Schedule of Benefits

Policyholder Name	
Policy Number	
This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.	
Overall Maximum per Insured Person	Class A: per coverage period Class B: per coverage period
Description of Classes	Class A:
	Class B:
Work Hours Required	Class A: A minimum of hours per week Class B: A minimum of hours per week
Eligibility Period	Class A: continuous months of employment Class B: continuous months of employment
Termination Age	Class A:
	olado B.
Common Law Spouse Cohabitation Period	Class A: Continuous cohabitation: Last months Class B: Continuous cohabitation: Last months
Age Limits for <i>Dependent</i> Children	Under age , or under age if a full-time student at a recognized educational institution
Pre-existing Condition Stability Period	Class A: Class B:
Coverage Period	Class A: days per trip

BENEFIT SUMMARY

Refer to SECTION II for benefit details.

Hospital Accommodation	Reasonable and Customary Costs
Physician Charges	Reasonable and Customary Costs
Diagnostic Services	Reasonable and Customary Costs
Paramedical Services	\$250 per Profession
Prescription Drugs	30-day supply per Prescription
Ambulance Services	Reasonable and Customary Costs
Medical Appliances	Reasonable and Customary Costs
Private Duty Nurse	Up to \$5,000
Emergency Air Transportation	Reasonable and Customary Costs
Transportation to Bedside	Economy Round-trip Airfare plus up to \$150 per day to a maximum \$3,000
Return of Travel Companion	One-way Airfare
Treatment of Dental Accidents	Up to \$2,000
Meals and Accommodation	Up to \$150 per day, to a maximum \$3,000 per Trip
Vehicle Return	Up to \$5,000
Return of Deceased	Up to \$5,000
Incidental Expenses	Up to \$250