

SUPPLEMENTARY EXTENDED HEALTH INSURANCE PLAN

EXPLANATION OF COMMON INSURANCE TERMS

The following is an explanation of the insurance terms used in this Policy.

Accidental Injury means an injury resulting solely from external, violent and accidental means.

Dependent means your Spouse and/or your Dependent Child(ren) if Dependent Coverage has been applied for and accepted for benefits under this Policy who listed as an insured Dependent on the Declarations page attached to this Policy.

Custodial Care means personal care that does not require the continuing attention of trained medical or paramedical personnel and that serves to assist an individual in the activities of daily living. Custodial Care includes, but shall not be limited to, assistance in walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision of medication that can usually be self-administered.

Dependent Child(ren) means your natural child, adopted child, stepchild or child for whom your Spouse is legally responsible who is unmarried and financially dependent on you or your Spouse and who is:

1. under twenty-one (21) years of age, or
2. under age twenty-five (25) and enrolled in and attending, full-time, an accredited high school, college or university.

A child who is permanently incapacitated on the date he or she reaches the age when insurance would normally terminate will continue to be an eligible Dependent. However, the child must have been insured under this Policy immediately prior to that date.

A child is considered permanently incapacitated if he or she is incapable of engaging in any substantially gainful occupation and is dependent on you or your Spouse for support, maintenance and care, due to a mental or physical handicap. We may require written proof of the child's condition as often as may reasonably be necessary.

Eligible Expense means an expense that will be considered in the calculation for reimbursement under the covered benefits listed in the Benefits provision of this Policy.

Immediate Family Member means your Spouse or child, your parent or your Spouse's parent, your brother or sister, or your Spouse's brother or sister.

Medically Necessary means a treatment or service which is considered by the medical profession as appropriate and effective in treating a sickness or injury.

Physician means a person qualified and licensed to practise medicine or perform surgery within the scope of his/her license in the jurisdiction where the services are performed.

Reasonable and Customary means charges which are usually made for the services rendered, as determined by us, in the area where the services were provided and which are normally made in the absence of this or other insurance.

Spouse means the person who is legally married to you or a partner who has been cohabitating with you in a common-law relationship for at least twelve (12) consecutive months prior to the date of request for coverage under this Policy.

We, Our, and Us refer to Echelon General Insurance Company.

You or Your means the person named as the Insured on the Declarations page attached to this Policy.

COORDINATION OF BENEFITS

If you or your Dependents are insured for similar benefits under another insurance policy the insurance claims service provider will take this into account when determining the amount of expenses payable under this Policy.

This process is known as Coordination of Benefits. It allows for reimbursement of insured medical and dental expenses from all insurance policies, up to a total of one hundred percent (100%) of the actual expense incurred.

Coordination of Benefits for this Policy shall follow the Coordination of Benefits rules under the underlying Extended Health Benefits Plan to which this Policy has been attached.

If there are no Coordination of Benefits rules under the underlying Extended Health Benefits Plan to which this Policy has been attached, than the following rules will apply.

Order of Benefit Payment

A variety of circumstances will affect which insurance policy is considered as the “Primary Carrier” (i.e., responsible for making the initial payment toward the Eligible Expense), and which insurance policy is considered as the “Secondary Carrier” (i.e., responsible for making the payment to cover the remaining Eligible Expense).

If the other insurance policy does not provide for Coordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the Eligible Expense.

If the other insurance policy does provide for Coordination of Benefits, the following rules are applied to determine which insurance policy is the Primary Carrier.

1. For Claims Incurred by You or Your Spouse

The insurance policy insuring you or your Spouse as the primary insured person pays the benefits before the insurance policy insuring you or your Spouse as a dependent.

In situations where either you or your Spouse have insurance coverage as a primary insured person under more than one (1) insurance policy, the order of benefit payment will be determined as follows:

- a) the insurance policy where the person is covered as an active full-time employee, then
- b) the insurance policy where the person is covered as an active part-time employee, then
- c) the insurance policy where the person is covered as a retiree.

2. For Claims Incurred by Your Dependent Child

The insurance policy covering the parent whose birthday (month/day) is earlier in the Policy Year pays the benefits first. If both parents have the same birth date, the insurance policy covering the parent whose first name begins with the earlier letter in the alphabet pays first.

However, if you and your Spouse are separated or divorced, the following order applies:

- a) the insurance policy of the parent with custody of the child, then
- b) the insurance policy of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse’s insurance policy will

- pay benefits for the Dependent Child), then
- c) the insurance policy of the parent not having custody of the child, then
- d) the insurance policy of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse’s insurance policy will pay benefits for the Dependent Child).

A claim for Accidental Injury to natural teeth will be determined under insurance policies with accidental dental coverage before it is considered under dental insurance policies.

If the order of benefit payment cannot be determined from the above, the benefits payable under each insurance policy will be in proportion to the amount that would have been payable if Coordination of Benefits did not exist.

