

COREHEALTH+™ Summary

A core benefit program you can build on

National HealthClaim is as diligent as possible in compiling this summary. However, National HealthClaim does not guarantee that this information is up to date. If there is a discrepancy between this document and the CoreHealth+ Certificate of Insurance document, the Certificate of Insurance document will always take precedence.

KEY HIGHLIGHTS

ELIGIBLE EMPLOYEE CLASS - All permanent Employees under the age of sixty-five (65) working a minimum of fifteen (15) hours per week averaged over the latest three (3) month period of being Actively at Work and who have satisfied their Employers Waiting Period.

PARTICIPATION IN THE INSURANCE PLAN - For Employees, Spouses and Dependent Children eligible for an Employer's coreHEALTH+ or Health Spending Account insurance, participation in the insurance plan is **mandatory**.

DEDUCTIBLE - Excess Medical Deductible: \$2,500 per person per calendar year.

NON-EVIDENCE BENEFIT MAXIMUMS -

Employee's Life Insurance.....	\$ 15,000
Spouse Life Insurance.....	\$ 10,000
Dependent Child Life Insurance (Each Child).....	\$ 5,000
Employee Accidental Death or Dismemberment Benefit.....	\$ 60,000
Employee Critical Illness Insurance.....	\$ 10,000
Travel Emergency Medical.....	\$ 2,000,000
Excess Medical.....	\$ 250,000

EXCESS MEDICAL (BENEFIT MAXIMUMS) -

Benefits Lifetime, per listed expense item..... \$ 50,000

Yearly Maximum Expense: Items 1-7, Drugs, nursing, ambulance, paramedical, semi private room costs, durable equipment..... \$ 25,000

COVERED CRITICAL ILLNESS CONDITIONS - The following Critical Illness conditions are provided in this policy.

Alzheimer's Disease, Aortic Surgery, Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumour, Blindness, Cancer (Life-Threatening), Coma, Coronary Artery Bypass Surgery, Deafness, Heart Attack, Heart Valve Replacement, Kidney Failure, Loss of Independent Existence, Loss of Limbs, Loss of Speech, Major Organ Failure on Waiting List, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV, Paralysis, Parkinson's Disease, Severe Burns, Stroke. Refer to Section 05 -Critical Illness Conditions - Defined for definitions.

BEST DOCTORS EXPERT MEDICAL OPINION PROGRAM

INTERCONSULTATION - Is a Service whereby Best Doctors, at the request of an Insured Person, provides a review of the Insured Person's medical information including, without limitation, medical history, treating physician's summary of the Insured Person's condition, and related medical records and notes, test reports, original diagnostic imaging, and pathology specimens ("Required Medical Information") with the goal of identifying the right diagnosis and right treatment plan.

BEST DOCTORS EXPERT MEDICAL OPINION PROGRAM - CONTD

FINDBESTDOC - Is a Service whereby Best Doctors, at the request of an Insured Person, identifies for that Insured Person, where possible, one or more Best Doctors Experts who could perform requested medical treatment for the Insured Person in his/her geographic area.

FINDBESTCARE - Is a Service whereby Best Doctors, at the request of an Insured Person, identifies for that Insured Person, where possible, one or more Best Doctors who could perform requested medical treatment for the Insured Person outside of Canada.

BEST DOCTORS 360° - Is a service aimed to help Insured Persons navigate the healthcare system and take control of their own healthcare. By providing a variety of tools and resources including condition specific website links and articles, physician biographies, and contact information for specialists and facilities, Best Doctors helps Insured Persons who have questions about their healthcare.

EXCLUSIONS

EMPLOYEE LIFE INSURANCE EXCLUSIONS - Pre-existing exclusion: This exclusion applies to Insured Employees who are insured for mandatory Life Insurance coverage within a group comprised of four (4) or less employees. No Life Insurance benefit shall be payable if, twenty four (24) months immediately prior to the Effective date of Individual Insurance, the Insured Employee was attended to or received medical treatment, consultation, care or services by a Physician, including diagnostic measure for any symptom or medical problem which leads to the Insured Employees death.

PRE-EXISTING CONDITIONS EXCLUSION - No Critical Illness benefit shall be payable if, twenty-four (24) months immediately prior to the Effective Date of Individual Insurance, the Insured Employee was attended to or received medical treatment, consultation, care or services by a Physician, including diagnostic measure for any symptom or medical problem which leads to a Diagnosis of or treatment for a Critical Illness condition unless the Diagnosis of the Critical Illness condition occurs later than twenty-four (24) consecutive months from the Effective Date of Individual Insurance or date of most recent Reinstatement of coverage under this policy.

TRAVEL EMERGENCY MEDICAL PRE-EXISTING EXCLUSION - This exclusion applies to Insured Persons who are insured under this policy within a Member Client comprised of less than two (2) Insured Employees.

Coverage E: Travel Emergency Medical does not cover loss (fatal or non-fatal) or expenses caused or resulting from any condition for which the Insured Person received medical advice, consultation or treatment within six (6) Months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication.

"Chronic Condition" means a Disease or disorder which has existed for a minimum of six (6) Months.

EXCESS MEDICAL PRE-EXISTING EXCLUSION - For Member Clients effective Nov 1, 2012 or later pre-existing exclusions apply to Insured persons who are insured under this policy within a Member Client comprised of less than fifty (50) Insured Employees. See full policy document for more details.