

Health & Dental Plan Comparison

Compare up to three quotes. Write in the details from each proposal and policy wording.

Name / household: _____ Review date: _____

Province: _____ Coverage needed for: _____

What to compare	Quote A	Quote B	Quote C
Insurer / plan name			
Monthly premium / annual cost			
Plan type / eligibility Underwritten, guaranteed acceptance, or benefits-ending option			
Prescription coverage Current medications, limits and reimbursement			
Dental coverage Services, annual limits and reimbursement			
Waiting periods Dental and other benefits			
Vision / other health benefits Limits and eligible practitioners			
Travel emergency medical Included? Limits and conditions?			
Deductibles / your share Per person, family or benefit			
Exclusions / restrictions Pre-existing conditions and other limits			
Start date / quote expiry Any application deadline?			

Mark unclear items "Confirm". Plan routes can overlap; ask which eligibility rules apply to you.

Compare the cost with eligible benefits and your expected out-of-pocket expenses. A quote is not confirmation that coverage has been issued.

Prepare for Your Coverage Review

Use this page to identify priorities and record questions before choosing a plan.

1 YOUR PRIORITIES

Monthly budget: \$_____ Main reason for seeking coverage: _____

- ☐ Prescription medications
- ☐ Dental care
- ☐ Vision / paramedical services
- ☐ Travel emergency medical

Other priorities: _____

2 QUESTIONS TO CONFIRM

- ☐ Are my current medications eligible? Are there exclusions, prior approvals or annual limits?
- ☐ Which dental services are covered, and when can I first claim them?
- ☐ What will I pay after deductibles, reimbursement percentages and benefit maximums?
- ☐ If benefits are ending, what deadline applies and what must be completed before it?
- ☐ When does coverage start? Can premiums or benefits change at renewal?

3 BRING TO THE REVIEW

Quote documents and benefit schedules; medication names and costs; expected dental needs; existing coverage details; and the date former benefits end, if applicable.

4 NOTES AND NEXT STEP

Book a 15-minute Clarity Call

gmfsi.ca/book-your-consultation/ | 905-921-9962 | mshukla@gmfsi.ca

Planning aid only; not a quote or recommendation. Eligibility, exclusions and benefits vary by insurer and plan. Confirm details in the issued policy. Avoid emailing sensitive medical information.