

- SCHEDULE OF BENEFITS

For employees of Institute of Chartered Accountants – Policy #91504

Effective Date: May 1, 2018

| Description of Benefits | BENEFITS |
|---|------------------------------------|
| | PLAN PAYS |
| PRESCRIPTION DRUGS (ONLY) | 80% of Cost |
| Credit Limit | \$16,000 |
| Office Visits | \$2,000 |
| No. of Limitations | Unlimited |
| Home Visits (emergency only) | \$2,000 |
| No. of Limitations | Unlimited |
| Routine Physical (emp. & covered spouse) | \$2,000 |
| No. of Limitations | 1 visit every 2 years |
| Specialist Consultation – on referral | \$2,500 |
| No. of Limitations | Unlimited |
| Specialist Consultation – without referral | \$2,000 |
| No. of Limitations | Unlimited |
| Direct Access Paediatrician (up to age 12 yrs.) | \$2,500 |
| No. of Limitations | Unlimited |
| Direct Access Gynaecologist | \$2,500 |
| No. of Limitations | Unlimited |
| Ophthalmologist Visits | \$2,500 |
| No. of Limitations | 1 visit per year |
| Dietician, Podiatrist, Chiropractor | \$2,500 |
| Referral/Reimbursement | |
| No. of Limitations | 2 visits per disability |
| Laboratory & X-ray Services (Includes X-ray, ECG/EKG, laboratory services, Pap Smears, Ultrasounds) | 80% of Cost |
| Diagnostic Services - Cat Scans, MRI | 80% of Cost |
| SURGERY BENEFITS (Pre-authorization required) | Subject to R&C Schedule |
| Maximum Surgeon's Fee | 80% of R&C |
| Maximum Assistant Surgeon's Fee | 33% of Surgeon's Limit |
| Maximum Anaesthetist Fee | 40% of Surgeon's Limit |
| Root Canal Surgery | 80% of R&C |
| Permanent Crown (as a result of root canal) | 80% of R&C |
| No. of Limitations | 2 per year |
| HOSPITALISATION SERVICES | |
| Daily Room & Board (semi-pvt.rates) | 80% of R&C |
| No. of Limitations | Unlimited |
| Public Hospital Ward (per day) | 100% of cost, Max. \$1,000 |
| In-Hospital Misc. Charges | 80% of Cost |
| Out Patient Misc. Charges | 80% of Cost |
| Doctor's In -Hospital Visit | 80% of Cost |
| Intensive Care | 80% of R&C |
| Private Nursing (per 8 hrs. shift) (requires pre-authorization) | 80% of R&C |
| Local Ground Ambulance (per trip) | 80% of R&C |
| MATERNITY | |
| Normal Childbirth | \$60,000 |
| Caesarian Section | \$90,000 |
| Miscarriage | \$35,000 |

Date: May 11, 2018



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| Description of Benefits cont'd. | BENEFITS |
|--|--|
| OTHER BENEFITS COVERED | |
| Psychiatry | 1 st 3 visits - \$2,500 Next 17 visits - \$2,000 |
| Renal Dialysis / Chemotherapy / Radiotherapy | 80% of cost |
| Hearing Aid (payable every 3 years) | 80% of R&C max. \$48,000 (\$24,000 per ear) |
| Physiotherapy (per session) | \$1,500 |
| No. of Limitations | Unlimited |
| Occupational Therapy | \$1,500 |
| No. of Limitations | 10 session per annum |
| Speech Therapy(per session) Excludes congenital disorder, congenital disease or birth defect, existing at or before birth regardless of cause. | \$1,500 |
| No. of Limitations | Unlimited |
| PREVENTIVE CARE | |
| Inoculations - up to age 12 yrs. | 80% of Cost |
| HPV Vaccine (Human Papillomavirus) Age 12 to 26 - Reimbursement only | 80% of Cost, max \$5,000 |
| Tubal Ligation/Vasectomy | 80% of R & C, max. \$10,000 |
| Overseas Services (Embedded benefit) Non Emergency Overseas- Reimbursable Emergency Overseas- Reimbursable | Member pays first US\$1,000, then plan pays 70% of remaining charges |
| Room and Board | US\$100.00 per day |
| LIFETIME MAXIMUM | |
| | \$5,500,000.00 |
| OVERSEAS EMERGENCY MEDICAL SERVICES | |
| Maximum benefit payable at 100% coverage | No |
| DENTAL & VISION BENEFITS (80:20) | |
| DENTAL (annual limit) | N/A |
| VISION (annual limit) | N/A |
| Combined Dental/Vision (annual limit) | \$11,000 |

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