



# PARTICIPATING MEMBERS OF THE SASKATCHEWAN SCHOOL BOARDS ASSOCIATION

(The Policyholder)

Policy No. 100010601 issued by Special Markets Solutions, a division of Industrial Alliance Insurance and Financial Services Inc.

Blanket Student Accident Insurance (Enhanced Coverage) Plan Summary

Brokered by Marsh Canada Limited

# ELIGIBILITY

Eligible Insured Persons are Full-Time Students under age 70 of a participating school board of the Policyholder for whom the appropriate premium has been paid. Part-time Students, Teachers and Non-Teaching Employees under age 70 of a participating school board of the Policyholder are also eligible if coverage has been applied for by the school board and the appropriate premium has been paid. Foreign exchange Students and international Students are excluded. Contact your school board to confirm your coverage.

## DEFINITIONS

"Accident" means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

"Full-Time" means enrollment consisting of three or more courses at any one time or, alternatively, attending classes for a minimum of six hours per day, five days per week. With respect to day care, preschool, playschool, pre-kindergarten or kindergarten children, full-time is as dictated by the day care, preschool, playschool, pre-kindergarten or kindergarten they attend.

"Injury" means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

"Sickness" means sickness or disease occurring or reoccurring while the policy is in force as to the Insured Person whose sickness is the basis of claim.

"Student" means a permanent resident of Canada over six months of age, who is presently enrolled with and attending regularly, on a Full-Time or parttime (if eligible) basis, any Canadian licensed or registered day care, preschool, playschool, pre-kindergarten, kindergarten, elementary or secondary school of a participating school board of the Policyholder, and who has not taken or arranged to take full-time permanent employment. Home schooled, prospective and visiting students are only covered while in attendance at or participating in approved school-sponsored activities under the supervision of a proper school authority.

"Teacher" or "Non-Teaching Employee" means a person, residing in Canada, who is directly employed by a participating school board of the Policyholder.

# BENEFITS

#### Accidental Death Benefit

If, within 12 months of the date of the accident, Injury results in your loss of life, the insurer will pay an Accidental Death benefit of \$5,000.00. The benefit payable under this part will be the only amount payable under the policy, unless benefits are payable under the parts titled "Counselling Benefit" or "Repatriation Benefit".

**Double Indemnity**: The insurer will pay two times the amount applicable if such loss of life occurs while you are riding in or on, including boarding or alighting from, any public conveyance operated under a license for the conveyance of passengers for hire or any vehicle owned or leased by a school authority.

## **BENEFITS** (Continued...)

#### **Accidental Dental Reimbursement Benefit**

If Injury to whole or sound teeth requires and first receives treatment by a dentist within 60 days of the accident, benefits will be paid for customary treatment payable by you or your parent within five years from the date of the accident for Students (within one year for a Teacher or Non-Teaching Employee if covered under the policy). Capped or crowned teeth are considered whole or sound. Maximums payable are based on the fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association or its equivalent as determined by the insurer.

If treatment cannot be completed within five years due to the development of a Student's teeth, the insurer will pay up to a maximum of \$1,000.00 per injured tooth for the expense incurred to cap, crown, replace or restore each injured tooth, provided treatment is completed prior to the Student reaching the age of 26.

Benefits will be paid for dental implants (subject to a maximum of three for any one accident) required solely as a result of an accident provided treatment is received within five years following the date of the accident for Students (one year for a Teacher or Non-Teaching Employee if covered under the policy), subject to a maximum of \$2,000.00 per implant per accident.

Benefits will be paid for Injury-related orthodontic treatment required as a direct and sole result of an accident provided the treatment is received within five years from the date of the accident for Students (one year for a Teacher or Non-Teaching Employee if covered under the policy), subject to a maximum of \$1,500.00 per accident.

# Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances Benefit

If Injury results in these appliances prescribed by a physician and purchased within three years from the date of the accident, the insurer will pay the cost to a maximum of \$10,000.00. If a prosthetic appliance is damaged in an accident and requires commercial repair, the insurer will pay the cost of repair to a maximum of \$500.00 during the term of the policy.

