seCUREme CATASTROPHIC COVERAGE



SPECIFICALLY DESIGNED FOR INDIVIDUALS OR GROUPS OF UP TO 6 PEOPLE

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

Eligibility	Applicant and eligible dependents (spouse and/or children).	
Termination Age	At age 70	
Deductible	\$2,500, \$5,000 or \$10,000 as elected at time of enrolment	
Grandfathering	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.	
Maximum Coverage	\$1,000,000 lifetime maximum per person * Out of Country Emergency Hospital/Medical not subject to this maximum	
Professional Services	\$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.	
Accidental Dental	\$2,500 maximum	
Ambulance	Ground and Air to nearest hospital. 100% coverage to a maximum of \$5,000	
Medical Supplies Non-Durable	\$1,000 maximum Includes: casts, canes, splints, crutches, etc.	
Assistive Medical Devices	\$2,500 maximum Durable equipment includes: hearing aids, wheel chairs, medical beds, ventilators, respirators, etc.	
Orthopaedic and/or Orthotics	\$300 combined maximum every 24 months	
Prosthetic Devices	\$500 maximum	
Private Duty Nursing	\$3,000 maximum	
Hospital	Semi-Private or Private up to \$150 per day to a maximum of \$5,000	
Out of Province / Country Emergency	100% reimbursement to \$1,000,000 for trips up to 30 days	
Dental Coverage	80% coverage for Basic Services	50% coverage for Major Services
	Examinations, x-rays, cleaning (9 month recalls), fillings, extractions, periodontics & endodontic	Dentures, bridges, crowns, inlays/onlays & implants
	\$1,250 combined maximum – 9 month waiting period for major coverage	
Prescription Drugs	Option 1: 80% reimbursement	Brand & Biological Drug Plan Biologic Drugs require prior authorization Anti-smoking, anti-obesity, lifestyle conditions & fertility treatments are excluded
	Option 2: 100% reimbursement	Dispensing Fee maximum: \$12.30 / prescription \$100,000 maximum
	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.	
Optional Riders	Vision Coverage: \$250 per person every 24 months	
	Orthodontics: 50% to a lifetime maximum of \$2,000. Limited to children under age 19. 9 month waiting period for orthodontic coverage.	
	Accidental Death & Dismemberment is available for insured and spouse	