



# FAMILY ACCIDENT REIMBURSEMENT PLAN

## VOLUNTARY GROUP INSURANCE

Special Markets Solutions offers comprehensive group accident insurance with a serious illness component through the Family Accident Reimbursement Plan. Regardless of the size of the family, all eligible family members can be insured under one set monthly rate.

<b>PRODUCT HIGHLIGHTS</b>	<ul style="list-style-type: none"><li>» Accident insurance with Critical Illness benefits significant for all family members</li><li>» Critical Illness benefit covers additional 6 child-specific illnesses for Dependent Children</li><li>» Policy renews automatically every year</li><li>» One monthly rate regardless of how many family members are covered under the policy</li></ul>
<b>ELIGIBILITY</b>	<p><b>Adult</b> is defined as the parent or legal guardian of a Dependent Child who is attending a school within an eligible school board. At the time of application, the insured Adult must be a permanent resident of Canada, under 65 and have Provincial Health Coverage.</p> <p><b>Spouse</b> is defined as the legal or common-law spouse of an insured Adult. At the time of the application, the Spouse must be a permanent resident of Canada, under 65 and have Provincial Health Coverage. Only one individual will qualify as a Spouse under the policy.</p> <p><b>Dependent Child/Children</b> means any natural child, step-child or legally adopted child of an insured Adult. Dependent Children are eligible to apply provided they are permanent residents of Canada, under age 21 (up to 24 if they are enrolled full-time at a post-secondary school), and the insured Adult also applies for coverage.</p>
<b>KEY BENEFITS</b>	<ul style="list-style-type: none"><li>» Dependent Children receive dental treatment coverage within 7 years after an accident</li><li>» Full hospital services coverage (including hospital room and other necessary hospital services such as a registered nurse, wheelchairs, casts and prescription drugs)</li><li>» Critical Illness Benefit for 4-illnesses for all insureds, and additional 6 child-specific conditions for Dependent Children</li><li>» Coverage for select medical treatments by a physiotherapist, athletic therapist, registered massage therapist, chiropractor or osteopath</li><li>» Permanent Total Disability Benefit maximum of \$100,000</li><li>» Accidental Death Benefit of \$20,000</li><li>» Funeral expense benefit of \$5,000</li></ul>
<b>PLAN DETAILS</b>	<ul style="list-style-type: none"><li>» Our Family Plan is designed to include an insured Adult, their Spouse and any number of Dependent Children qualifying under the eligibility definitions stated above</li><li>» \$39.95 monthly inclusive for insured Adult and all eligible family members</li></ul>
<b>MARKETING APPROACH</b>	<ul style="list-style-type: none"><li>» Brokers will be supplied with email copy and social media content to share with their respective school boards, plus a link to a microsite containing plan details, pricing and applications.</li><li>» The product can be purchased during any time of the year and renews automatically each September 1st.</li></ul>
<b>BILLING</b>	Insureds are billed on a monthly basis.
<b>CLAIMS</b>	Submit a completed claim form within 90 days of the date of the accident.
<b>LIMITATIONS</b>	Any insured Adult, Spouse or Dependent Child is not eligible for insurance under more than one Family Plan.
<b>TERMINATION</b>	Coverage terminates for insured Adults and insured Spouses at age 65. Dependent Children coverage terminates at age 21 (or at age 25 if receiving full parental support while attending university, college, CEGEP or trade school on a full-time basis).



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## BENEFITS SUMMARY

For all benefits excepting Critical Illness, the following benefit amounts are payable if the loss, treatment required or expenses incurred are due to injury caused by an accident.

For complete benefit details and eligibility definitions, please review contract.	Benefit amounts	
	Insured Adult and Spouse	Dependent Child
<b>Dental Treatment and Eyewear</b>		
Dental treatment within 7 years following Accident for Dependent Children (1 year for Insured Adults and Spouses)	Prov Fee Guide	Prov Fee Guide
Dental treatment after 7 years following Accident for Dependent Children	Not available	\$1,500
Dental Implants (each)	\$1,750	\$1,750
Orthodontics	\$2,500	\$2,500
Dentures and artificial teeth	\$500	\$500
For eyeglasses/contact lenses: Initial purchase when not previously required or worn	\$250	\$250
For eyeglasses/contact lenses: Repair/replacement	\$250	\$250
<b>Fracture, Dislocation or Surgery</b>		
Skull (depressed) or spine (three or more vertebrae)	\$1,000	\$1,000
Skull (not depressed) or spine (less than three vertebrae) or pelvis	\$500	\$500
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder	\$300	\$300
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	\$250	\$250
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs	\$200	\$200
One toe, finger or rib, or any bone not specified above	\$125	\$125
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)	\$150	\$150
<b>Hospital, Paramedical, Counselling, and Prosthetics</b>		
Private or semi-private room while in hospital if requested by attending physician; licensed ambulance service; registered nurse or certified nursing aid; 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	Full Cost	Full Cost
Treatment by a physiotherapist, athletic therapist, or registered massage therapist; treatment by a chiropractor or osteopath; acupuncture; medical supplies for the purpose of dressing changes	\$800	\$800
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury)	\$1,250	\$1,250
Counselling	\$1,000	\$1,000
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances	\$5,000	\$5,000
<b>Travel and Transportation</b>		
Emergency Transportation	\$250	\$250
Special Treatment Travel	\$2,500	\$2,500
<b>Death or Disability</b>		
Accidental Death	\$20,000	\$20,000
Double Indemnity	\$40,000	\$40,000
Repatriation	\$5,500	\$5,500
Permanent Total Disability	\$100,000	\$100,000
Funeral Expense	\$5,000	\$5,000
<b>Rehabilitation and Special Services</b>		
Confinement Disability	Not available	\$750/month
Retraining	\$10,000	\$10,000
Private Tutor	Not available	\$5,000
<b>Dismemberment or Total and Permanent Loss of Use</b>		
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	\$100,000	\$100,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears	\$60,000	\$60,000
Entire thumb and index finger (same hand)	\$30,000	\$30,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe)	\$4,000	\$4,000
One entire phalanx of any one finger, or hearing in one ear	\$2,000	\$2,000
<b>Critical Illness</b>		
<b>Diagnosis of Cancer (Life-Threatening), Coronary Artery Bypass Surgery, Heart Attack, or Stroke</b>		
<b>For Dependent Children: Diagnosis of any of the above or Cerebral Palsy, Down's Syndrome, Congenital Heart Disease, Muscular Dystrophy, Cystic Fibrosis, or Type 1 Diabetes</b>	<b>\$10,000</b>	<b>\$10,000</b>