

# PerformPlus®

## BENEFIT DETAILS



# Basic life insurance (mandatory)

## Plan member

<b>Amount of insurance</b>	<ul style="list-style-type: none"> <li>• 1, 2, 3, 4, or 5 x salary (rounded to the next \$1,000)</li> </ul> OR <ul style="list-style-type: none"> <li>• Fixed amount (multiples of \$1,000)</li> </ul>
<b>Minimum</b>	\$10,000
<b>Maximum</b>	\$1,000,000 (in combination with plan member's optional life insurance)
<b>Reduction</b>	50% at age 65 (additional reduction of 50% at age 70 if termination age is 75)
<b>Termination</b>	<ul style="list-style-type: none"> <li>• Age 71 or retirement (whichever comes first)</li> </ul> OR <ul style="list-style-type: none"> <li>• Age 75 or retirement (whichever comes first)</li> </ul>

**Non-evidence maximum** – No evidence of insurability is required for coverage up to a maximum that is based on the number of plan members in the group and the total amount of insurance.

**Living benefit** – For any disabled plan member with a life expectancy of less than 24 months – payment of up to 50% of the life insurance amount, up to a maximum of \$100,000.

# Dependent life insurance

	Spouse	Dependent children
<b>Amount of insurance</b>	Fixed amount (multiples of \$5,000)	<ul style="list-style-type: none"> <li>• 50% of spouse's insurance amount</li> </ul> OR <ul style="list-style-type: none"> <li>• Equal to spouse's insurance amount</li> </ul>
<b>Maximum</b>	\$25,000	\$25,000
<b>Reduction</b>	None	None
<b>Termination</b>	Upon termination of plan member's basic life insurance	Upon termination of plan member's basic life insurance

**Newborn coverage** – Choice of start of coverage: From birth (including a stillborn child after at least 20 weeks of gestation), or from birth (if born alive).

# Optional life insurance (evidence of insurability required)

	Plan member	Spouse	Dependent children
<b>Amount of insurance</b>	<ul style="list-style-type: none"> <li>• Multiples of \$10,000</li> <li>OR</li> <li>• Multiples of your choice</li> <li>OR</li> <li>• Fixed amount (multiples of \$1,000)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiples of \$10,000</li> <li>OR</li> <li>• Multiples of your choice</li> <li>OR</li> <li>• Fixed amount (multiples of \$1,000)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiples of \$1,000</li> <li>OR</li> <li>• Fixed amount (multiples of \$1,000)</li> </ul>
<b>Minimum</b>	\$20,000	\$20,000	An amount of your choice
<b>Maximum</b>	\$1,000,000 (in combination with plan member's basic life insurance)	\$500,000	\$25,000
<b>Reduction</b>	None	None	None
<b>Termination</b>	Age 71 or retirement (whichever comes first)	Same as plan member's optional life insurance	Same as plan member's optional life insurance

# Accidental death and dismemberment (AD&D) insurance

## Plan member

<b>Amount of insurance</b>	Equal to the amount of plan member's basic life insurance
<b>Maximum</b>	\$1,000,000
<b>Termination</b>	Same as plan member's basic life insurance

## Spouse and dependent children

<b>Amount of insurance</b>	Equal to the amount of dependent life insurance
<b>Termination</b>	Same as plan member's AD&D insurance