# Confinement Disability Benefit (Students Only)

If, within 30 days from the date of the accident and as a result of your Injury, you are continuously confined to home or hospital while under the regular care and attendance and on the advice of a physician and unable to attend classes of any type, the insurer will pay a benefit of \$500.00 per month, commencing with the 31st day up to a maximum of 36 consecutive months of confinement.

#### **Counselling Benefit**

Upon the medical advice of the attending physician and as a result of your death, Injury, or Critical Illness, the insurer will pay for you or a member of your immediate family to undergo counselling performed by a registered psychologist or a professional counsellor, subject to a maximum of \$1,000.00. Expenses must be incurred within three years from the date of death, Injury or diagnosed Critical Illness.





# Blanket Student Accident Insurance (Enhanced Coverage) Plan Summary (Continued...)

# **BENEFITS (Continued...)**

#### **Critical Illness Benefit**

If diagnosed by a physician with Acquired Immune Deficiency Syndrome (AIDS), Cancer, Diphtheria, Encephalitis, Hemolytic Uremic Syndrome (renal failure resulting from E-coli bacteria), Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myocarditis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularemia or Typhoid which first manifests itself while the policy is in force, the insurer will pay reasonable expenses actually incurred within three years from the date the disease is first diagnosed for semi-private or private ward hospital services and the employment of a nurse or certified nursing aid if requested by the attending physician to a maximum of \$5,600.00.

#### Dentures and Artificial Teeth Benefit (Students Only)

If your Injury requires and receives treatment by a dentist and results in the breakage of dentures or an artificial tooth or teeth, the insurer will pay the actual cost of repair or replacement, subject to a maximum of \$250.00 during the term of the policy.

#### **Dismemberment and Specific Loss Indemnity**

If, within **12 months** of the date of the accident, Injury results in any of the following losses, the insurer will pay for loss of **or permanent and total loss of use of**:

Both Hands or Both Feet	
One Hand and One Foot	\$50,000.00
One Hand and the Entire Sight of One Eye	\$50,000.00
One Foot and the Entire Sight of One Eye	\$50,000.00
The Entire Sight of Both Eyes	\$50,000.00
Speech and Hearing in Both Ears	\$50,000.00
One Arm or One Leg	\$20,000.00
One Hand or One Foot	\$15,000.00
The Entire Sight of One Eye	\$15,000.00
Speech or Hearing in Both Ears	\$15,000.00
Entire Thumb and Entire Index Finger of the Same Hand	\$10,000.00
Thumbs, Fingers, or Toes (Each Entire Thumb, Finger or Toe)	\$ 1,500.00
One Entire Phalanx of Any One Finger	\$ 1,500.00
Hearing in One Ear	\$ 1,500.00

Indemnity provided under this part will be paid for one of the losses, the greatest, sustained by you as the result of any one accident, except that when death occurs within 90 days after the date of the accident, indemnity will only be paid under the part titled "Accidental Death Benefit".

Benefits paid or payable for any of the above losses will be the only amounts payable under the policy except those benefits payable under the parts titled "Artificial Limbs, Eyes, Hearing Aids and Other Prosthetic Appliances Benefit" and "Hospital and Paramedical Reimbursement Benefit".

#### **Emergency Out-Of-Province/Country Accident Benefit**

If Injury during a trip outside your province of residence or Canada (maximum 30-day duration) requires emergency treatment by a physician or dentist, the insurer will pay the expense actually incurred for out-patient emergency room charges, standard hospital ward charges, physician's fees, surgeon's fees, emergency services of a dentist or dental surgeon, hospital expenses, and x-rays or laboratory services as may be requested by the attending physician or dentist less the amount allowed by any provincial health plan to a maximum of \$50,000.00.

#### **Emergency Return Transportation Benefit**

If, as the result of Injury or Sickness, you require treatment or services for which indemnity becomes payable under the policy, and you, while participating in any approved and supervised school trip and when recommended by the attending physician, have to return to your residence early or miss the scheduled return transportation, the insurer will pay the reasonable and necessary transportation expense actually incurred, including the cost of one way economy airfare, for you to return to your residence subject to a maximum of \$500.00 as the result of any one Injury or Sickness.

