



ClearBenefits.ca

Individual Benefits Program Coverage Supplement

V01.24



Life Insurance

Included In:	Coverage	Details
Options 1, 2, 3	10,000.00 Maximum	\$10,000.00 Flat Amount \$10,000.00 Maximum With Evidence \$10,000.00 Maximum No Evidence Reduces by 50% at age 65 0 month waiting period Terminates at age 70



Accidental Death and Dismemberment

Included In:	Coverage	Details
Options, 1, 2, 3	10,000.00 Maximum	\$10,000.00 Maximum With Evidence \$10,000.00 Maximum No Evidence \$10,000.00 Flat Amount Reduces by 50% at age 65 0 month waiting period



Drugs

Included In	Coverage	Details
Options 1 & 3	80% Coverage	80% Reimbursement \$5,000.00 Overall Maximum Mandatory Generic Substitute 0 month waiting period Terminates at age 70



Healthcare

Included In:

Coverage

Details

Options 1 & 3

80%
Coverage

80% Major Health Reimbursement

\$700.00 Hearing Aids Maximum over a 48 month period

Artificial Eye/Limb: Initial prosthesis; 1 per lifetime

\$2,000.00 Apnea Machine Maximum; 1 per 60 consecutive months

\$5,000.00 Insulin Pump Maximum per 5 calendar years

\$100.00 Blood Pressure Monitor Lifetime Maximum

\$100.00 Compression Stockings Maximum \$3,500.00

Insulin Pump Supplies Maximum

\$1,000.00 Artificial Eye/Limb Repair/Replacement Maximum

\$4,000.00 Glucose Monitoring Equipment and Supplies Maximum

\$3,500.00 TENS Machine Lifetime Maximum

\$600.00 Viscosupplementation Maximum

\$1,000.00 Wheelchair - Manual Lifetime Maximum

\$3,000.00 Wheelchair - Electric Lifetime Maximum

\$500.00 Wigs Lifetime Maximum

\$500.00 Cardiac Rehabilitation Maximum

\$300.00 Foot Orthotics Maximum

\$300.00 Orthopedic Shoes Maximum

\$10,000.00 Private Duty Nursing Maximum

\$25,000.00 Prosthetics Lifetime Maximum

Reasonable and Customary Expenses:

Ambulance Services

Hospital

Medical Equipment

Medical Services and Supplies

Apnea Machine Supplies

Apnea Mask

Braces With Rigid Supports

Crutches

IPP Breathing Machine

Ostomy Supplies

Surgical Bra



Healthcare

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Included In:

Coverage

Details

Options 1 & 3

80%
Coverage

80% Paramedical Reimbursement

\$350.00 Acupuncturist Maximum

\$350.00 Audiologist Maximum

\$350.00 Chiropractor Maximum

\$350.00 Chiropodist Maximum

\$350.00 Massage Maximum

\$350.00 Naturopath Maximum

\$350.00 Osteopath Maximum

\$350.00 Occupational Therapist Maximum

\$350.00 Physiotherapy Maximum

\$350.00 Podiatrist Maximum

\$350.00 Psychologist Maximum

\$350.00 Registered Dietician Maximum

\$350.00 Social Worker Maximum

\$350.00 Speech Therapy Maximum

100% Eye Exam Reimbursement

\$120.00 Adult Eye Exam Maximum over 24 months

\$120.00 Child Eye Exam Maximum over 12 months

100% Eye Glasses & Contacts Reimbursement

\$300.00 Adult Eye Glasses & Contacts Maximum over a 24 month period

\$300.00 Child Eye Glasses & Contacts Maximum over a 12 month period

0 month waiting period

Terminates at age 70



Out Of Country

Included In:	Coverage	Details
Options 1 & 3	\$5,000,000.00 Maximum	\$5,000,000.00 Out of Country/Province Maximum 60 Day Out of Country/Province Period 0 month waiting period Terminates at age 70



Dental

Included In	Coverage	Details
Options 2 & 3	80% Reimbursement	\$1,000.00 Basic Maximum 80% Routine Care Reimbursement 80% Endodontics Reimbursement 80% Periodontics Reimbursement 10 Units of Scaling Routine Care Visit Every 9 months 24 months survivor benefit 0 month waiting period Terminates at age 70