# Short-term disability insurance

<b>Percentage of salary</b>	<p><b>Taxable benefits:</b></p> <ul style="list-style-type: none"> <li>• A percentage of your choice (55 to 75% of weekly earnings)</li> </ul> <p><b>Non-taxable benefits:</b></p> <ul style="list-style-type: none"> <li>• A percentage of your choice (55 to 66 2/3% of weekly earnings)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A percentage of your choice (3-tier formula)</li> </ul>																					
<b>Maximum benefit amount</b>	<ul style="list-style-type: none"> <li>• Up to \$3,000 (without evidence of insurability)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Equal to the Employment Insurance (EI) maximum</li> </ul>																					
<b>Waiting period</b>	<p>Six choices:</p> <table border="1"> <thead> <tr> <th><b>Accident</b></th> <th><b>Hospitalization</b></th> <th><b>Illness</b></th> </tr> </thead> <tbody> <tr> <td>0 days</td> <td>0 days</td> <td>3 days</td> </tr> <tr> <td>0 days</td> <td>3 days</td> <td>3 days</td> </tr> <tr> <td>0 days</td> <td>0 days</td> <td>7 days</td> </tr> <tr> <td>0 days</td> <td>7 days</td> <td>7 days</td> </tr> <tr> <td>7 days</td> <td>7 days</td> <td>7 days</td> </tr> <tr> <td>14 days</td> <td>14 days</td> <td>14 days</td> </tr> </tbody> </table>	<b>Accident</b>	<b>Hospitalization</b>	<b>Illness</b>	0 days	0 days	3 days	0 days	3 days	3 days	0 days	0 days	7 days	0 days	7 days	7 days	7 days	7 days	7 days	14 days	14 days	14 days
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7 days	7 days	7 days																				
14 days	14 days	14 days																				
<b>Maximum benefit period</b>	<p>Five choices: 15, 16, 17, 26 or 27 weeks</p>																					
<b>Benefit payment basis</b>	<ul style="list-style-type: none"> <li>• Calendar days</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Business days</li> </ul>																					
<b>Termination</b>	<ul style="list-style-type: none"> <li>• Age 71 or retirement (whichever comes first)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Age 75 or retirement (whichever comes first)</li> </ul>																					

# Long-term disability insurance

<b>Percentage of salary</b>	<p><b>Taxable benefits:</b></p> <ul style="list-style-type: none"> <li>• A percentage of your choice (55 to 75% of monthly earnings)</li> </ul> <p><b>Non-taxable benefits:</b></p> <ul style="list-style-type: none"> <li>• A percentage of your choice (55 to 66 2/3% of monthly earnings)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A percentage of your choice (2-tier or 3-tier formula)</li> </ul>
<b>Maximum benefit amount</b>	Depending on group size, up to \$14,500 (with evidence of insurability)
<b>Elimination period</b>	Five choices: 15, 16, 17, 26 or 27 weeks
<b>Maximum benefit period</b>	Three choices: 2 years, 5 years, or to age 65
<b>Definition of total disability</b>	<ul style="list-style-type: none"> <li>• Elimination period plus 24 months own occupation</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Elimination period plus 5 years own occupation<sup>1</sup></li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Any occupation</li> </ul>
<b>Also included</b>	<b>Health is Cool 360° platform Manager Assistance Program (MAP)</b>
<b>Termination</b>	Age 65 or retirement (whichever comes first)

## Options

- Benefit payment of 3 x monthly benefits in the event of a plan member's death
- Second Medical Opinion
- Employee Assistance Program (EAP)
- Cost of living adjustment: based on the Consumer Price Index, up to a maximum of 5% starting one year after LTD benefits begin

<sup>1</sup> Not available to groups with fewer than 10 plan members. For groups with 10 or more plan members, only available to senior management and professionals.