# **BENEFITS (Continued...)**

#### **Emergency Transportation Benefit**

When Injury requires immediate medical attention but does not necessitate an ambulance, the insurer will pay the reasonable expense for transportation via private vehicle/taxi from the location of the accident to a physician's office or the nearest hospital, and return to school or residence. If the Injury requires special transportation to and from school following the date of the accident, the insurer will pay the reasonable expense incurred. All benefits payable under this part are subject to a maximum of \$250.00.

#### Eyeglasses and Contact Lenses Benefit

If Injury is treated by a physician, dentist or nurse within 30 days of the accident resulting in broken eyeglasses or loss or breakage of a contact lens or lenses, the insurer will pay the cost of repair or replacement, subject to a maximum of \$400.00, or if the Injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a physician, the insurer will pay the reasonable and necessary expense for the initial purchase.

#### Fracture, Dislocation or Surgery Indemnity

When Injury requires medical or surgical treatment, the insurer will pay the amount specified below for one indemnity (the greatest) as the result of any one accident. For shoulder or knee cap dislocation, there must be open reduction/open primary repair. In the event of compound, comminuted or bilateral fractures, the amount payable will be doubled.

For complete fracture (including Greenstick type fractures) or dislocation:

Skull (depressed)\$750.00 Spine (three or more	Bone(s) of the feet (metatarsals) or hand(s)
vertebrae)\$750.00	(metacarpals) \$100.00
Skull (not depressed)\$250.00	Collar bone \$100.00
Spine (less than three	Forearm\$100.00
vertebrae)\$250.00	Wrist \$100.00
Pelvis \$250.00	Elbow\$100.00
Arm, between elbow	Sternum\$ 75.00
and shoulder\$150.00	Sacrum or coccyx \$ 75.00
Thigh (femur) \$150.00	Upper Jaw \$ 75.00
Hip\$150.00	Lower Jaw \$ 75.00
Shoulder blade\$150.00	Nose\$ 75.00
Shoulder \$150.00	Two or more toes,
Lower Leg\$100.00	fingers or ribs \$ 75.00
Knee cap\$100.00	One toe, finger or rib \$ 50.00
Ankle\$100.00	Of any bone not
Calcaneus (heel bone)\$100.00	specified above\$ 50.00

#### Surgery:

Severed tendon(s) Burns (requiring skin	\$200.00
grafting) Ruptured kidney, liver	\$200.00
or spleen	\$200.00
Punctured lung	

#### Hospital and Paramedical Reimbursement Benefit

When you are under the regular care and attendance of a physician, and as a result of Injury, require and first receive treatment within 30 days from an accident, the insurer will pay the reasonable expenses actually incurred in Canada except as otherwise provided under the part titled "Emergency Out-Of-Province/Country Accident Benefit" within three years from the date of the accident for:

- (a) hospital services: semi-private or private ward accommodation (including rental of television, radio or telephone, subject to a maximum of \$25.00 per day);
- (b) licensed ground and air ambulance service (including instances involving Sickness and other non-Injury emergencies, subject to a maximum of \$1,000.00 as a result of such Sickness or other non-Injury emergency);
- (c) the employment of a nurse or certified nursing aid if requested by the attending physician;





# Blanket Student Accident Insurance (Enhanced Coverage) Plan Summary (Continued...)

# **BENEFITS (Continued...)**

#### Hospital and Paramedical Reimbursement Benefit (Continued...)

- (d) treatment by a licensed chiropractor or osteopath, subject to a maximum of \$1,000.00;
- (e) treatment by a licensed physiotherapist or registered massage therapist when requested by the attending physician, subject to a maximum of \$1,000.00;
- (f) rental of crutches and appliances, wheelchair, or hospital-type bed (limited to purchase price);
- (g) prescription drugs;
- splints, trusses, pressure garments and braces requested by the attending physician for curative or therapeutic purposes only (braces are limited to one purchase only with respect to any one Injury);
- medical supplies for the purpose of dressing changes when prescribed by the attending physician, subject to a maximum of \$500.00; and
- services of a licensed ophthalmologist when requested by the attending physician including expenses for diagnostic eye tests required by the ophthalmologist, subject to a maximum of \$200.00.

