

Who is Eligible?



All permanent employees under the age of 65 working a minimum average of 15 hours per week (averaged over last three months worked) are eligible for coverage. There is no enrollment medical underwriting required.

For family coverage: a spouse or common-law spouse (minimum one-year cohabitation) under the age of 65 is covered. Dependent children under age 21 (or age 25 if full-time students) are covered.

Benefits



Life Insurance

Coverage A & B: the insurer will pay a sum of money to the employee's estate upon the insured employee's death. Spouse and child death benefits are paid to the employee:

- Employee Benefit Amount: \$15,000
- Spouse Benefit Amount: \$10,000
- Each Child Benefit Amount: \$5,000
- Additional Final Expense Benefit Amount: \$1,000

No pre-existing exclusion applies if five or more employees in a group are enrolled. If less than five employees are enrolled, then a six-month pre-existing exclusion applies (details follow).



AD&D Insurance

Coverage C: provides benefits for certain injuries caused by an accident. It pays a percentage of the Benefit Amount to the employee based on specific dismemberment (which can include loss of limb, sight, etc.), or pays the Benefit Amount to the employee's estate in the case of an accidental death.

- Employee Benefit Amount: \$60,000

Includes extra benefits for:

Lump Sum Permanent Total Disability, Cosmetic Disfigurement, Hospital Indemnity, Child Education, Child Day-Care, Seat Belt Bonus, Spouse Occupational Training, Employee Rehabilitation, Home/Vehicle Alteration, Workplace Modification, Repatriation (return of body), Identification (identify body), and Family Transportation.

No pre-existing exclusion.

Other exclusions apply.

Benefits *Continued*

Critical Illness Insurance

Coverage D: provides financial assistance and support to persons diagnosed with critical illness. The plan provides a lump sum payment upon the diagnosis and survival of the survival period (30 days from date of diagnosis) of covered critical illnesses.

- Employee Benefit Amount: \$15,000

Covered Critical Illness conditions include: Alzheimer's Disease, Aortic Surgery, Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumour, Blindness, Cancer, Coma, Coronary Artery Bypass Surgery, Deafness, Heart Attack, Heart Valve Replacement, Kidney Failure, Loss of Independent Existence, Loss of Limbs, Loss of Speech, Major Organ Failure on wait list, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV, Paralysis, Parkinson's Disease, Severe Burns, Stroke.

Two-year pre-existing exclusion applies.

Other exclusions apply.



Emergency Travel Medical Insurance

Coverage E: helps protect you from unexpected costs due to medical emergencies while travelling outside of Canada or your province of residence.

- \$1,000,000 lifetime maximum
- 60 day per trip coverage
- No deductible
- Travel assistance service included

Includes:

- Ambulance
- Return of Vehicle
- Meal and accommodation to a max of \$1,500 (\$150 per day, 10 days)
- Family transportation (accommodation max \$750)
- Repatriation (return of a body)
- Dental injury to a max of \$2,000
- Hotel convalescence to a max of \$1,000

No pre-existing exclusion applies if five or more employees in a group are enrolled. If less than five employees are enrolled, then a six-month pre-existing exclusion applies (details follow).

Benefits *Continued*

Excess Medical Insurance

Coverage F: provides reimbursement of a reasonable and necessary charges for services or supplies received in Canada due to an injury or sickness within 104 weeks following the date of the calendar year deductible (\$2,500) is satisfied for such eligible expenses.

Covered Expenses Include:

- Semi-private hospital room differential, to a max of \$25,000/calendar year
- Nursing Care, to a max of \$25,000/calendar year
- Prescription drugs, to a max of \$25,000/calendar year
- Ambulance, to a max of \$25,000/calendar year
- Paramedical services, to a max of \$25,000/calendar year
- Durable Equipment, to a max of \$25,000/calendar year
- Dental Injury, to a max of \$25,000/calendar year
- \$50,000 lifetime maximum (for each expense category) over a maximum of 104 weeks per injury or sickness.

All Expenses:

- \$125,000 maximum - total of all expenses per calendar year, per injury or sickness
- \$250,000 lifetime maximum per injury or sickness, all expenses
- \$2,500 deductible per calendar year per injury or sickness, all expenses
- No pre-existing exclusion applies if five or more employees in a group are enrolled. If less than five employees are enrolled, then a six-month pre-existing exclusion applies (details follow)

Pre-Existing Exclusion Details



Pre-Existing Condition Determination Clause

A pre-existing exclusion applies to:

- Life Insurance, Travel Emergency Medical, and Excess medical: when less than five employees are enrolled.
- Critical Illness: all sizes of employers.
- AD&D: no pre-existing exclusion applies.

The pre-existing condition exclusion is removed (i.e. coverage is active) for Life, CI, and Excess Medical after 24 months of being on the myHSA Group Insurance Plan. The pre-existing condition exclusion for Emergency Travel Medical coverage continues for the life of the coverage.



Life Insurance and Critical Illness Pre-existing Exclusion

No Life Insurance or Critical Illness benefit is payable if, 24 months immediately prior to an Insured person's effective date, he or she was attended to or received medical treatment, consultation, care, or services by a physician, including diagnostic measure for any symptom or medical problem that leads to his or her death, or diagnosis of or treatment for a Critical Illness condition.



Emergency Travel Medical Pre-existing Exclusion

Travel Emergency Medical does not cover loss (fatal or non-fatal) or expenses caused by, or resulting from, any condition for which the insured person received medical advice, consultation, or treatment within six months prior to the commencement of a trip, with the exception of a chronic condition that is under treatment and stabilized by the regular use of prescribed medication.

"Chronic Condition" means a disease or disorder that has existed for a minimum of six months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of six months.



Excess Medical Pre-existing Exclusion

Benefits are not payable as a result of any pre-existing condition unless Excess Medical costs commence after the Insured Person has been continuously insured for 24 months after the Effective Date of Individual Insurance, or date of last Reinstatement.

"Pre-existing Condition" means any Injury, Illness, nervous disorder, symptom, or other condition for which medical advice, consultation, investigation, diagnosis, or treatment (including medication), was required or recommended by a Physician, or for which a reasonable person would have sought treatment or advice, during the 24 Month period prior to the Effective Date of Individual Insurance.

Note: This outline is an overview of the group insurance portion of the myHSA Catastrophic Medical Policy MYH1001. Limitations and maximums apply to each area of coverage and are detailed in the policy wording.

Monthly Cost:

\$27 Single and \$35 family (plus admin fee and applicable taxes) per month.

Advisors



Advisors can contact support@getmyhsa.com or click to chat on the site for any questions regarding the policy. Full copies of the policies are available online under Resources

Employees & Policy Holders



- Employees can view their full policy, emergency claim numbers/details and a printable travel card on their employee dashboard under the “Insurance” icon
- Employees can call 1-800-936-6226 toll-free for 24-hour emergency medical assistance while travelling (Canada & USA), 0-519-742-3556 collect in other countries
- Prior to travelling, employees can email support@getmyhsa.com to confirm their coverage and confirm any questions

Adding myHSA Basic to a Company



You can add myHSA basic coverage to a new company from your Advisor profile:

- Go to “Clients” tab
- Click “Add a client” in the top right corner
- Fill in Steps 1-3 with company details, plan and plan administrator info
- In step 4 drag and drop myHSA basic to the benefits bucket
- Coverage effective date will be set in step 2 of adding employees

You can add myHSA basic coverage to an existing company from your Advisor profile:

- Go to “Clients” tab
- Click “Edit” next to applicable client
- In step 4 drag and drop myHSA basic to the benefits bucket
- Coverage will be effective immediately for all active employees tied to the company