

# seCUREme CATASTROPHIC COVERAGE

SPECIFICALLY DESIGNED FOR INDIVIDUALS OR GROUPS OF UP TO 5 PEOPLE



**Health evidence is required unless applicant meets grandfathering provision.  
Maximums listed are per insured person per policy year unless otherwise specified.**

<b>Eligibility</b>	Applicant and eligible dependents (spouse and/or children).	
<b>Termination Age</b>	At age 70	
<b>Deductible</b>	\$2,500, \$5,000 or \$10,000 as elected at time of enrolment	
<b>Grandfathering</b>	Individuals currently insured under another group insurance plan or their own individual insurance plan can enrol for Catastrophic Coverage with no evidence of insurability, provided a declaration of continued good health is received. Application must be made within 30 days of your existing coverage ending.	
<b>Maximum Coverage</b>	\$1,000,000 lifetime maximum <b>per person</b> * Out of Country Emergency Hospital/Medical not subject to this maximum	
<b>Professional Services</b>	\$50 per visit to a combined maximum of \$350 per person per policy term Includes: Registered Massage Therapist, Chiropractor, Physiotherapist, Psychologist, Psychiatrist, Social Worker, Osteopath, Naturopath, Speech Therapist, Podiatrist or Acupuncturist.	
<b>Accidental Dental</b>	\$2,500 maximum	
<b>Ambulance</b>	Ground and Air to nearest hospital. 100% coverage to a maximum of \$5,000	
<b>Medical Supplies Non-Durable</b>	\$1,000 maximum Includes: casts, canes, splints, crutches, etc.	
<b>Assistive Medical Devices</b>	\$2,500 maximum Durable equipment includes: hearing aids, wheel chairs, medical beds, ventilators, respirators, etc.	
<b>Orthopaedic and/or Orthotics</b>	\$300 combined maximum every 24 months	
<b>Prosthetic Devices</b>	\$500 maximum	
<b>Private Duty Nursing</b>	\$3,000 maximum	
<b>Hospital</b>	Semi-Private or Private up to \$150 per day to a maximum of \$5,000	
<b>Out of Province / Country Emergency</b>	100% reimbursement to \$1,000,000 for trips up to 30 days	
<b>Dental Coverage</b>	80% coverage for <b>Basic</b> Services Examinations, x-rays, cleaning (9 month recalls), fillings, extractions, periodontics & endodontic	50% coverage for <b>Major</b> Services Dentures, bridges, crowns, inlays/onlays & implants <b>\$1,250 combined maximum – 9 month waiting period for major coverage</b>
<b>Prescription Drugs</b>	<b>Option 1: 80% reimbursement</b> <b>Option 2: 100% reimbursement</b>	Brand & Biological Drug Plan Biologic Drugs require prior authorization Anti-smoking, anti-obesity, lifestyle conditions & fertility treatments are <b>excluded</b> Dispensing Fee maximum: \$12.30 / prescription \$100,000 maximum <small>Confidential form must be completed at time of application certifying chronic conditions and medications being taken. Medical exclusions may be applied. Challenge to exclusion can be exercised on the Renewal Date of the policy.</small>
<b>Optional Riders</b>	<b>Vision Coverage:</b> \$250 per person every 24 months <b>Orthodontics:</b> 50% to a lifetime maximum of \$2,000. Limited to children under age 19. 9 month waiting period for orthodontic coverage. <b>Accidental Death &amp; Dismemberment</b> is available for insured and spouse	