# Extended healthcare insurance (drugs)

<b>Deductible</b>	<p>Annual deductible – four choices:</p> <ul style="list-style-type: none"> <li>• Per insured or single coverage: \$0, \$25, \$50 or \$100 / Per family maximum or family coverage: \$0, \$25, \$50, \$100 or \$200 OR</li> </ul> <p>Deductible per dispensed prescription – two choices:</p> <ul style="list-style-type: none"> <li>• \$1 to \$10 OR</li> <li>• Amount equal to the pharmacist's dispensing fee</li> </ul>
<b>Plan type and reimbursement percentage</b>	<p><b>Fixed-percentage plans</b></p> <ul style="list-style-type: none"> <li>• Mandatory generic substitution OR</li> <li>• Non-mandatory generic substitution OR</li> <li>• No generic substitution</li> </ul> <p>Reimbursement percentage:</p> <ul style="list-style-type: none"> <li>• Between 50% and 100%</li> </ul> <p><b>Tiered plans</b></p> <ul style="list-style-type: none"> <li>• Mandatory generic substitution OR</li> <li>• Non-mandatory generic substitution OR</li> <li>• No generic substitution</li> </ul> <p>Reimbursement percentage - two choices:</p> <ul style="list-style-type: none"> <li>• 90% of the generic drug or the cost of the generic equivalent and 75% of the brand name drug if no generic equivalent is available OR</li> <li>• 100% of the generic drug or the cost of the generic equivalent and 80% of the brand name drug if no generic equivalent is available</li> </ul> <p><b>Sliding coinsurance plans</b></p> <ul style="list-style-type: none"> <li>• Mandatory generic substitution OR</li> <li>• Non-mandatory generic substitution OR</li> <li>• No generic substitution</li> </ul> <p>Reimbursement percentage:</p> <ul style="list-style-type: none"> <li>• 1st tier: 50% to 99% of the first set dollar amount of your choice (\$X)</li> <li>• 2nd tier: 100%</li> </ul>
<b>Eligible drugs</b>	<ul style="list-style-type: none"> <li>• Drugs which by law require a prescription and life sustaining drugs OR</li> <li>• Drugs listed in the provincial drug plan specified OR</li> <li>• All prescribed drugs</li> </ul>
<b>Cap on pharmacist mark-up</b>	Reimbursement limited to our reasonable and customary charges
<b>Cap on pharmacist dispensing fee</b>	<ul style="list-style-type: none"> <li>• Reimbursement limited to our reasonable and customary charges OR</li> <li>• Reimbursement limited to \$1 to \$25 per dispensed prescription</li> </ul>
<b>Annual maximum</b>	<ul style="list-style-type: none"> <li>• No maximum OR</li> <li>• An amount of your choice between \$2,000 and \$15,000 per insured per year, in increments of \$1,000 (applies to all drugs)</li> </ul>
<b>Maximum out of pocket</b>	<ul style="list-style-type: none"> <li>• No maximum OR</li> <li>• An amount of your choice equal to or less than \$10,000 applied separately for the plan member (including dependent children) and the spouse</li> </ul>
<b>Also included</b>	<p><b>Patient Support Program for specialty drugs<sup>2</sup></b></p> <p><b>Smoking cessation aids (lifetime maximum of \$600<sup>3</sup>)</b></p> <p><b>Drugs used for the treatment of obesity</b></p> <p><b>Vaccines</b></p> <p><b>Fertility treatment and surrogacy:</b></p> <ul style="list-style-type: none"> <li>• <b>Fertility drugs and treatments (combined lifetime maximum of \$5,000 or \$10,000<sup>3</sup>)</b></li> <li>• <b>Surrogacy drugs and treatments (same maximum as fertility drugs and treatments)</b></li> </ul>

<sup>2</sup> Available in all provinces except Quebec.

<sup>3</sup> In Quebec, smoking cessation aids and fertility drugs included in the RAMQ drug list are automatically covered and reimbursed according to the terms set by the RAMQ.

## Options (some restrictions may apply)

- Preferred Pharmacy Networks (PPNs):
  - Active Pharmacy<sup>4</sup>: Maintenance drugs only (exclusive and preferred options available)
  - Costco Pharmacy<sup>4</sup>: Deductible per dispensed drug waived up to a maximum of \$5, or percentage of reimbursement increased by 10%
  - Other preferred pharmacy networks available, upon request
- Drugs and products used for the treatment of sexual dysfunction

# Extended healthcare insurance

<b>Deductible</b>	<p>Annual deductible – 4 choices (combined with drug deductible or separate deductible):</p> <ul style="list-style-type: none"> <li>• Per insured or single coverage: \$0, \$25, \$50 or \$100 / Per family maximum or family coverage: \$0, \$25, \$50, \$100 or \$200</li> </ul>
<b>Reimbursement percentage</b>	A percentage of your choice (50% to 100%)
<b>Health professionals<sup>5</sup></b>	<p>A percentage of your choice: 50% to 100% (can differ from the choice made for the other extended healthcare insurance categories):</p> <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Audiologist</li> <li>• Chiropractor</li> <li>• Dietician or nutritionist</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Occupational therapist</li> <li>• Osteopath</li> <li>• Podiatrist or chiropodist</li> <li>• Speech therapist</li> </ul> <p><b>Massage therapist category (combined maximum):</b></p> <ul style="list-style-type: none"> <li>• Kinesitherapist/kinotherapist</li> <li>• Massage therapist</li> <li>• Orthotherapist</li> </ul> <p><b>Physiotherapist category (combined maximum):</b></p> <ul style="list-style-type: none"> <li>• Athletic therapist</li> <li>• Kinesiologist</li> <li>• Physiotherapist</li> <li>• Physiotherapy technologist</li> </ul> <p><b>Psychologist category (combined maximum):</b></p> <ul style="list-style-type: none"> <li>• Certified Canadian counsellor</li> <li>• Guidance counsellor</li> <li>• Marriage counsellor</li> <li>• Marriage/couple/family therapist</li> <li>• Psychoanalyst</li> <li>• Psychoeducator</li> <li>• Psychologist</li> <li>• Psychotherapist</li> <li>• Registered clinical counsellor</li> <li>• Sexologist</li> <li>• Social worker</li> </ul> <p>The reimbursement percentage for the psychologist category can differ from all the other health professionals listed above.</p> <p><b>Maximums</b></p> <ul style="list-style-type: none"> <li>• Per-category maximum (same for all categories): \$100 to \$2,000 in increments of \$50 (with a possible maximum of \$5,000 for the psychologist category) OR</li> <li>• Combined maximum for all categories: \$100 to \$2,000 in increments of \$50 OR</li> <li>• Per visit maximum, combined with a maximum number of visits per year for each category of health professionals OR</li> <li>• Separate maximum for the psychologist category with a combined maximum for all other categories</li> </ul>