#### Permanent Total Disability (Students Only)

When Injury results in total and permanent disability within 120 days of the date of the accident and is total, continuous and permanent at the end of 12 consecutive months and prevents engagement in any occupation or employment for compensation or profit, the insurer will pay \$50,000.00 less any other amounts payable under the policy for the same Injury.

#### Private Tuition Expense (Students Only)

If Injury results in a disability within 100 days of the accident which confines you to home or hospital for 30 consecutive days, the insurer will pay for a qualified teacher's private tutorial service, subject to a maximum of \$40.00 per hour. In addition, the insurer will pay the labour charges, wiring and rental of communication equipment to provide tutorial service from the school to home or hospital. Approval must be obtained from the proper school authority. All benefits payable under this part are subject to a maximum of \$2,500.00.

#### **Rehabilitation Benefit**

If Injury requires you to be trained in a special occupation, the insurer will pay the necessary expense during the three years following the accident, subject to a maximum of \$5,000.00, for special training. Payment will not be made for travelling or clothing expenses, room, board, or other ordinary living expenses.

#### **Repatriation Benefit**

If Injury results in your loss of life outside your province of residence within 12 months of an accident, the insurer will pay the expense incurred for preparing your body for burial or cremation and transportation to your city of residence, subject to a maximum of \$5,000.00. Travelling expenses will be paid for a member of your immediate family to identify your remains subject to maximum of \$500.00.

#### **Special Treatment Travel Benefit**

If Injury requires special medical or dental treatment by (or prescribed by) a physician or dentist that is unavailable in the municipality of your residence, the insurer will pay the reasonable travel expense and/or fuel expense to obtain it. If your age necessitates an escort or parent, the escort or parent will be paid for reasonable travel expenses and/or fuel expenses plus up to a maximum of \$300.00 per day for commercial accommodation and meals, provided all receipts are submitted to the insurer. All benefits under this part are payable for 12 months from the date of the accident and are subject to a maximum of \$2,500.00.

## **EXCLUSIONS**

- sickness or disease either as a cause or effect except as otherwise provided;
- suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- Injury for which there are expenses incurred for a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- Injury for which there are expenses incurred for mouthguards or treatment of Temporal Mandibular Joint (TMJ) dysfunction, whatever the cause;
- Injury resulting from repetitive/strenuous activity (i.e., overexertion, strains, etc.);
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country;
- Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the policy.

No benefits or expenses are payable under the policy for treatment or services which are insured services or basic health services (i.e., physician's fees) under the provincial medical care or hospital plan applicable to you whether or not you are covered thereunder.

If you are entitled to similar reimbursement benefits through any other insurer or plan, the benefits payable under the policy shall be coordinated, so that the total benefits from all insurers or plans shall not exceed the actual loss incurred.

# **EXPOSURE AND DISAPPEARANCE**

If due to accident the Insured Person is unavoidably exposed to the elements and such exposure, within 12 months of the date of the accident, results in a loss for which indemnity would otherwise have been payable under the policy, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which the Insured Person was riding, the Insured Person disappears, and if the body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

# BENEFICIARY

Benefits payable under the policy are payable to the parent when you are a minor, otherwise to you or your estate.

# **TERMINATION OF INSURANCE**

Your insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if the participating school board of the Policyholder fails to remit the required premium to the insurer, except as the result of an inadvertent error;
- (c) the date you reach 70 years of age;
- (d) the date you cease to be associated with the participating school board of the Policyholder in a capacity making you eligible for insurance.

# A.D.&D. CLAIMS PROCEDURES

Written notice of claim is to be given to the insurer within a period of 30 days from the date of the accident. Claim forms are available from your plan administrator or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Completed claim forms must be filed with the insurer within 90 days after the date of the Injury and no later than one year regardless of whether the full extent of loss is known.

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

This summary is for information purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.