

Insurance Plan Summary.

Who is Eligible?

All employees under the age of 65, working a minimum of 15 hours per week (averaged over latest 3 month period) are eligible for coverage. There is no medical underwriting required. All are eligible.

For family coverage, a spouse or common law spouse (min 1 year cohabitation) under the age of 65 is covered. Dependent children under 21 or 25 (if a full time student) are also covered.

Summary of Coverage

Life Insurance is a contract between the policy owner and the insurer, where the insurer agrees to pay a sum of money to the employee's estate upon the occurrence of the insured individual's death:

- Employee: \$15,000
- Spousal: \$10,000
- Dependent Child (per): \$5,000
- Includes an additional \$1000 allowance (per person) for final expenses
- No pre-existing exclusion(s) if there are 5 or more employees covered in the group.

Employee AD&D is additional insurance, which provides benefits for certain injuries and/or death due to an accident. It is designed to pay a percentage of a benefit amount based on specific dismemberment (which can include either loss of limb or of sight), or to pay the employee's estate in the case of an accidental death.

- Benefit amount: Up to \$60,000
- Includes extra benefits for: Lump Sum Permanent Total Disability, Cosmetic Disfigurement, Hospital Indemnity, Child Education, Child Day-Care, Seat Belt Bonus, Spouse Occupational Training, Employee Rehabilitation, Home/Vehicle Alteration, Workplace Modification, Repatriation (return of body), Identification (identify body), and Family Transportation.
- No pre-existing exclusion.

Employee Critical Illness is a plan that provides financial assistance and support to employees diagnosed with a critical illness. The plan will provide a lump sum payment upon the diagnosis and survival of the survival-waiting period (30 days from date of diagnosis) of listed insured critical illnesses.

- Benefit amount: \$10,000
- Covered Critical Illness conditions include:
 - Alzheimer's Disease, Aortic Surgery, Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumour, Blindness, Cancer, Coronary Artery Bypass Surgery, Deafness, Heart Attack, Heart Valve Replacement, Kidney Failure, Loss of Independent Existence, Loss of Limbs, Loss of Speech, Major Organ Failure on wait list, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV, Paralysis, Parkinson's Disease, Severe Burns, Stroke.
- 2 year pre-existing exclusion applies (see details below).

Emergency Travel Medical Insurance helps protect you from unexpected costs due to medical and other emergencies while travelling outside your province of residence.

- \$1,000,000 lifetime maximum
- 60 day per trip coverage

- Travel Assistance service included
- Includes ambulance, return of vehicle, meal and accommodation, family transportation, repatriation (return of body), dental injury, hotel convalescence
- No pre-existing exclusion if 2 or more employees covered in group,
- 6 month pre-existing exclusion applies if only 1 employee covered in group (see details below).

Excess Medical provides reimbursement for reasonable and necessary charges for services or supplies received within two (2) years from when the deductible is first satisfied based on when the receipts add up to \$2,500.

Covered Expenses

- Expense categories include: semi-private hospital room differential, nursing, prescription drugs, ambulance, paramedical services, durable equipment, dental injury
- \$25,000 yearly maximum (for each expense category) per injury or sickness
- \$50,000 lifetime maximum (for each expense category) per injury or sickness

All Expenses

- \$125,000 maximum – total of all expenses per calendar year, per injury or sickness
- \$250,000 lifetime maximum per injury or sickness, all expenses
- \$2,500 deductible per calendar year per injury or sickness, all expenses
- 2 year pre-existing exclusion applies if less than 50 employees covered in group (see details below)

Pre-existing Exclusion Details

Pre-Existing Condition Determination Clause

A pre-existing exclusion applies to: Life insurance where less than 5 employees are enrolled, Travel Emergency Medical where less than 2 employees are enrolled, Excess Medical where less than 50 employees are enrolled, and Critical Illness insurance no matter how many employees are enrolled. No pre-existing exclusion applies to AD&D coverage. If an employee has a pre-existing condition, the exclusion is removed (ie. coverage is active) for Life, CI, and Excess Medical, after twenty-four (24) months of being on the InsurPak plan.

Life Insurance and Critical Illness Pre-existing Exclusion

No Life Insurance or Critical Illness benefit shall be payable if twenty-four (24) months immediately prior to the Insured persons effective date the insured person was attended to or received medical treatment, consultation, care or services by a physician, including diagnostic measure for any symptom or medical problem which leads to the insured person’s death or a diagnosis of or treatment for a Critical Illness condition.

Emergency Travel Medical Pre-existing Exclusion

Travel Emergency Medical does not cover loss (fatal or non-fatal) or expenses caused by or resulting from any condition for which the insured person received medical advice, consultation or treatment within six (6) months prior to the commencement of a trip, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication.

"Chronic Condition" means a disease or disorder that has existed for a minimum of six (6) months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six (6) months.

Excess Medical Pre-existing Exclusion

No Excess Medical benefits are payable as a result of any injury, illness, nervous disorder or any symptom or other condition for which medical advice, consultation, investigation, diagnosis or treatment, including medication, was required or recommended by a physician, or for which a reasonable person would have sought treatment or advice, during the twenty-four (24) month period prior to the effective date of insurance.