

G. BENEFITS

SCHEDULE OF MAXIMUM BENEFITS

BENEFIT SECTIONS		PLAN BENEFIT MAXIMUM		
		PLATINUM	GOLD	SILVER
1.	DEATH, DISABILITY, LOSS OF LIMB OR USE			
	Total and Permanent Disability	\$350,000	\$150,000	\$75,000
	Loss of Limb or Loss of Use	\$150,000	\$150,000	\$75,000
	Accidental Death	\$30,000	\$20,000	\$15,000
	Double Benefit for Accidental Death	\$60,000	\$40,000	\$30,000
2.	DENTAL TREATMENT			
	Treatment within 10 years of Accident	Dental Association Fee Guide	Dental Association Fee Guide	Dental Association Fee Guide
	Treatment after 10 years of Accident (per tooth)	\$1,650	\$1,400	\$1,250
	Implants (up to 2 implants per accident)	\$2,000	\$1,800	\$1,500
	Orthodontics	\$2,500	\$2,500	\$1,500
	Dentures and removable teeth	\$500	\$500	\$500
3.	MEDICAL TREATMENT AND TRANSPORTATION			
	Hospital room expense	Full Cost	Full Cost	Full Cost
	Ambulance	Full Cost	Full Cost	Full Cost
	Emergency taxi to nearest medical facility	\$350	\$350	\$350
	Paramedical	\$800	\$500	\$500
	Medical Devices	\$1,500	\$1,500	\$1,500
	Counselling	\$1,000	\$750	\$750
	Special Training	\$10,000	\$6,000	\$6,000
	Confinement	\$30,000	\$20,000	\$20,000
	Travel for Specialized Treatment	\$3,000	\$3,000	\$3,000
	Travel for Parent/Guardian	\$1,000	\$1,000	\$1,000
	Tutoring	\$6,000	\$6,000	\$6,000
4.	FRACTURE OR DISLOCATION			
	Skull (depressed), Spine (3 or more vertebrae)	\$1,000	\$750	\$750
	Skull (not depressed), Pelvis, Spine (1 or 2 vertebrae)	\$500	\$250	\$250
	Hip, Femur, Shoulder, Humerus, Scapula	\$300	\$200	\$200
	Collar bone (clavicle), Elbow, Knee Cap, Leg, Forearm, Hand, Wrist or Foot	\$250	\$150	\$150
	Jaw (except the alveolar process), Sacrum, Coccyx, Sternum, Two or more toes, fingers or ribs	\$200	\$150	\$150
	One toe, finger, rib or any bone not specified above	\$150	\$150	\$150
5.	CRITICAL ILLNESS			
	Nursing expenses	\$12,500	\$9,000	\$9,000
	Accommodations, meals, laundry, parking	\$3,000	\$3,000	\$3,000
6.	MEDICAL EQUIPMENT			
	Damage to eyeglasses and contact lenses	\$350	\$300	\$300
	Eyeglasses and contact lenses needed due to injury	Full Cost	Full Cost	Full Cost
	Purchase of Prosthetic Device or Hearing Aids	\$5,500	\$5,500	\$5,500
	Fix or Replace Prosthetic Device or Hearing Aids	\$500	\$300	\$300
	Special Clothing	\$400	\$400	\$400
7.	TRAVEL			
	Out of Province Emergency Medical Expenses	\$200,000	N/A	N/A
	Trip Cancellation	\$1,000	N/A	N/A
	Airflight Accidental Death	\$5,000	N/A	N/A
	Emergency Return Flight	\$1,000	N/A	N/A
	Repatriation or Burial	\$5,500	N/A	N/A