

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

Third Party Liability

Benefit Maximum	Up to the Benefit Maximum of \$1,000,000 per 365-day period
Host Family Homeowner/Other Applicable Insurance Coverage	Equal to homeowners policy deductible coverage amount, up to a maximum of \$1,000 per 365-day period.

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

This document is a summary only and does not include all of the benefits, limitations, exclusions or conditions of coverage. The policy wording is the only legally binding description of coverage. Please consult the policy wording for further details. For more information, contact the Ingle Lewer team at 1-888-575-1231 or email info@inglelewer.ca