max. per year	\$20 per visit, to a max. of \$400 per person per practitioner, per year; \$1,200 combined max. per year
Speech Therapist	\$300 per person per year	\$400 per person per year
Psychologist/Psychotherapist/ Registered Social Worker	\$300 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	\$3,000 per person per year	
Ambulance Transportation	Includes land and air	
Hearing Aids	\$300 per person every 4 years	\$350 per person every 4 years
Medical Services Diagnostic tests and x-rays, dialysis equipment, laboratory tests	Year 1: \$1,000 Year 2: \$1,500 Year 3+: \$2,000 per person per year	Year 1: \$1,500 Year 2: \$2,000 Year 3+: \$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: \$1,000 Year 2: \$1,500 Year 3: \$2,000 Year 4+: \$2,500 per person per benefit category, 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 Year 2: \$2,000 Year 3: \$2,500 Year 4+: \$3,000 per person per benefit category, 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		
Multi-Trip Emergency Medical Travel Coverage Out-of-Province/Country	15 days per trip \$5,000,000 per person per year	
Optional Hospital Accommodation – Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.		
Semi-Private and/or Private	Up to 30 days per person per year	

Health Questionnaire Required	CORE 3			CORE 4			CORE 5		
Prescription Drugs									
Maximums	\$3,000 per person per year			\$6,000 per person per year			\$12,500 per person per year		
Plan Pays	Year 1: 70%	subject to annual max.		Year 1: 70%	subject to annual max.		90% subject to annual max.		
	Year 2: 80%			Year 2: 80%					
	Year 3+: 90%			Year 3+: 90%					
Dental Care									
Maximums	Not included			Year 1: \$700	per person per year		Year 1: \$900	per person per year	
				Year 2: \$850			Year 2: \$1,100		
				Year 3+: \$1,000			Year 3+: \$1,300		
Recall Frequency				9 months			6 months		
Basic Services				Year 1: Plan pays 70% Year 2+: Plan pays 80% subject to annual max.			Year 1: Plan pays 80% Year 2+: Plan pays 90% subject to annual max.		
Comprehensive Basic Services									
Major Services	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.					
Vision Care									
Prescription eyeglasses, contact lenses, laser eye surgery	\$175 per person every 2 years			Year 1-2: \$200	per person every 2 years		Year 1-2: \$200	per person every 2 years	
				Year 3-4: \$250			Year 3-4: \$250		
				Year 5+: \$300			Year 5+: \$300		
Eye Examination	\$80 per person every 2 years			\$100 per person every 2 years			\$100 per person every 2 years		
Extended Health Care									
GreenShield Telemedicine	4 virtual visits per family 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 \$400 per person per practitioner, per year; \$1,500 combined max. per year			\$25 per visit, to a max. of \$400 per person per practitioner, per year; \$1,500 combined max. per year			\$30 per visit, to a max. of \$600 per person per practitioner, per year; \$2,000 combined max. per year		
Speech Therapist	\$400 per person per year			\$400 per person per year			\$600 per person per year		
Psychologist/Psychotherapist/Registered Social Worker	\$400 per person per year combined			\$400 per person per year combined			\$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	\$5,000 per person per year			\$5,000 per person per year			\$10,000 per person per year		
Ambulance Transportation	Includes land and air								
Hearing Aids	Year 1-4: \$350	per person every 4 years		Year 1-4: \$350	per person every 4 years		500 per person every 4 years		
	Year 5+: \$500			Year 5+: \$500					
Medical Services – Diagnostic tests and x-rays, dialysis equipment, laboratory tests	Year 1: \$2,000	per person every 4 years		Year 1: \$2,000	per person every 4 years		3,000 per person per year		
	Year 2: \$2,500			Year 2: \$2,500					
	Year 3+: \$3,000			Year 3+: \$3,000					
Medical Items and Home Support Services (in-home nursing)	Year 1: \$2,000	per person per benefit category, per year		Year 1: \$2,000	per person per benefit category, per year		Year 1: \$3,000	per person per benefit category, per year	
	Year 2: \$2,500			Year 2: \$2,500			Year 2: \$4,000		
	Year 3: \$3,000			Year 3: \$3,000			Year 3: \$5,000		
	Year 4+: \$3,500			Year 4+: \$3,500			Year 4+: \$6,000		
Separate maximums for Medical Items and Home Support Services	*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			*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			*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									
Multi-Trip Emergency Medical Travel Coverage Out-of-Province/Country	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		
Optional Hospital Accommodation – Optional benefit pays for the difference in cost between standard ward charges and Semi-Private and/or Private accommodation in a public general hospital. Medical underwriting is required.									
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 CORE 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)

Emergency medical travel coverage

Multi-trip emergency medical coverage when travelling out-of-province or out-of-country.

Optional hospital accommodation

Semi-private and/or private accommodation in a public general hospital in your province/territory of residence.

A few helpful things to know

Guaranteed acceptance – Personal Health Coverage CORE 1 and CORE 2

With GreenShield Personal Health Coverage CORE 1 and CORE 2, 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 – CORE 3, CORE 4 and CORE 5

For CORE 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. Costs for medical services eligible for coverage under provincial health insurance plans will not be eligible for coverage under CORE plans.

Coverage amounts shown are in Canadian Dollars.

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



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