<sup>4</sup> Available in all provinces except Quebec.

<sup>5</sup> The entire category of health professionals can be excluded from your plan.

<b>Gender affirmation</b>	Lifetime maximum: \$10,000 Enhanced option available to cover additional expenses with a lifetime maximum of \$10,000 or \$15,000
<b>Hospitalization expenses (in Canada)</b>	<b>Hospital:</b> Reasonable and customary charges for a semi-private room or private room (unlimited days) <b>Palliative care:</b> Reasonable and customary charges for a semi-private room up to \$40 per day (lifetime maximum of 60 days) <b>Convalescent/rehabilitation center:</b> Reasonable and customary charges for a semi-private room up to \$40 per day (maximum 180 days per stay)
<b>Laboratory tests and imaging techniques (including prenatal screening tests)</b>	<ul style="list-style-type: none"> <li>• Combined maximum: \$1,000 per year</li> <li>• Option to cover genetic testing other than those required for fertility treatment. If covered, combined maximum of \$1,000 per year for all laboratory tests and imaging techniques</li> </ul>
<b>Home nursing care</b>	Maximum: \$10,000 per year
<b>Mental health and substance abuse (expenses for treatment of substance abuse, behavioural addictions and eating disorders)</b>	<ul style="list-style-type: none"> <li>• Maximum: \$80 per day, up to a lifetime maximum of \$2,500 OR</li> <li>• Maximum: \$100 per day, up to a lifetime maximum of \$5,000</li> </ul>
<b>Eye exams</b>	1 exam, up to reasonable and customary charges in any 12-month period (children under age 18) or any 24-month period (adults)
<b>Intraocular lenses</b>	Maximum: \$200 per year
<b>Orthopaedic shoes and foot orthoses</b>	<b>Shoes:</b> Maximum: 1 pair (adults) or 2 pairs (children under 18) up to \$400 per year <b>Orthoses:</b> Maximum: 1 pair (adults) or 2 pairs (children under 18) up to \$200 per year
<b>Hearing aids</b>	Maximum: \$500 in any 36-month period
<b>Travel insurance</b>	Medical emergency expenses: 100% up to a lifetime maximum of \$5 million
<b>Survivor benefit in the event of the plan member's death</b>	24 months without premium payment
<b>Also included</b>	<b>Insulin pumps:</b> Maximum: 1 in any 48-month period, up to \$5,000 <b>Breast pumps:</b> Purchase or rental, limited to reasonable and customary charges <b>Pelvic floor rehabilitation equipment / High intensity focused electromagnetic perineal treatment</b> <b>CPAP machines:</b> Maximum: 1 in any 60-month period, limited to reasonable and customary charges <b>Other medical equipment and supplies</b> <b>Health Assistance service</b> <b>Travel Assistance service</b>
<b>Termination</b>	Retirement



## Options

- Vision care:
  - Eyeglasses, contact lenses and laser surgery:
    - Maximum: \$100 to \$500 in increments of \$25, in any 12-month period (children under age 18) and any 24-month period (adults)
    - Reimbursement percentage: A percentage of your choice (50% to 100%)
  - Contact lenses for special conditions:
    - Maximum: \$100 to \$500 in increments of \$25, in any 12-month period (children under age 18) and any 24-month period (adults)
    - Reimbursement percentage: Same as the reimbursement percentage chosen for eyeglasses
- Home care
- Virtual healthcare
- Eligible expenses incurred outside Canada for a reason other than medical emergency
- Trip cancellation insurance
- Waiver of premium<sup>6</sup>
- Transportation and accommodation expenses outside the area but in the province of residence<sup>7</sup>: Up to \$1,000 per year
- Medical cannabis: Maximum: \$1,500 to \$6,000 per year (prior authorization required)

<sup>6</sup> Some restrictions may apply.

