Express Plan health package
This essential insurance package contains 3 benefits: EXTENDED HEALTH BENEFIT, PRESCRIPTION DRUGS and BASIC TRAVEL INSURANCE.

EXTENDED HEALTH BENEFIT
This benefit covers costs of medical and hospital expenses incurred by you or a member of your family, as the case may be, in case of illness, pregnancy or injury.

Eligible expenses covered at 100% without deductible
Hospitalization (private or semi-private accommodations), up to a maximum refund of $200 per day, for a maximum duration of 90 days per calendar year.

A written recommendation from a physician is not required for items 1 through 10 below. Benefits are payable only after the yearly maximum allowed under the Ontario Health Insurance Plan (OHIP) has been reached.

<table>
<thead>
<tr>
<th>SPECIALIST</th>
<th>FIRST VISIT</th>
<th>SUBSEQUENT VISIT</th>
<th>MAXIMUM NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Chiropractor</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
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<tr>
<td>X-rays, up to a maximum refund of $25</td>
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<tr>
<td>2) Acupuncturist</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
</tr>
<tr>
<td>3) Osteopath</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
</tr>
<tr>
<td>4) Physiotherapist</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
</tr>
<tr>
<td>5) Podiatrist</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
</tr>
<tr>
<td>6) Psychologist</td>
<td>$75</td>
<td>$60</td>
<td>12</td>
</tr>
<tr>
<td>7) Speech therapist</td>
<td>$60</td>
<td>$40</td>
<td>12</td>
</tr>
<tr>
<td>8) Chiropodist</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
</tr>
<tr>
<td>9) Naturopath</td>
<td>$12</td>
<td>$12</td>
<td>25</td>
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<tr>
<td>10) Ophthalmologist or Optometrist</td>
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<tr>
<td>(for Insured under 65 years of age), up to a maximum refund of $50 per two calendar years</td>
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<tr>
<td>11) Massage therapist</td>
<td>$15</td>
<td>$15</td>
<td>20</td>
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</tbody>
</table>
Individual insurance quotation

Eligible expenses covered at 80% without deductible

- Hearings aids, up to $300 (excluding batteries) every 60 months, subject to a 3-month waiting period
- Prostheses and accessories, up to a maximum refund of $2,500 per calendar year
- Nursing services and Home care services, up to a maximum refund of $2,500 per calendar year
- Surgical stocking, up to a maximum refund of $100 per calendar year
- Orthopedic shoes or podiatric orthoses, up to a maximum refund of $175 per calendar year for both combined
- Purchase or rental of equipment (crutches, walkers, canes, etc.), up to a maximum refund of $2,500 per calendar year
- Ambulance, amount equal to costs not covered by the government plan
- Dental treatment due to an accident, up to a maximum refund of $2,000 per calendar year

PRESCRIPTION DRUGS

Eligible expenses covered at 80% without deductible (for the Insured under 65 years of age)

- Pay Direct drug card
- No lifetime maximum
- Reimbursement is based on the lowest-cost generic equivalent if available (a generic drug is generally a less expensive alternative to an interchangeable brand name drug product)

Prescription drugs
Maximum overall reimbursement (per Insured)

<table>
<thead>
<tr>
<th>First calendar year</th>
<th>$500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent calendar years</td>
<td>$750</td>
</tr>
</tbody>
</table>

Limitation
When the Insured reaches age 65, total benefits payable under this coverage are subject to a lifetime maximum of $10,000.

BASIC TRAVEL INSURANCE
This benefit protects you against unforeseen events such as accident, illness or death that could occur during your trips.

Covers trips of 15 days or less
Thanks to this convenient (annual multi-trip plan) and flexible protection, the Insured can take care of his/her travel insurance needs once and for all, and leave any time during the year, while enjoying a variety of exceptional benefits.
Individual insurance quotation

$5,000,000 hospital and medical benefit

Hospital, medical and paramedical expenses
In the event of illness or injury, all health costs are covered so that the sole concern can be a speedy recovery:

- Hospitalization in a private or semi-private room
- Physician’s fees
- Private nursing fees
- Professional services
- Laboratory tests costs
- Prescription drugs for emergency treatment
- Purchase or rental costs of medical equipment
- Costs associated with hospitalization
- Dental expenses due to an accident

Transportation costs

- Repatriation to the home province
- Land or air ambulance services
- Return of a private or rental vehicle
- Baggage return
- Pet return
- Family visits to insured in hospital
- Repatriation of the deceased

Subsistence allowance
If the Primary Insured’s return or that of a family member must be delayed due to illness or injury, the insured is allowed up to $3,000 to cover the costs of meals and accommodations (maximum of $300 per day).

