

## How Much Does An Injury Cost?

To make an informed choice about your auto insurance policy, you need to know what injuries resulting from car accidents can cost.

### Health Care Professional Rates & Fees | A Guideline

Health Care Profession or Provider	Maximum Hourly Rate <i>except catastrophic impairments</i>	Maximum Hourly Rate <i>catastrophic impairments*</i>
Chiropractors	\$112.81	\$135.36
Massage Therapists	\$58.19	\$89.07
Occupational Therapists	\$99.75	\$119.92
Physiotherapists	\$99.75	\$119.92
Podiatrists	\$99.75	\$119.92
Psychologists and Psychological Associates	\$149.61	\$179.29
Speech Language Pathologists	\$112.22	\$134.17
Registered Nurses, Registered Practical Nurses and Nurse Practitioners	\$91.43	\$109.24
Kinesiologists	\$58.19	\$89.07
<i>Unregulated Providers</i>		
Case Managers	\$58.19	\$89.07
Family Counsellors	\$58.19	\$89.07
Psychometrists	\$58.19	\$89.07
Rehabilitation Counsellors	\$58.19	\$89.07
Vocational Counsellors	\$58.19	\$89.07

\*This rate applies to all services rendered on or after September 6, 2014 to an insured person whose impairment is determined to be a catastrophic impairment as defined in the SABS whether such services are rendered before or after such determination is made.

Form	Maximum Payable for Completion of Form
Disability Certificate (OCF-3)	\$200.00
Treatment and Assessment Plan (OCF-18)	\$200.00
Automobile Insurance Standard Invoice (OCF-21)	\$0.00

Source: FSCO Professional Services Guideline No. 0314  
<https://www.fSCO.gov.on.ca/en/auto/autobulletins/2014/Documents/a-08-14-1.pdf>

No Injury	Minor Injury
<p><b>Probability: 46%</b></p> <p>By far the most common type of accident in Ontario is your typical "fender bender" whereby no injuries are sustained.</p> <p><b>Examples of Costs:</b></p> <ul style="list-style-type: none"> <li>• Repairs to your car</li> <li>• Rental car (look for "loss of use" coverage)</li> <li>• Contents from your car</li> </ul>	<p><b>Probability: 28%</b></p> <p>Examples of a minor injury include sprains or whiplash. When injuries are deemed minor, medical and rehabilitation benefits are limited to \$3,500 regardless of the level of coverage.</p> <p><b>Examples of Costs:</b></p> <ul style="list-style-type: none"> <li>• Ambulance Fees (\$45 - \$200)</li> <li>• Short-term physiotherapy (\$2,200 - \$3,500) and could include physiotherapy, acupuncture or chiropractor</li> <li>• Doctor's fees not covered by OHIP (\$82-\$200)</li> </ul>
Serious Injury	Catastrophic Injury
<p><b>Probability: 22%</b></p> <p>Examples include broken bones or severe sprains. These types of injuries could disrupt your life and require a longer period of recovery.</p> <p><b>Examples of Costs:</b></p> <ul style="list-style-type: none"> <li>• Medical assessments (\$2,000)</li> <li>• Examinations (\$1,500 average)</li> <li>• Physiotherapy costs (\$3,000 - \$4,500 every 60 days)</li> <li>• Drug prescriptions (\$25 - \$100 per month)</li> <li>• Mobility devices (thousands of dollars and need to be replaced and repaired)</li> <li>• Care for your dependants (children or elderly parents, for example)</li> <li>• Training for your career (example: vocational specialist or occupational therapist)</li> </ul>	<p><b>Probability: Less than 5%</b></p> <p>Examples: loss of a limb, paraplegia. Catastrophic injuries result in increased benefits. This is the most serious and unfortunate type of injury, resulting in long term or permanent disability. Although rare, the potentially overwhelming costs of this type of injury is why most of us buy insurance in the first place. The costs of helping you reintegrate back into society after this type of injury are much larger in scale and may be ongoing for the remainder of your life.</p> <p><b>Examples of Costs:</b></p> <ul style="list-style-type: none"> <li>• The costs outlined under "serious injury" continue over the course of a lifetime</li> <li>• 24/7 attendant care (\$6000 per month)</li> <li>• Modifications to your home could be required</li> </ul>

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# TYPES OF COVERAGE

If you own a vehicle in Ontario, you're required by law to purchase coverage in case an accident occurs. At a minimum you must carry third-party liability, **accident benefits**, direct compensation property damage and uninsured automobile. You have the option to increase limits and purchase additional **accident benefit coverage** to protect your lifestyle.

