

Complete K-12 Student Plan
Overall Limit : \$5,000,000
Emergency Benefits

Paramedical practitioners (referral required)	· Up to \$1,000 per approved profession. Refer to policy document for list of practitioners
Hospital	· Overall limit; semi private room
Pre-existing medical conditions	· Covered for unexpected emergencies
Prescription medication	· Limited to a 60-day supply
Dental accident	· \$4,000
Dental emergency - wisdom teeth	· \$1,000/ Included in emergency limit
Tutor	· If hospitalized for 30 days or more, \$20/hour up to \$400 for qualified private tutorial service
Inpatient	· Up to \$60,000 for psychiatric hospitalization · Up to \$60,000 for psychiatric services on an inpatient basis
Outpatient	· Up to \$10,000 for outpatient visits to a psychiatrist, psychologist or social worker

Core Medical

Physical exam	· One annual medical examination*
Eye exam	· \$100 for one exam per 12 months**
Maternity	· Up to \$25,000, including childbirth; pregnancy must commence during term of insurance. One induced termination per policy period
Sexual health exam	· Testing for STD including one consultation for the prescription of the “morning after pill” or birth control medication*
X-ray, Lab & Diagnostic	· Included. Subject to overall limit
Vaccinations	· Up to a maximum of \$150 for vaccinations and/or tuberculosis testing per 12 months*
Asthma supplies	· \$500 per 12 months
Diabetic supplies	· \$500 per 12 months for insulin, standard syringes, needles and diagnostic aids
Wart treatment	· \$500
Substance abuse care	· Up to \$25,000 for Emergency transportation, Emergency room treatment, and Hospitalization for Sicknesses and Injuries as a direct result of using alcohol, drugs or other intoxicants *
Acne Consultation	· Up to three (3) visits with a licensed physician. This benefit does not include medication
Attention Deficit Hyperactive Disorder	· Up to three (3) visits with a licensed Physician, psychiatrist, or psychologist. This benefit does not include medication

Transportation & Repatriation

Ambulance & Emergency Transportation services	· Licensed ground ambulance · Taxi in lieu of ambulance up to \$125 · Up to \$300,000 for emergency air transportation
Family or friend transportation	· Up to \$5,000 for round trip economy airfare for up to 2 family members, and up to \$1,500 for costs incurred after arrival, if you are hospitalized for at least 7 days
Repatriation of remains	· Up to \$20,000 for preparation and transportation of remains or cremation/burial at place of death

Embedded Services

Telemedicine - Virtual clinic	· Included
Mental health hotline	· Included
Mental health peer-to-peer platform	· Included
Travel legal counsel	· Included
Health Navigation Platform	· Included
Student Portal	· Included

Coverage Outside Canada

School breaks and travel outside Canada during the Coverage Period are valid provided at least 51% of the Coverage Period is spent in Canada. Coverage for travel to the USA is limited to a maximum of 30 days per visit. Refer to your policy document regarding visiting your home country.

* A minimum of six (6) months of continuous coverage must be purchased to be eligible for this benefit

** A minimum of three (3) months of continuous coverage must be purchased to be eligible for this benefit