Medical follow-up in Canada
In case of repatriation to Canada at Blue Cross’ expense after a hospital stay out of Canada, this coverage reimburses the following costs if they are incurred within 15 days of the repatriation:

| Semi-private room in a hospital, rehabilitation centre or a convalescent home | up to $1,000 |
| Home nursing care fees when medically required | up to $50 per day for a maximum of 10 days |
| Rental of devices (crutches, standard walker, canes, trusses, orthopedic corset and oxygen) | up to $150 |
| Transportation (ambulance and/or taxi) to receive medical care | up to $250 |
Pre-existing conditions for Insured of 60 years of age or under
During the three months prior to the departure date of any trip, any illness, injury or condition related to a medical condition for which the Insured:
• consulted a physician (other than for a regular checkup); or
• was hospitalized; or
• was prescribed or received a new treatment; or
• received a change in an existing treatment; or
• was prescribed or had taken a new medication; or
• received a change in existing medication (including usage or dosage)

Pre-existing conditions for Insured of 61 years of age or over
During the six months prior to the departure date of any trip, any illness, or condition related to one of the medical conditions listed below for which the Insured:
• consulted a physician (other than for a regular checkup); or
• was hospitalized; or
• was prescribed or received a treatment; or
• was prescribed or had taken medication for:
  – Cardiovascular disorders: heart attack, angina, arrhythmia, pacemaker, defibrillator, heart failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplant, peripheral vascular disease
  – Chronic obstructive pulmonary disorders: asthma, emphysema, chronic bronchitis, lung transplant
  – Neurological disorders: stroke, transient cerebral ischemia (TCI)
  – Insulin-dependent diabetes: diabetes treated with injected insulin
  – Kidney failure, kidney transplant
  – Gastrointestinal disorders: cirrhosis, hepatitis, ulcer, internal bleeding, liver transplant, surgery for bowel obstruction
  – Cancer or malignant tumour

During the six months prior to the departure date of any trip, any other illness, injury or condition related to a medical condition for which the Insured:
• consulted a physician (other than for a regular checkup); or
• was hospitalized; or
• was prescribed or received a new treatment; or
• received a change in an existing treatment; or
• was prescribed or had taken a new medication; or
• received a change in existing medication (including usage or dosage)
Individual insurance quotation

CanAssistance Travel Assistance, 24 hours a day, 7 days a week
The Insured automatically benefits from the travel assistance which is a free service.
- Referrals to an appropriate physician, clinic or hospital
- Medical follow-up
- Interpreter services for emergency calls
- Communications with your family doctor
- Repatriation of an Insured and his/her dependents to Canada
- Coordination of the return of a private or rental vehicle
- Coordination of claims with the Ontario Health Insurance Plan (OHIP)
- Payments and money transfers
Individual insurance quotation

Dental care
This coverage provides for reimbursement of costs of the eligible services described below. This benefit is offered to you or a member of your family, as the case may be.

If the Insured discontinues the DENTAL CARE benefit, he is no longer eligible, unless he can prove that he was covered by the DENTAL CARE benefit of another contract during this period.

The eligible amount for any insured service is the amount specified in the Suggested Fee Guide for Dental Services for General Practitioners (in effect on the date the services were rendered).

Preventive care
Preventive care services are reimbursed at 70% for the first calendar year, at 75% for the second calendar year, and at 80% thereafter.

- Examinations and diagnostic services
- Radiographs
- Laboratory tests
- Preventive services
- Case presentation and treatment planning

Basic care
Basic care services are reimbursed at 70% for the first calendar year, at 75% for the second calendar year, and at 80% thereafter.

- Removal of erupted teeth (uncomplicated surgery)
- Restorative services
- Endodontics
- Periodontics
- Denture services
- Surgical services
- Adjunctive services

Major restorative services
Major restorative services are reimbursed at 50% and not before the third year this benefit is in effect. Major restorative services are reimbursed up to a maximum of $500 per calendar year. This maximum limit is within, and not in addition of, the maximum overall reimbursement.

- Extensive restorative procedures
- Prosthodontic services removable
- Prosthodontic services fixed bridge

All of the eligible services listed above are subject to the maximums specified in the insurance contract.
Individual insurance quotation

Maximum overall reimbursement (per Insured)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>First calendar year*</td>
<td>$750</td>
</tr>
<tr>
<td>Second year</td>
<td>$1 000</td>
</tr>
<tr>
<td>Subsequent calendar years</td>
<td>$1 250</td>
</tr>
</tbody>
</table>

* For any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated for the number of complete months between the effective date of the benefit and December 31 of the same calendar year.
Individual insurance quotation

**Assistance Program**

A unique program of services and benefits for your well-being!

From now on, you can have a quick access to a variety of consulting services, assistance in your home and exclusive offers to help you take control of your health.

**Consulting services**

**Health assistance**
- Health advice by a registered nurse

**Legal assistance**
- Unlimited free telephone consultations for legal advice, and 30-minute free in-office consultation with a lawyer.

**Support and services**

After hospitalization of two days or more, or after childbirth
- A housekeeper (light housework)
- Medication home delivery service
- Health monitoring system
- Transportation of a parent or friend to help take care of the Insured
- Tutoring service
- Home nursing care following childbirth

**Information and prevention**

Health prevention for a better quality of life
- Easy-to-read health fact sheets
- Prevention program

**Blue Advantage**

Blue Advantage is a value-added program that offers savings to Blue Cross members on:

- Medical care
- Vision care
- Several other products and services

from participating providers across Canada!