

Benefit Summary

ACTIVE PLAN	VALUE PLAN	ADULT PLAN
Child only	Child only	Adult only

Dental Treatment and Eyewear

	Prov Fee Guide	Prov Fee Guide	Prov Fee Guide
Dental treatment within 7 years following Accident for Children (1 year for Adults) [BENEFIT NUMBER 1]			
Dental treatment after 7 years following Accident for Children [BENEFIT NUMBER 1]	\$1,500	\$1,250	not available
Dental Implants (each) [BENEFIT NUMBER 1]	\$1,750	\$1,500	\$1,250
Orthodontics [BENEFIT NUMBER 1]	\$2,500	\$1,500	\$2,000
Dentures and artificial teeth [BENEFIT NUMBER 2]	\$500	\$500	\$500
Eyeglasses/contact lenses: Repair/replacement [BENEFIT NUMBER 3]	\$350	\$300	\$250
Eyeglasses/contact lenses: Initial purchase when not previously required or worn [BENEFIT NUMBER 3]	Full Cost	Full Cost	\$300

Fracture, Dislocation or Surgery

Skull (depressed) or spine (three or more vertebrae) [BENEFIT NUMBER 4]	\$1,000	\$750	\$750
Skull (not depressed) or spine (less than three vertebrae) or pelvis [BENEFIT NUMBER 4]	\$500	\$250	\$250
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder [BENEFIT NUMBER 4]	\$175	\$150	\$150
Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow [BENEFIT NUMBER 4]	\$125	\$100	\$100
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs [BENEFIT NUMBER 4]	\$75	\$50	\$50
One toe, finger or rib, or any bone not specified above [BENEFIT NUMBER 4]	\$50	\$25	\$25
Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery) [BENEFIT NUMBER 4]	\$150	\$100	\$100

Hospital, Paramedical, Counselling, and Prosthetics

Private or semi-private room while in hospital; ground ambulance service; registered nurse or certified nursing aid if requested by attending physician; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending Physician for curative or therapeutic purposes only [BENEFIT NUMBER 5]	Full Cost	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital [BENEFIT NUMBER 5]	\$25/day	\$20/day	\$15/day
Treatment by a physiotherapist or registered massage therapist when requested by the attending Physician; treatment by a chiropractor or osteopath; medical supplies for the purpose of dressing changes when prescribed by the attending Physician [BENEFIT NUMBER 5]	\$800	\$600	\$400
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury) [BENEFIT NUMBER 5]	\$1,250	\$1,000	\$500
Counselling [BENEFIT NUMBER 6]	\$1,000	\$500	\$500
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances [BENEFIT NUMBER 7]	\$5,000	\$5,000	\$5,000
Commercial repair of a prosthetic appliance [BENEFIT NUMBER 7]	\$500	\$500	\$500

Travel and Transportation

Emergency Out-of-Province/Country medical expenses [BENEFIT NUMBER 8]	\$100,000	\$50,000	\$25,000
Emergency Return Flight [BENEFIT NUMBER 9], Family Transportation [BENEFIT NUMBER 10]	\$1,000	not available	not available
Above is for Injury and Sickness?	Both	Injury only	Injury only
Emergency Transportation [BENEFIT NUMBER 11]	\$250	\$250	\$250
Special Treatment Travel [BENEFIT NUMBER 12]	\$2,500	\$2,500	\$2,500

Death or Disability

Accidental Death [BENEFIT NUMBER 13]	\$20,000	\$7,500	\$10,000
Double Indemnity [BENEFIT NUMBER 13]	\$40,000	\$15,000	\$20,000
Non-Accidental Death [BENEFIT NUMBER 14]	\$20,000	\$7,500	not available
Repatriation [BENEFIT NUMBER 15]	\$5,500	\$5,500	\$5,500
Permanent Total Disability [BENEFIT NUMBER 16]	\$360,000	\$75,000	not available
Confinement Disability [BENEFIT NUMBER 17]	\$750/month	\$500/month	not available
Rehabilitation [BENEFIT NUMBER 18]	\$10,000	\$5,000	\$2,500
Private Tutor [BENEFIT NUMBER 19]	\$5,000	\$2,500	not available
Wage Loss [BENEFIT NUMBER 20]	\$1,000	not available	not available
Babysitting [BENEFIT NUMBER 21]	\$100	\$50	not available

Dismemberment or Total and Permanent Loss of Use

Both hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or speech and hearing [BENEFIT NUMBER 22]	\$200,000	\$50,000	\$50,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears [BENEFIT NUMBER 22]	\$60,000	\$20,000	\$20,000
Entire thumb and index finger (same hand) [BENEFIT NUMBER 22]	\$30,000	\$10,000	\$10,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe) [BENEFIT NUMBER 22]	\$4,000	\$1,000	\$1,000
One entire phalanx of any one finger, or hearing in one ear [BENEFIT NUMBER 22]	\$2,000	\$500	\$500

Critical Illness

Hospital services or nursing expenses [BENEFIT NUMBER 23]	\$12,600	\$5,600	not available
Commercial accommodation/meals, travel/parking [BENEFIT NUMBER 23]	\$2,900	\$2,900	not available