



COVERAGE SUMMARY FOR THE INSURED HEALTH BENEFITS
(Underwritten by SSQ Insurance Co Inc)

OUT-OF-PROVINCE (OOP)/OUT-OF-COUNTRY COVERAGE (OOC)

The purpose of this coverage is to provide insurance coverage in the event of a medical emergency while you are traveling outside your own province of residence. The coverage duration is for 60 days outside your “home province”. There is no deductible, and the insurance company will pay costs for the following covered expenses up to the maximums indicated:

- Semi-private hospital (up to a maximum duration of 12 months)
- Out-patient hospital charges
- Private Nursing (\$5,000 per accident, sickness or disease)
- Prescription drugs, sera and vaccines
- Licensed Physiotherapist (\$1,000 per accident, sickness or disease)
- Ground Ambulance (\$1,000 per accident, sickness or disease)
- Licensed Physiotherapist (\$1,000 per accident, sickness or disease)
- Expenses for blood plasma, oxygen, x-rays and lab exams, rental r purchase of casts, cervical collars, crutches, trusses, splints and braces, and anesthesia
- Artificial limbs, eyes or other prosthetic appliances (\$2,000 per calendar year)
- Rental of a wheelchair, iron lung and other durable medical equipment for temporary treatment(\$5,000 per accident, sickness or disease)
- Services of any of the following licensed practitioners, to a maximum of \$300 per practitioner per accident, sickness or disease
 - Chiropractor
 - Osteopath
 - Chiropractist or Podiatrist
 - Masseur <Physician’s recommendation required>
 - Speech Therapist
 - Psychologist
- Emergency Dental (\$2,000 for any one accident)
- Medical Evacuation (\$25,000)
- Repatriation (\$15,000)
- Family Transportation and accommodation (\$5,000)
- Return of Vehicle (\$500)
- Hotel Convalescence (\$1,000)

THE OVERALL MAXIMUM FOR ALL COVERED EXPENSES IS \$2,000,000 PER PERSON PER LIFETIME.

Questions ?

Call : 403.214.3213 or 888.214.3211
Toll free Fax : 866.213.5514
E- mail : info@bizflex.ca
www.Bizflex.ca



COVERAGE SUMMARY FOR THE INSURED HEALTH BENEFITS
for expenses within your own province of residence

There are two parts to this coverage – Catastrophic Health and Out-of-Province/Out-of-Country insurance.

CATASTROPHIC HEALTH

The purpose of this coverage is to provide a level of insurance coverage in case of a significant sickness or illness which could result in costly, unforeseen and unplanned expenses. There are two plans available - \$1,500 Deductible and \$5,000 Deductible. Once you have satisfied the deductible (based on your selected plan), the insurance company will pay excess costs for the following covered expenses up to the maximums indicated for each accident or sickness:

- Semi-private Hospital (\$25,000 per calendar year)
- Private Nursing (\$25,000 per calendar year)
- Prescription Drugs (\$25,000 per calendar year)
- Ambulance <including air ambulance> (\$25,000 per calendar year)
- Services of any of the following licensed practitioners, up to \$25 per treatment and maximum of \$25,000 per calendar year
 - Chiropractor
 - Osteopath
 - Chiropodist or Podiatrist
 - Massage Therapist <Physician’s recommendation required>
 - Speech Therapist
 - Psychologist
- Rental of a wheelchair, iron lung and other durable equipment (\$25,000 per calendar year)

THE OVERALL MAXIMUM FOR ALL COVERED EXPENSES IS \$250,000 PER ACCIDENT OR SICKNESS, SUBJECT TO A CALENDAR YEAR MAXIMUM OF \$125,000.

THE COSTS :

PLAN 1

PLAN 2

	PLAN 1		PLAN 2	
	OOP COVERAGE-\$0 DEDUCTIBLE / PERSON CAT COVERAGE-\$1500 DEDUCTIBLE / PERSON		OOP COVERAGE-\$0 DEDUCTIBLE / PERSON CAT COVERAGE-\$5000 DEDUCTIBLE / PERSON	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY
SINGLE	\$128.88	\$10.74	\$112.20	\$9.35
COUPLE	\$249.84	\$20.82	\$219.36	\$18.28
FAMILY	\$334.44	\$27.87	\$299.88	\$24.99

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