# 7.11 ACCIDENTAL PARA-MEDICAL EXPENSE REIMBURSEMENT BENEFIT

If as a result of Injury, and within thirty (30) days from the date of the accident causing such Injury, an Insured Person who is insured under a Canadian provincial or territorial government health insurance plan obtains medical treatment in Canada from a legally qualified Physician and as a consequence of such Injury incurs expenses for any of the following para-medical services when recommended by a legally qualified Physician, the Company shall reimburse the Insured Person for the following reasonable and necessary expenses:

- (a) fees for private duty nursing by a licensed graduate nurse (R.N.), who does not ordinarily reside in the Insured Person's home and who is not a member of the Insured Person's Immediate Family;
- (b) transportation costs, when such service is provided by a professional ambulance service, to the nearest approved Hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable up to a maximum of five thousand dollars (\$5,000.00) per Insured Person for all Injuries resulting from any one (1) accident;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's provincial or territorial government health insurance plan and the accommodation charge for a semi-private Hospital room;
- (d) fees for rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary;
- (e) fees for services of a licensed physiotherapist who is not employed or engaged by the Policyholder; or its Teams or Clubs. This benefit is payable up to a maximum of three hundred dollars (\$300.00) per Insured Person for all Injuries resulting from any one (1) accident and to a maximum of four hundred dollars (\$400.00) per policy year;
- (f) cost of prescription drugs and medicines (except in the Province of Quebec);
- (g) expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof;
- (h) fees for services of a licensed chiropractor who is not employed or engaged by the Policyholder; or its Teams or Clubs. This benefit is payable up to a maximum reimbursement of three hundred dollars (\$300) per Insured Person for all Injuries resulting from any one (1) accident and to a maximum of four hundred dollars (\$400.00) per policy year;
- (i) Tutorial Fees: When within thirty (30) days from the date of the accident, injury totally confines an Insured Person to residence or hospital for a period in excess of forty (40) consecutive school days, the insurer will pay the expenses incurred, within twelve (12) months immediately following the date of the accident, for the tutorial services of a qualified teacher, other than a relative of the Insured Person living in the same residence, holding a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person, at a rate not to exceed twenty dollars (\$20.00) per hour, subject to the aggregate amount of two thousand dollars (\$2,000.00) as the result of any (1) accident;
- (j) Emergency Taxi Benefit: When injury necessitates immediate medical attention, the Company will pay the reasonable expense incurred for a licensed taxi to transport the Insured person to and from a doctor's office or nearest hospital, subject to a maximum of seventy-five dollars (\$75.00) as a result of any one accident;

Policy Number SRG 9021042-B

Page 15 of 22

- (k) Physician validation expense: If as a result of injury requiring and receiving medical or surgical treatment within 30 days of the date of the accident, an Insured Person incurs an expense charged by a physician or surgeon for the purpose of validating or completing a claim form hereunder, the Company will pay such expense, but not to exceed a maximum of \$40.00 per accident; and
- (I) repair or replacement of glasses and contact lenses, resulting from an accident up to a maximum of \$100.00 per accident provided that medical treatment is required as a result of the accident.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within fifty-two (52) weeks of the date of the accident causing Injury;
- (c) incurred only for therapeutic and not elective treatment; and
- (d) supported by an original receipts submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is one hundred thousand dollars (\$100,000.00) per Insured Person for all Injuries resulting from any one (1) accident.

# 7.12 ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT

If the Insured Person suffers Injury to whole and sound teeth, and within thirty (30) days from the date of the accident causing such Injury obtains treatment in Canada for such Injury from a legally qualified dentist or dental surgeon and incurs related dental expenses, the Company shall reimburse the Insured Person the amount for such dental expenses up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such treatment.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within fifty-two (52) weeks of the date of the accident causing Injury;
- (c) incurred only for therapeutic and not elective or aesthetic treatment; and
- (d) supported by an original standard dental claim form submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is five thousand dollars (\$5,000.00) per Insured Person for all Injuries resulting from any one (1) accident.

Policy Number SRG 9021042-B

Page 16 of 22

# 7.13 FRACTURE BENEFIT

If an Insured Person sustains Injury resulting in a fracture or dislocation listed in the following Fracture Table, the Company shall pay the amount specified in the Fracture Table, provided that such fracture or dislocation occurs within thirty (30) days after the date of accident causing it.

The maximum amount payable for this benefit is five hundred (\$500.00) dollars per Insured Person for all Injuries resulting from any one (1) accident.

### **Fracture Table**

# For complete fracture (including Greenstick type fracture) of:

The cranium (depressed fracture)	100% of the Fracture Benefit
The cranium (other compound)	40% of the Fracture Benefit
The spine (two or more vertebrae)	100% of the Fracture Benefit
The spine (one vertebrae)	40% of the Fracture Benefit
The spine (compression fracture)	20% of the Fracture Benefit
The upper jaw (maxilla)	33% of the Fracture Benefit
The lower jaw (mandible)	8% of the Fracture Benefit
The thigh (femur)	33% of the Fracture Benefit
The pelvis	33% of the Fracture Benefit
The knee cap (patella)	27% of the Fracture Benefit
The Leg (tibia or fibula)	25% of the Fracture Benefit
The shoulder blade (scapula)	25% of the Fracture Benefit
The ankle (Pott's fracture)	25% of the Fracture Benefit
The wrist (Colles fracture)	25% of the Fracture Benefit
The forearm (compound or comminuted)	23% of the Fracture Benefit
The forearm (not compound)	12% of the Fracture Benefit
The sacrum or coccyx	17% of the Fracture Benefit
The sternum	17% of the Fracture Benefit
The Arm, between elbow and shoulder	17% of the Fracture Benefit
The collarbone (Clavicle)	12% of the Fracture Benefit
The nose	12% of the Fracture Benefit
Two or more ribs	10% of the Fracture Benefit
One Hand (one or more metacarpal)	8% of the Fracture Benefit
The Foot (one or more metacarpal)	8% of the Fracture Benefit
Facial bones	8% of the Fracture Benefit
One rib	8% of the Fracture Benefit
Any bone not specified above	8% of the Fracture Benefit

"Cranium" means the vault of the skull *consisting* of the following bones: frontal, parietals, occipital, temporals, sphenoid and ethmoid.

# For complete dislocation of the:

Hip	42% of the Fracture Benefit
Knee (with open primary repair)	33% of the Fracture Benefit
Shoulder (with open reduction)	25% of the Fracture Benefit
Wrist	17% of the Fracture Benefit
Ankle	17% of the Fracture Benefit
Elbow	12% of the Fracture Benefit
Bones of Foot, other than Toes	8% of the Fracture Benefit

Policy Number SRG 9021042-B