Submitting a Claim for Coordination of Benefits

To submit a claim where Coordination of Benefits applies follow the rules established by underlying Extended Health Benefits Plan to which this Policy has been attached. If no such rules exist, refer to the following guidelines:

- As per the Order of Benefit Payment section, determine which insurance policy is the Primary Carrier and which is the Secondary Carrier.
- Submit all necessary claim forms and original receipts to the Primary Carrier.
- Keep a photocopy of each receipt or as the Primary Carrier to return the original receipts to you once your claim has been settled.
- Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement, along with all necessary claim forms and receipts, to the Secondary Carrier for further consideration of payment, if applicable.

ELIGIBILITY

You are eligible for coverage under this Policy:

1. if you are deemed eligible under the rules established by the underlying Extended Health Benefits Plan to which this Policy has been attached; and
2. you are a resident of Canada who is covered by a Canadian Government or Provincial Health Insurance Plan, and;
3. are younger than the sixty-nine (69) years of age.

Your Dependents are eligible for insurance on the date you become eligible or the date you first acquire a Dependent, whichever is later. To be eligible for coverage, your Spouse must be younger than sixty-nine (69) years of age.

EFFECTIVE DATE OF COVERAGE

Coverage under this Policy begins on the date specified in the attached Declarations page.

TERMINATION OF INSURANCE

Your coverage under this will terminate on the earliest of:

1. thirty (30) days from the date you provide us with written notice that you wish to cancel this Policy;
2. the date any required premium is due but not paid; or,
3. the date you reach sixty-nine (69) years of age.

We may terminate this Policy for any other reason, on the anniversary of the effective date of this Policy after it has been in force for twelve (12) months by giving you thirty (30) days prior written notice.

Your Dependents' coverage terminates on the date your coverage terminates or the date the Dependent ceases to be an eligible Dependent, whichever is earlier.

BENEFITS

This Policy will reimburse you for charges incurred by you or your Dependents for any of the following Eligible Expenses, to the extent that they are reasonable and customary, and provided they are Medically Necessary for the treatment of sickness or injury and recommended by a Physician or dentist (where applicable), and the expenses are incurred for the care of a person insured under this Policy and while this Policy is in force.

1. **Ambulance** expenses incurred for service to and from the nearest hospital where adequate treatment is available to a maximum of five thousand dollars (\$5,000) per person per Policy Year and one thousand and five hundred dollars (\$1,500) for any one (1) way trip.
2. **Accidental Dental** expenses incurred for the repair or replacement of sound natural teeth, when the injury is caused by an external accidental blow to the head or mouth, excluding injuries caused from objects placed in the mouth to a maximum of five thousand dollars (\$5,000) per person per Policy Year.

The injury must have occurred after the effective date of this Policy, in order for the expenses to be considered eligible for reimbursement.

We must be notified within sixty (60) days following the date of the accident and treatment must be completed within twelve (12) months following the date of the injury.

Payment for such services will be based on the Dental Association Fee Schedule for general practitioners in the province or territory in which the services are rendered in effect on the date treatment commences.

3. **Convalescence Home Care** expenses incurred after hospitalization for service provided in your home primarily for Custodial Care, homemaking duties, or supervision to a maximum of ten thousand dollars (\$10,000) per person per Policy Year.
4. **Hospital Care** expenses incurred in excess of the hospital's public ward charge, for semi-private accommodation to a maximum of five thousand dollars (\$5,000) per person per Policy Year.
5. **Private Duty Nursing** expenses incurred for services provided in your home (other than custodial care, homemaking services and supervision) by a Registered Nurse, a Registered Nursing Assistant, a Certified Nursing Assistant, or a Licensed Practical Nurse, to a maximum of ten thousand dollars (\$10,000) per person per Policy Year. The services provided must be services which are deemed to be within the practice of nursing.

Charges for the following services are not covered:

- a) services performed by a nursing practitioner who is an Immediate Family Member or who lives with the patient;
- b) services performed while the patient is confined in a hospital, nursing home or similar institution;
- c) services which can be performed by a person of lesser qualification, a relative, friend, or member of the patient's household.

6. **Wheelchairs and Related Ambulatory Assistive Device** expenses incurred for the rental of a wheelchair, walker or crutches, or the purchase of a splint or brace, to a maximum of five thousand dollars (\$5,000) per person over any two (2) Policy Year periods. In order to be eligible the equipment or supplies must be rented or purchased for post care following a treatment that is emergency-related and supported by a written order from the attending

Physician. Emergency-related means that the sickness or injury is of a serious nature which develops suddenly and unexpectedly, and demands immediate medical attention.

LIMITATIONS AND EXCLUSIONS

This Policy does not provide benefits for losses or expenses incurred for or as the result of:

1. Under the Convalescence Home Care, Hospital Care, Private Duty Nursing or Wheelchairs and Related Ambulatory Assistive Devices Benefit for payments related to a sickness or injury that existed prior to the effective date of the Policy for which surgery or other in patient treatment had been scheduled during the six (6) months prior to the effective date of the Policy.
2. Under all Benefits:
 - a. sickness or injury arising from civil disorders, war or act of war, declared or undeclared;
 - b. committing or attempting to commit any criminal or illegal activity; or
 - c. participation in professional sports or in any contest of motorized speed.