

### Summary of Benefits

*Note: This is a summary only, claims will be adjudicated as per SSQ policy number – click on the policy number to download a copy of the policy*

#### Medical Reimbursement Insurance – policy #1P920

Individual Limit:	Maximum Limit of Indemnity <b>Plan 1</b> - \$100,000; <b>Plan 2</b> - \$50,000 <b>Plan 3</b> - \$25,000 any one accident, sickness or disease as per SSQ policy # Note: Evacuation, Repatriation, Family Transportation and Accommodation Benefit are excluded from Maximum Limit of Indemnity
Co-Insurance:	<b>Plans 1, 2 and 3</b> - 100%
Deductibles:	<b>Plans 1, 2 and 3</b> - \$15 per prescription, per physician and paramedical visit.
Hospital Charges:	<b>Plans 1, 2 and 3</b> - Room and board at standard ward rate. Out-patient services, when medically required.
Private Duty Nursing:	<b>Plans 1, 2 and 3</b> - \$10,000 per accident, sickness or disease
Prescription Drugs:	<b>Plan 1</b> - limit included in Maximum Limit of Indemnity, <b>Plan 2</b> - \$1,000 per calendar year maximum, <b>Plan 3</b> - \$500 per Calendar year maximum Charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a ninety day supply
Physiotherapist:	<b>Plans 1, 2 and 3</b> - \$1,000 per calendar year, Physician's prescription required
Ground Ambulance:	<b>Plans 1, 2 and 3</b> - When recommended by a Physician, subject to a maximum of \$1,500 per Accident or Disease.
Supplies:	<b>Plans 1, 2 and 3</b> a) Blood plasma; b) diagnostic x-rays, MRI's and laboratory examinations; c) artificial limbs, eyes, and prosthetic appliances, (\$2,000 per calendar year); d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces except dental braces or splints, or orthopedic shoes if part of a brace (limited to \$100 per pair and one pair per insured person per calendar year), including any fee charged by a Physician for designing, constructing, fitting or applying such devices, subject to a maximum of \$2,000 for all expenses per calendar year; e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of \$5,000 dollars per Accident, Sickness or Disease.
Physician:	<b>Plans 1, 2 and 3</b> - Expenses for medical care and treatment rendered or surgical procedure performed by a Physician
Anaesthetist:	<b>Plans 1, 2 and 3</b> - When recommended by a Physician
Paramedical Services	<b>Plan 1</b> - Chiropractor, osteopath, podiatrist, chiropodist, masseur speech therapist and licensed psychologist. Expenses for x-rays and laboratory tests limited to one x-ray per practitioner in any one calendar year. \$300 maximum per specialty per calendar year <b>Plans 2 and 3</b> – <i>Chiropractor and Physiotherapist only.</i> \$300 maximum per specialty per calendar year
Health Examination:	<b>Plans 1, 2 and 3</b> - Not to exceed \$50.00
Administration of Vaccines:	<b>Plans 1, 2 and 3</b> - Expenses for the administration of vaccines, anti-toxins, injections for immunizing against disease or poisons not to exceed a maximum of \$25 per calendar year
Accidental Dental:	<b>Plan 1</b> \$2,000 maximum, <b>Plans 2&amp;3</b> \$1,000 maximum as the result of any one accident. Payments as per the current Fee Guide published by the Dental Association in the <i>province of residence</i>

Emergency Dental:	<b>Plan 1</b> \$500,maximum, <b>Plans 2&amp;3</b> \$250 - maximum, expenses for the treatment by a legally qualified dentist, of dental pain to teeth due to tooth damage caused by biting, inflammation or infection due to abscess
Evacuation Benefit:	<b>Plans 1, 2 and 3</b> - Evacuation to nearest hospital or transport to country of origin, when recommended by attending physician. All covered expenses incurred by the medical attendant or Immediate Family member are subject to a maximum of \$2,000. The overall maximum for this benefit is \$50,000
Family Transportation and Accommodation Benefit	<b>Plans 1, 2 and 3</b> - Covers reasonable and customary expenses incurred by a family member to travel to the bedside of an injured insured person, who is confined as an inpatient in a Hospital for at least 4 consecutive days. \$5,000 maximum. Please refer to policy for further details.

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<b>Accidental Death and Dismemberment Insurance – policy #1FH10</b>	
Principal Sum Insured:	<b>Plan 1</b> \$50,000 Maximum, <b>Plan 2</b> \$25,000 Maximum <b>Plan 3</b> \$10,000 Maximum.
Aggregate Limit:	\$800,000
Specific Loss Accident Indemnity:	When Injury results in a covered loss, as per SSQ policy # , within 365 days after the date of the Accident, the insurer will pay as stated in the above policy. For example, the amount payable for accidental loss of life is <b>Plan 1</b> -\$50,000, <b>Plan 2</b> - \$25,000 and <b>Plan 3</b> - \$10,000.
Hospital Cash Plan:	<b>Plans 1, 2 and 3</b> - \$50 per day for up to 30 days, when hospitalization is necessary
Repatriation:	<b>Plans 1, 2 and 3</b> - \$10,000 to return deceased's remains to home country/normal place of residence in the event of accidental loss of life
Territorial limits:	<b>Plans 1, 2 and 3</b> - Canada