

Summary Of Benefits

Overall limit

\$5,000,000

Complete K-12 Plan

Emergency Benefits	
Paramedical practitioners (referral required)	Up to \$1,000 per approved profession
Hospital, clinic, surgery & physician services	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
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 & Diagnostics	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
Medical specialist (referral required)	Included . Subject to overall limit
Transportation & Repatriation	
Ambulance & Emergency Transportation services	Licensed ground ambulance 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
Embedded Services	
Telemedicine - Virtual clinic	Included
Mental health hotline	Included
Mental health peer-to-peer platform	Included
Pillway online pharmacy	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