<sup>7</sup> Trips must be at least 400 km round trip from the insured's place of residence by the most direct route.

# Dental care insurance

<b>Deductible</b>	Annual deductible – 4 choices: <ul style="list-style-type: none"> <li>Per insured or single coverage: \$0, \$25, \$50 or \$100 / Per family maximum or family coverage: \$0, \$25, \$50, \$100 or \$200</li> </ul>										
<b>Reimbursement percentage</b>	<p><b>Preventive services:</b> Six choices: 50%, 60%, 70%, 80%, 90% or 100%</p> <p><b>Basic services:</b> Six choices: 50%, 60%, 70%, 80%, 90% or 100%</p> <p><b>Major restorative services:</b> Four choices: 50%, 60%, 70% or 80%</p> <p><b>Orthodontics:</b> Two choices: 50% or 60%</p>										
<b>Fee guide</b>	Choice of: <ul style="list-style-type: none"> <li>Eligible expenses reimbursed according to the general practitioners fee guide in the province where treatment is given OR</li> <li>Eligible expenses reimbursed according to the general practitioners fee guide in the province of residence</li> </ul>										
<b>Recall exams</b>	Three choices: Every 6, 9 or 12 months										
<b>Scaling &amp; root planing</b>	Four choices: 6, 8, 10, or 12 units										
<b>Annual maximum payable</b>	<p>You can set a combined maximum for several dental care service types, <b>except for orthodontics which is always a separate lifetime amount</b>. Here are the choices available for combining dental care services:</p> <ul style="list-style-type: none"> <li>Combined maximum for preventive and basic services OR</li> <li>Combined maximum for preventive, basic and major restorative services OR</li> <li>Combined maximum for preventive and basic services/separate maximum for major restorative services OR</li> <li>Separate maximum for preventive services/combined maximum for basic and major restorative services</li> </ul> <table border="1"> <thead> <tr> <th>Preventive services</th> <th>Basic services</th> <th>Major restorative services<sup>9</sup></th> <th>Combined maximum (preventive, basic and major restorative)<sup>9</sup></th> <th>Orthodontics (separate lifetime maximum)<sup>10</sup></th> </tr> </thead> <tbody> <tr> <td>Ten choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000 or unlimited</td> <td>Ten choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000<sup>8</sup>, \$3,500<sup>8</sup>, \$4,000<sup>8</sup>, or unlimited<sup>8</sup></td> <td>Seven choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500 or \$3,000</td> <td>Nine choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$4,000</td> <td>Six choices: \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 or \$3,500</td> </tr> </tbody> </table>	Preventive services	Basic services	Major restorative services <sup>9</sup>	Combined maximum (preventive, basic and major restorative) <sup>9</sup>	Orthodontics (separate lifetime maximum) <sup>10</sup>	Ten choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000 or unlimited	Ten choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 <sup>8</sup> , \$3,500 <sup>8</sup> , \$4,000 <sup>8</sup> , or unlimited <sup>8</sup>	Seven choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500 or \$3,000	Nine choices: \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$4,000	Six choices: \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 or \$3,500
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<b>Survivor benefit in the event of the plan member's death</b>	24 months without premium payment										
<b>Termination</b>	Retirement										

## Options

- Fee guide for specialists
- Orthodontics for adults
- Eligible expenses incurred outside Canada for a reason other than medical emergency
- Waiver of premium (some restrictions may apply)

<sup>8</sup> Available only if the group had this option with the former carrier.

<sup>9</sup> Available for groups with 3 or 4 plan members only if they had this option with the former carrier.

<sup>10</sup> Available for groups with 3 to 9 plan members only if they had this option with the former carrier.

