

BENEFIT SUMMARY – This Benefit Summary forms part of the Policy.		ACTIVE PLAN Child only	VALUE PLAN Child only	ADULT PLAN Adult only
Dental Treatment and Eyewear				
Dental treatment within 7 years following Accident for Children (1 year for Adults) [Benefit 1]	Prov Fee Guide	Prov Fee Guide	Prov Fee Guide	
Dental treatment after 7 years following Accident for Children [Benefit 1]	\$1,500	\$1,250	not available	
Dental Implants (each) [Benefit 1]	\$1,750	\$1,500	\$1,250	
Orthodontics [Benefit 1]	\$2,500	\$1,500	\$2,000	
Dentures and artificial teeth [Benefit 2]	\$500	\$500	\$500	
For eyeglasses/contact lenses: Repair/replacement. See page 2 for details. [Benefit 3]	\$350	\$300	\$250	
For eyeglasses/contact lenses: Initial purchase when not previously required or worn. See page 2 for details. [Benefit 3]	Full Cost	Full Cost	\$300	
Fracture, Dislocation or Surgery				
Skull (depressed) or spine (three or more vertebrae) [Benefit 4]	\$1,000	\$750	\$750	
Skull (not depressed) or spine (less than three vertebrae) or pelvis [Benefit 4]	\$500	\$250	\$250	
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder [Benefit 4]	\$300	\$200	\$200	
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 4]	\$250	\$150	\$150	
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs [Benefit 4]	\$200	\$125	\$125	
One toe, finger or rib, or any bone not specified above [Benefit 4]	\$125	\$100	\$100	
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 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 5]	Full Cost	Full Cost	Full Cost	
Rental of TV, radio, or telephone while in hospital [Benefit 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 5]	\$800	\$600	\$400	
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury) [Benefit 5]	\$1,250	\$1,000	\$500	
Counselling [Benefit 6]	\$1,000	\$500	\$500	
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances [Benefit 7]	\$5,000	\$5,000	\$5,000	
Commercial repair of a prosthetic appliance [Benefit 7]	\$500	\$500	\$500	
Travel and Transportation				
Emergency Out-of-Province/Country medical expenses [Benefit 8]	\$100,000	\$50,000	\$25,000	
Emergency Return Flight [Benefit 9], Family Transportation [Benefit 10]	\$1,000	not available	not available	
Above is for Injury and Sickness?	Both	Injury only	Injury only	
Emergency Transportation [Benefit 11]	\$250	\$250	\$250	
Special Treatment Travel [Benefit 12]	\$2,500	\$2,500	\$2,500	
Death or Disability				
Accidental Death [Benefit 13]	\$20,000	\$7,500	\$10,000	
Double Indemnity [Benefit 13]	\$40,000	\$15,000	\$20,000	
Non-Accidental Death [Benefit 14]	\$20,000	\$7,500	not available	
Repatriation [Benefit 15]	\$5,500	\$5,500	\$5,500	
Permanent Total Disability [Benefit 16]	\$360,000	\$75,000	not available	
Rehabilitation and Special Services				
Confinement Disability [Benefit 17]	\$750/month	\$500/month	not available	
Rehabilitation [Benefit 18]	\$10,000	\$5,000	\$2,500	
Private Tutor [Benefit 19]	\$5,000	\$2,500	not available	
Wage Loss [Benefit 20]	\$1,000	not available	not available	
Babysitting [Benefit 21]	\$200	\$100	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 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 22]	\$60,000	\$20,000	\$20,000	
Entire thumb and index finger (same hand) [Benefit 22]	\$30,000	\$10,000	\$10,000	
Thumbs, fingers, or toes (each entire thumb, finger, or toe) [Benefit 22]	\$4,000	\$1,000	\$1,000	
One entire phalanx of any one finger, or hearing in one ear [Benefit 22]	\$2,000	\$500	\$500	
Critical Illness				
Hospital services or nursing expenses [Benefit 23]	\$12,600	\$5,600	not available	
Commercial accommodation/meals, travel/parking [Benefit 23]	\$2,900	\$2,900	not available	



IMPORTANT: Keep this policy in a safe place!