

| Coverage | Basic | Comprehensive | Premium | Sublimit | Waiting period |
|---|-------------------------|---------------------|-------------------|-----------------------------|--------------------|
| Aggregate Limit | \$10,000 | \$12,000 | \$15,000 | | |
| Accidental injury | | | | | |
| Allergic reaction to an insect bite other than tick or flea | / | ~ | <u> </u> | Benefit Limit | 21 days |
| Anaphylactic Shock Bite wound or fight would abscesses | <u> </u> | <u> </u> | <u> </u> | Benefit Limit Benefit Limit | Nil days |
| Bone fracture | <u> </u> | · · | <u> </u> | Benefit Limit | 21 days 21 days |
| Burn or Electrocution | · · | · | ~ | Benefit Limit | Nil days |
| Embedded grass seed | ~ | <u> </u> | <u> </u> | Benefit Limit | 21 days |
| Gastric dilation-volvulus | ~ | ~ | ~ | Benefit Limit | 21 days |
| Heat Stroke | ✓ | ✓ | ~ | Benefit Limit | 21 days |
| Ingestion of a Foreign Object | ✓ 1PPPPP~ | ✓ 1PPPPP~ | ✓ 1PPPPP~ | Benefit Limit | 21 days |
| Ingestion of a poisonous substance resulting in toxicity treatment | ✓ | ~ | ~ | Benefit Limit | 21 days |
| Lacerations or abrasion of tissue, skin or mucous membrane due to extreme violence | ~ | ~ | <u> </u> | Benefit Limit | 21 days |
| Motor Vehicle Accident | ~ | ~ | <u> </u> | Benefit Limit | Nil days |
| Snake Bite toxicity Tiel Paralysis | ✓ ✓ | ✓ \$2,500 | √ . / ¢2.500 | Benefit Limit Sublimit | Nil days |
| Tick Paralysis Torn nail | ✓ \$2,500 | → \$2,500 | ✓ \$2,500 | Benefit Limit | 21 days 21 days |
| Traumatic ligament or tendon injury other than cruciate ligament condition | <u> </u> | · · | | Benefit Limit | 21 days |
| Unspecified Accident | ~ | ~ | <u> </u> | Benefit Limit | 21 days |
| | , | , | | | |
| Illness | | | | | |
| Cancer | / | V | V | Benefit Limit | 21 days |
| Cruciate Ligament Condition | > \$3,000 | > \$3,000 | ✓ \$3,500 | Sublimit | 6 months |
| Joint Dysplasia | <u> </u> | <u> </u> | ✓ | Benefit Limit | 21 days |
| Joint Luxation Adrenal Conditions | × | <u> </u> | <u> </u> | Benefit Limit Benefit Limit | 21 days 21 days |
| Arthritis | × | · · | <u> </u> | Benefit Limit | 21 days |
| Cherry Eye | × | · | <u> </u> | Benefit Limit | 21 days |
| Diabetes | × | <u> </u> | <u> </u> | Benefit Limit | 21 days |
| Ear Conditions | × | ~ | ~ | Benefit Limit | 21 days |
| Entropion or Ectropion | × | ~ | ~ | Benefit Limit | 21 days |
| Epilepsy | × | ~ | ~ | Benefit Limit | 21 days |
| Eye Conditions - Other | × | ✓ | ✓ | Benefit Limit | 21 days |
| Gastro Intestinal Conditions | × | ~ | ~ | Benefit Limit | 21 days |
| Heart Conditions | X | ~ | <u> </u> | Benefit Limit | 21 days |
| Intervertebral Disc Disease (IVDD) | × | ~ | ~ | Benefit Limit | 21 days |
| Lumps, Growths & Cyst Removal | × | ~ | <u> </u> | Benefit Limit | 21 days |
| Non-Diabetic Cataract | × | <u> </u> | ✓ | Benefit Limit | 21 days |
| Preventable Conditions Coverage Extension Skin Conditions | × | · · | <u> </u> | Benefit Limit Benefit Limit | 21 days 21 days |
| Anal Gland Rupture | × | × | <u> </u> | Benefit Limit | 21 days |
| Brachycephalic Obstructive Airway Syndrome (BOAS) | × | X | <u> </u> | Benefit Limit | 21 days |
| Feline Immunodeficiency Virus (FIV) | × | × | <u> </u> | Benefit Limit | 21 days |
| Hernia | × | × | ~ | Benefit Limit | 21 days |
| Immune mediated Blood Disease | × | × | ~ | Benefit Limit | 21 days |
| Osteochondritis Dissecans (OCD) | × | × | ~ | Benefit Limit | 21 days |
| Pancreatitis | × | × | ~ | Benefit Limit | 21 days |
| Pneumonia | × | X | ~ | Benefit Limit | 21 days |
| Thromboembolic Disease | X | X | <u> </u> | Benefit Limit | 21 days |
| Triaditis | × | × | ~ | Benefit Limit | 21 days |
| Urinary Tract Infections, Disease and Obstructions | × | × | | Benefit Limit | 21 days |
| Vestibular Disease Unspecified Extended Illness | × | X | <u> </u> | Benefit Limit Benefit Limit | 21 days 21 days |
| Essential Euthanasia | ✓ \$500 | ✓ \$500 | ✓ \$500 | Sublimit | Nil |
| | * \$555 | * \$550 | * \$550 | | |
| *Routine Care (optional benfit for Comprehensive & Premium) | | Routine Care Lite | Routine Care Plus | Sublimit | Waiting Period |
| Routine Care Total Benefit Limit | | ✓ \$150 | ✓ \$250 | Up to \$250 | Nil |
| Consultation | | ✓\$80 | ✓ \$80 | \$80 | Nil |
| Vaccinations | | ✓\$80 | ✓\$80 | \$80 | Nil |
| Dental Check Up | | × | ✓ \$80 | \$80 | Nil |
| Complementary/Alternative Therapy | | × | ✓\$80 | \$80 | Nil |
| Behavioural | | × | ✓\$80 | \$80 | Nil |
| *Dental (optional benfit) | Basic | Comprehensive | Premium | Sublimit | Waiting Period |
| Dental Accident and Illness Benefit | X | × | ✓ \$800 | Sublimit | 6 months |
| | | | ¥ 4000 | Jaz | 3 |
| Excess | | | | | |
| Basic Excess | \$200 | \$200 | \$200 | | |
| Routine Care Excess | × | Nil | Nil | | |
| Dental Excess | × | × | \$200 | | |
| Note: Either of the Routine Care Lite and Routine Care Plus options can be chosen with ti | he Comprehensive or Pre | emium products. | | | |

^{*100%} Benefit Level applicable to Routine Care and Dental benefits. ~1 per pet per policy period.