## THIRD PARTY LIABILITY

Protects you when someone is injured or killed, or property is damaged. Pays defense costs to settle claims from any lawsuits against you, up to the set limit. Legally in Ontario you must carry at least \$200,000 in liability.

## ACCIDENT BENEFITS

If you've been injured in an accident, regardless of who caused it, accident benefits cover expenses not covered by OHIP like rehabilitation, caregiving and loss of income. See chart for changes/options.

## DIRECT COMPENSATION PROPERTY DAMAGE

If someone else is at fault for an accident, direct compensation covers damage to your vehicle, its contents and equipment (stereo, speakers) including loss of use and contents.

## UNINSURED AUTOMOBILE

Protects you and your family if you're injured or killed by a hit-and-run driver or an uninsured motorist; covers damage to your vehicle caused by identified, uninsured drivers.

ACCIDENT BENEFITS COVERAGE		COVERAGE		OPTIONS	
<b>Medical, Rehabilitation and Attendant Care Benefit<sup>1</sup></b>	<p><b>Medical + Rehabilitation:</b> Reimbursement for reasonable, necessary medical and rehabilitation expenses like physiotherapy not covered by OHIP or Group Insurance Plans.</p> <p><b>Attendant Care:</b> Reimbursement for an attendant to look after you either at home or within a healthcare facility.</p> <p><b>Non-Catastrophic Injuries:</b> Minor Injuries (sprains, whiplash) + Serious Injuries (broken bones).</p> <p><b>Catastrophic Injuries:</b> Loss of a limb, para/quadruplegia.</p>	<p>\$65,000 total for Medical, Rehabilitation and Attendant Care <i>(for Non-Catastrophic Injuries)</i></p> <p>\$1,000,000 total for Medical, Rehabilitation and Attendant Care <i>(for Catastrophic Injuries)</i></p>	<p>Increase Non-Catastrophic benefit to \$130,000 total</p> <p>Add an additional \$1,000,000 for a total of \$2,000,000 for Catastrophic Injuries</p> <p>Increase combined all injury benefit to \$1,000,000 and combined Catastrophic benefit total to \$2,000,000<sup>2</sup></p>		
<b>Caregiver Benefit</b>	Reimbursement to hire someone to care for your dependents.	Up to \$250/week for first dependent, \$50/week for additional dependents <i>(Catastrophic Injuries only)</i>	Extend benefit to cover all injuries <i>(not just Catastrophic)</i>		
<b>Housekeeping and Home Maintenance Expenses</b>	Reimbursement for someone to carry out your household responsibilities.	Up to \$100/week <i>(Catastrophic Injuries only)</i>	Extend benefit to cover all injuries <i>(not just Catastrophic)</i>		
<b>Income Replacement Benefit</b>	A weekly income up to \$400; begins one week after the accident occurs.	70% of gross income up to \$400/week	Increase to \$600, \$800 or \$1,000/week		
<b>Dependent Care Benefit</b>	Reimbursement for additional expenses to care for your dependents if you're employed and injured from a car accident.	Not Provided	Purchase up to \$75/week for first dependent and \$25/week for additional dependents (max \$150/week)		
<b>Death and Funeral Benefit</b>	A lump sum payout to your spouse and dependent(s); a second lump sum payout to cover the cost of funeral expenses.	\$25,000 to spouse; \$10,000 to each dependent Up to \$6,000 for Funeral	Increase to \$50,000 for spouse; \$20,000 for each dependent Increase to \$8,000 for funeral		
<b>Indexation Benefit</b>	Adjustment of benefits to account for changes in inflation.	Not Provided	Adjust annually according to the Consumer Price Index of Canada		
<b>Tort Deductible</b>	The amount deducted for court awarded compensation for pain and suffering.	\$37,983.33 deductible (Jan. 1 - Dec. 31, 2018)	Reduce deductible by \$10,000 regardless of annual indexation		

<sup>1</sup> Medical, Rehabilitation and Attendant Care Benefits for minor injuries are fixed at a max limit of \$3,500.