# Health spending account (HSA)

<b>Plan prerequisites</b>	To add an HSA, your plan must include extended healthcare insurance and must have at least two plan members
<b>Who is eligible</b>	All plan members and their dependents Available options: <ul style="list-style-type: none"> <li>• Cover dependents based on the Income Tax Act and CRA definition of dependents</li> <li>• Exclude dependents</li> <li>• Exclude plan members who have opted out of extended healthcare</li> </ul>
<b>Eligible expenses</b>	Defined as expenses that are eligible for the <i>Medical Expense Tax Credit</i> under the Income Tax ACT (ITA) Choice of the following categories: Supplementary healthcare, Drugs, Vision care, Dental care
<b>Credits</b>	Choice of deposit frequencies: Annually, bi-annually, quarterly or monthly <b>Annual minimum:</b> \$250 per plan member <b>Annual maximum:</b> \$15,000 per plan member <b>Overall group minimum:</b> \$2,500 for the group <b>Choice of credit allocation:</b> <ul style="list-style-type: none"> <li>• Fixed amount per plan member OR</li> <li>• Fixed amount per coverage type</li> </ul>
<b>Credit carry-forward</b>	<ul style="list-style-type: none"> <li>• Credit carry-forward: Unused credits can be carried forward to the next year, but any credits carried forward that haven't been used by the end of the second year will be lost OR</li> <li>• No carry-forward: Any unused credits at the end of the year will be lost</li> </ul>
<b>Billing</b>	Self-insured with monthly billing in arrears

# Critical illness insurance

## Amount of insurance

<b>Plan member – mandatory</b>	<b>Dependents – mandatory</b>	<b>Plan member and spouse – optional (evidence of insurability required)</b>	<b>Dependent children – optional (without evidence of insurability)</b>
Multiples of \$1,000 Minimum: \$10,000 Maximum with evidence: From \$125,000 to \$230,000 depending on the number of plan members covered under the benefit	<b>Spouse:</b> \$2,000, \$4,000, \$5,000, \$10,000, \$20,000 or \$25,000  <b>Dependent children:</b> <ul style="list-style-type: none"> <li>• 50% of spouse's insurance amount OR</li> <li>• Equal to spouse's insurance amount</li> </ul>	Multiples of \$10,000 Minimum: \$10,000 Maximum: \$100,000	Multiples of \$5,000 Minimum: \$10,000 Maximum: \$25,000

## Benefit features

<b>Basic coverage</b> 4 illnesses for adults, 11 illnesses for children	<b>Enhanced coverage</b> 31 illnesses for adults, 38 illnesses for children
<b>Reimbursement percentage:</b> 100% of the amount of insurance	
<b>Partial payment<sup>11</sup>:</b> 10% of the amount of insurance for coronary angioplasty, stage A prostate cancer, stage 1A malignant melanoma or breast cancer (maximum \$25,000)	
<b>Multiple occurrence coverage<sup>11</sup> if:</b> <ul style="list-style-type: none"><li>• the illnesses are not related</li><li>• the new diagnosis is made at least 90 days after the last payment</li><li>• the illness meets all other eligibility criteria</li></ul>	
<b>Cancer recurrence<sup>11</sup> if:</b> <ul style="list-style-type: none"><li>• The new diagnosis is made more than 60 months after the previous diagnosis</li><li>• The plan member has not received any cancer-related treatments during that 60-month period</li><li>• The cancer meets all other eligibility criteria</li></ul>	
<b>Waiver of premium</b>	
<b>Individual insurance conversion privilege<sup>11</sup></b>	
<b>Termination of coverage:</b> <ul style="list-style-type: none"><li>• Age 65 or retirement (whichever comes first) OR</li><li>• Age 70 or retirement (whichever comes first)</li></ul>	

## Limitations, exclusions and restrictions

<b>Medical definitions</b> The covered illnesses, conditions and procedures are subject to limitations and exclusions and must meet precise medical definitions. For example, not all cancers and heart surgeries are covered, and illnesses must have progressed to a critical stage to be eligible.
<b>Pre-existing condition clause</b> Illnesses related to a condition or symptoms that the insured consulted, or should have consulted, a healthcare professional about before are not eligible and will be excluded from coverage.
<b>90-day waiting period for cancer</b> Once the plan member's insurance goes into effect, there is a 90-day waiting period before cancer coverage takes effect. That means that, if they (or one of their covered dependents) are diagnosed with or have signs or symptoms of cancer within the first 90 days of their insurance's effective date, it will not be covered.
<b>Survival period</b> In the case of heart conditions and heart surgeries, the insured must survive at least 30 days following the date they are diagnosed with a critical illness or undergo surgery to be eligible for a payment.

<sup>11</sup> Does not apply to children's coverage