

**THIS IS A HIGHLIGHT OF THE TERMS AND CONDITIONS OF THE PLAN.
ALL RIGHTS AND OBLIGATIONS ARE DETERMINED IN ACCORDANCE WITH THE MASTER POLICY.**

**POLICY # 1PO85
ALBERTA COUNCIL OF TURNAROUND INDUSTRY MAINTENANCE STAKEHOLDERS**

Who is Insured Person?

An active full-time employee of the Policyholder, under the age of 65, whose place of permanent posting is in Canada but is without a permanent resident status in Canada and who is ineligible under both a Canadian federal and or provincial health and hospitalization insurance plan and the Policyholder's other group hospital and medical insurance plans solely by reason of the non-permanent resident status.

When Does Coverage Apply?

"Injury" means bodily Injury caused by an Accident, provided such Injury is sustained and for which expenses are incurred in Canada. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim and for which expenses are incurred in Canada.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim and for which expenses are incurred in Canada.

What Are The Benefits?

When by reason of an Injury, Sickness or Disease an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services and supplies received by the Insured Person in accordance with the following:

- 1) Hospital charges including those for room and board, up to and including the semi-private accommodation level;
- 2) Hospital charges for out-patient services when medically required;
- 3) Expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of \$10,000 per Accident, Sickness or Disease;
- 4) Charges for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of 90 day supply;
- 5) Expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured person's Residence and is not an Immediate Family Member, subject to a maximum of \$1,000 per calendar year;
- 6) Expenses for a licensed group ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$1,000 per Accident, Sickness or Disease;
- 7) Expenses incurred for the following:
 - a) blood plasma, whole blood or oxygen, including the administration thereof;
 - b) x-rays and laboratory examinations which are required for diagnostic purposes;
 - c) artificial limbs, eyes or other prosthetic appliances, subject to a maximum of \$2,000 per calendar year;
 - d) rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints) or orthopaedic shoes if part of a brace (limited to \$100 per pair and to a maximum of one pair per Insured Person per calendar year including any fee charged by a Physician for designing, constructing, fitting or applying such device, subject to a maximum of \$2,000 for all expenses per calendar year;
 - e) rental of a wheelchair, an iron lung or other durable medical equipment for temporary therapeutic treatment, subject to a maximum of \$5,000 per Accident, Sickness or Disease;
- 8) Expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
- 9) Expenses for the services of a licensed anaesthetist when recommended by a Physician;
- 10) Expenses for a chiropractor, osteopath, chiropodist or podiatrist, licensed masseur, speech therapist or licensed psychologist to a maximum of \$300 per speciality per calendar year. Expenses for diagnostic x-rays and laboratory tests will be allowed as expenses under these services to a maximum of 1x-ray per practitioner for each Insured Person in any one calendar year;

Additional Benefits are Available for:

Evacuation Benefit Maximum \$50,000

Repatriation Benefit Maximum \$10,000

Family Transportation and Accommodation Benefit Maximum \$5,000

There are Exclusions and Limitations to the above coverage. Complete details are held by the Policyholder, Alberta Council of Turnaround Industry Maintenance Stakeholders.

In the event of a claim, the Insurer should be contacted immediately and the services of the travel assistance provider, AXA Assistance, be utilized to coordinate and organize the claim process.