<sup>2</sup> If you purchase both the additional Medical, Rehabilitation and Attendant Care benefit for catastrophic injuries and for all injuries, the total eligible benefit amount for a catastrophic impairment would be \$3,000,000.



## Optional Accident Benefits Confirmation Form

\* Please choose an option for each of the 7 coverages below. If you wish to choose additional coverage please contact our office immediately for correct pricing.

**Increased Medical, Rehabilitation and Attendant Care** – The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses for non-catastrophic injuries. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You can purchase optional medical, rehabilitation and attendant care benefits for non-catastrophic injuries of \$130,000. You can purchase optional benefits for catastrophic injuries to \$2,000,000 or increase medical, rehabilitation and attendant care benefits to \$1,000,000 for non-catastrophic injuries and \$2,000,000 for catastrophic injuries.

- Requested Standard Medical, Rehabilitation and Attendant Care (no options purchased)
- Option A: Increase coverage for non-catastrophic injuries to \$130,000
- Option B: Add "all injury" benefit at \$1,000,000 for non-catastrophic injuries (\$2,000,000 for catastrophic injuries)
- Option C: Increase catastrophic injury coverage by \$1,000,000 (a total of \$2,000,000)
- Option A + C
- Option B + C (total eligible benefit amount for catastrophic injuries at \$3,000,000)

**Caregiver, Housekeeping and Home Maintenance Expenses** – The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You can purchase an optional benefit to provide this coverage for all impairments.

- Requested Standard Caregiver, Housekeeping & Home Maintenance Coverage (catastrophic injury only)
- Requested extended benefit to cover serious + minor injuries

**Increased Income Replacement** – The standard level of income replacement provided in the policy, \$400/wk maximum, can be increased to \$600/wk, \$800/wk or \$1,000/wk

Requested Income Replacement Option      \$400 (standard)       \$600       \$800       \$1,000

	Is your income close to or greater than	Consider an IRB at this level
<b>What Income Replacement Benefit (IRB) is best for you?</b>	\$30,000/year?	\$600/week
	\$45,000/year?	\$800/week
	\$60,000/year?	\$1,000/week

**Dependant Care** – There is no standard dependant care benefit for persons who are employed and care for dependants. You can purchase an optional benefit to receive additional weekly dependant care expenses of \$75/wk for the first dependant and \$25/wk for each additional dependant, up to \$150/wk.

- Requested Dependant Care coverage

**Increased Death and Funeral** – The standard level of death benefits paid to the surviving spouse and dependant of a person who is killed - \$25,000 to surviving spouse, \$10,000 to surviving dependant can be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

- Requested Standard Death and Funeral Benefit
- Requested optional Death and Funeral Benefit \$50,000 to spouse/\$20,000 to each dependant/\$8,000 for funeral

**Indexation Benefit** – This optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

- Requested optional Indexation Benefit

**Tort Deductible – OPCF 48** – This endorsement will provide a buy down on the deductible currently imposed by the Insurance Act on any settlement you may be awarded for pain and suffering following an automobile accident.

- Requested to include reduced deductible option

I/we warrant that the broker has fully explained the automobile insurance coverage and options outlined above. I/we understand that my/our selections for these coverages will affect the potential amount I/we can receive toward settlement should I/we be injured in an automobile accident. I/we have read, understood and agree to the selections made to my/our coverage set out above and warrant that I/we have had a reasonable opportunity to consider the effect of these changes on my/our coverage. As such, I/we request that the broker obtains automobile insurance coverage on my/our behalf with the coverage limits and options selected above.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Your Best Insurance  
is an Insurance Broker