Vision Health

Your Vision Care coverage and more!

(Optional enrollment for employees and their dependents)

Details of your 4 included coverages

1. VISION CARE

REIMBURSEMENT

Maximum per insured person

$400 per 24 months

- Glasses[1]
- Contact lenses[1]

[1] Upon submission of an ophthalmologist's or optometrist's prescription.

Reimbursement of expenses

100%

2. EXTENDED VISION CARE

REIMBURSEMENT

Maximum per insured person

$500 per 48 months

Vision care and treatment

- Eye examinations performed by a healthcare professional (optometrist or ophthalmologist)
- Laser treatments (LASIK, PRK, etc.)
- Intraocular injections (ARMD, diabetic retinopathy)
- Eye surgery (cataracts, glaucoma, retina)

Low vision aids

- Optical magnifier
- Visual assistive technology aid

You can obtain details of the coverages listed above, as well as the applicable exclusions, by referring to your administrator or by visiting: **sagedecision.com/visionhealth**

1 877 622-8550

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3. FRACTURE INSURANCE

Receive up to $1,500 in the event of a fracture resulting from an accident

Eligibility

Offered to the primary insured only. Dependents are not eligible for this coverage.

Type of fracture	Benefit
Skull	$1.500
Spine	$1.500
Pelvis	$1.500
Femur	$1.500
Hip	$1.500
Rib	$450
Sternum	$450
Larynx	$450
Trachea	$450
Scapula	$450
Humerus	$450
Patella	$450
Tibia	$450
Fibula	$450
Any other bone	$225

4. CANCER INSURANCE*

Amount of protection

$7.500

Eligibility

Available to the primary insured only. Dependents are not eligible for this coverage.

Medical history

No critical illness benefit is payable when a critical illness covered under the contract results directly or indirectly from a pre-existing condition, and this critical illness is diagnosed with the insured person during the twenty-four month period following the start date of this coverage or the date of its last reinstatement.

A pre-existing condition is an illness or condition whose symptoms manifested themselves during the twenty-four (24) month period preceding the start date of coverage or the reinstatement date and for which:

- The insured person has been diagnosed, treated, hospitalized or monitored by a physician or any other healthcare professional;
- The insured person has been advised to undergo treatment or consult a physician or healthcare professional;
- A prudent and reasonable person would have sought treatment or consulted a physician or other healthcare professional;
- The insured person has received a prescription, has shown signs or symptoms, or has undergone tests or exams.

* Potentially fatal cancer

Participation duration

Minimum before the right of withdrawal: 2 years

Minimum duration before re-enrollment after being insured under this product and then canceling the coverage: 3 years

Termination age: 65 of the primary insured

Changes in coverage for dependents are allowed for the following life events:

- Marriage, union, separation or divorce
- After 12 months of common-law partnership
- Birth or adoption of a dependent child
- Death of a spouse

Pricing

	Individual	Single parent	Couple	Family
Cost per week Taxes included	$5.65	$6.74	$11.09	$12.18

* Rates are subject to change without notice upon renewal of the group insurance plan.

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Membership form
Vision Health

Employer's name: _____ Primary insurer's policy number: _____

Employee information

Full name: _____

Gender Female ◯ Male ◯ Date of birth: _____ (MM/DD/YYYY)

Language English ◯ French ◯

Choice of protection

Individual ◯ Single parent* ◯ Couple* ◯ Family* ◯

* Please complete this section if you have chosen family, couple or single-parent coverage.

Dependent(s) Spouse and child(ren) eligible under the terms of the contract

Link	Last name	First name	Gender (F/M)	Date of birth (MM/DD/YYYY)	Full-time student	Disabled
Spouse						
Child					◯	◯
Child					◯	◯
Child					◯	◯
Child					◯	◯
Child					◯	◯

_____ _____

Employee signature Date (MM/DD/YYYY)

_____ _____

Administrator signature Date (MM/DD/YYYY)

Give this enrolment form to your plan administrator so that they can email it to SAGE: **service@sagedecision.com**.

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