

# COLLEGE OF NEW CALEDONIA

## COVERAGE SUMMARY

### POLICY NO. 100012885

#### IMPORTANT NOTICE - PLEASE READ CAREFULLY

- A pre-existing exclusion may apply to medical conditions and/or symptoms that existed prior to your coming to Canada for study. Check to see how this applies in your policy and how it relates to your medical needs.
- In the event of an injury or sickness, your prior medical history may be reviewed when a claim is reported.
- Emergency Out of Province Hospital/Medical Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as coverage may be subject to certain limitations or exclusions.
- As the Emergency Out of Province Hospital/Medical Insurance provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy will limit benefits should you not contact the assistance company within a specified time period.
- **COVERAGE IS NOT APPLICABLE WHILE YOU ARE IN YOUR HOME COUNTRY.**

Insurance is provided to non-Canadian students, under age 65, who hold an International Student Visa and are registered in and attending classes at a recognized institution learning within Canada, and their accompanying spouse and dependent children insured under the policy, who do not qualify for any Canadian federal and/or provincial health and hospitalization insurance plan.

"Dependent Child" means any natural child, step-child, or legally adopted child of the participant, who is residing with the participant and is; (a) under 21 years of age, unmarried and is not engaged in gainful employment more than 25 hours per week at time of loss; or (b) 21 years of age but less than 26 years of age, unmarried, and is a full-time student in Canada, and who is not engaged in gainful employment more than 25 hours per week at time of loss; or (c) mentally or physically infirm, incapable of self-sustaining employment. This shall also include a child of the participant's spouse who lives with the participant in a parent-child relationship.

"Spouse" means a person who is under the age of 65 and; (a) to whom the student is legally married; or (b) to whom the student is married by a marriage that is voidable and has not been declared null and void; or (c) with whom the student has continuously cohabited and who has been publicly represented as the student's spouse for a minimum of 12 months immediately before a loss is incurred under the policy.

Only one individual will qualify as a spouse.

If the student is legally married but is also cohabiting with an individual as described under (b) or (c) above, the student may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the student is legally married.

Whenever a reference to the masculine gender appears it will also be construed to include the feminine gender.

#### A. INPATRIATE INSURANCE

**IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Company for approval three days in advance of the date of admission. Failure to submit such notification within the prescribed period of time will limit coverage to 70% of all expenses incurred, to an overall maximum of \$10,000.**

#### **COVERAGE**

Health Coverage during the period of time the student attends classes in Canada.

#### **MAXIMUM LIMIT OF INDEMNITY**

\$2,000,000 lifetime maximum.

#### **CLEFT LIP AND PALATE ASSISTANCE PROGRAM**

The Company will pay the expenses actually incurred for specialized dental treatment for covered dependent children with cleft lip and palate.

#### **FAMILY TRANSPORTATION BENEFIT (\$15,000)**

If injury or sickness results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by up to two immediate family members for:

- a) meals and hotel accommodation up to \$150 per day subject to a maximum of \$1,500;
- b) transportation by the most direct route to the confined insured.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per km travelled.

#### **GROUND AMBULANCE EXPENSE**

If an injury or sickness necessitates transportation to the nearest medical facility qualified to provide the necessary emergency services, the Company will pay the expense for ground ambulance, subject to a maximum of \$500 per injury or sickness.

#### **IDENTIFICATION BENEFIT (\$10,000)**

If injury or sickness results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by up to two immediate family members for:

- a) meals and hotel accommodation up to \$150 per day subject to a maximum of \$1,500;
- b) transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters.

If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per km travelled.

#### **MATERNITY EXPENSE INDEMNITY**

In the event of pregnancy or childbirth, the Company will reimburse expenses actually incurred for pregnancy, childbirth, miscarriage, complications and maternity, including pre-post natal costs, provided that the insured's coverage must be in force for the entire term of the pregnancy, or when the insured's coverage is in effect as of the inception date of the policy, subject to a lifetime maximum of \$25,000. Unless the insured's coverage is in effect as of the inception date of the policy, conception date of pregnancy must occur on or after the effective date of coverage.

#### **MEDICAL REIMBURSEMENT BENEFIT**

If injury or sickness, results in medical or surgical treatment, the Company will reimburse reasonable and necessary charges for services or supplies as provided under the Provincial Health Insurance Plan Schedule of Benefits in effect, in accordance with the following:

- (a) hospital charges, subject to 100% of the daily standard ward accommodation rate currently charged by the hospital. Drugs prescribed and administered while in hospital are included;
- If in-patient hospitalization is required for psychiatric treatment for suicide, attempted suicide, self-inflicted injuries, mental or emotional disorders (including but not limited to stress, anxiety, panic attacks, depression, eating disorders and weight problems) or other psychiatric treatment, benefits are payable up to a lifetime maximum of \$50,000;



Hospitalization for any condition related to the Human Immunodeficiency Virus (HIV) is not covered if the insured's positive HIV test was known by anyone prior to the effective date of insurance, otherwise, coverage is limited to a one-time hospitalization maximum of 72 hours;

- (b) hospital charges for out-patient services in the province of residence when medically necessary;
- (c) drugs, medicine and serums obtainable only upon a written prescription and dispensed by a pharmacist, physician, chemist, surgeon, physician's assistant or nurse practitioner, as a result of an emergency room or urgent care visit, to a maximum of a 30 days' supply per drug classification, per injury or sickness;
- (d) expenses of a private duty nurse, to a maximum of \$20,000 per injury or sickness;
- (e) expenses incurred for blood plasma and whole blood, including the administration thereof;
- (f) expenses incurred for x-rays and laboratory examinations which are required for diagnostic purposes;
- (g) expenses incurred for MRI scan, when recommended by a physician, up to a maximum of \$2,500 per policy year;
- (h) expenses for diabetic supplies (Insulin, needles, syringes, diagnostic testing materials, lancets), up to a maximum of \$200 per insured per policy year;
- (i) eye examination (including retinal imaging) by an optometrist or ophthalmologist, subject to one eye exam to a maximum of \$100 every 12 consecutive months.  
This benefit is eligible after 6 months of consecutive coverage.

- (j) treatment by a physician;
- (k) expenses for the services of a licensed anaesthetist;
- (l) expenses for specific dental procedures if performed in an operating room by a dental surgeon;
- (m) expenses for an annual health examination;
- (n) expenses for well-baby care for 6 months after the birth of an insured dependent child;
- (o) expenses for serums, vaccines, anti-toxins, injections for immunizing against disease or poisons and administration thereof, not to exceed \$150 per insured per policy year, which includes multiple injections of the same serum or vaccine if require to be administered in stages as covered by the provincial health insurance plan. Vaccines required for traveling are excluded.

#### **ONCOLOGY TREATMENT BENEFIT**

Charges for oncology treatments as an in-patient or out-patient are covered up to a lifetime maximum of \$50,000.

#### **REPATRIATION BENEFIT**

If injury or sickness results in the loss of life, the Company will pay the expenses actually incurred for the transportation of the body to the city of residence in the country of origin, including the preparation of the body for such transportation, up to a maximum of \$15,000, or up to \$5,000 for cremation or burial of the remains at the place of death. The cost of casket or urn is excluded. Benefits payable shall be limited to only one part of the policy if this benefit is contained in two or more parts of the policy.

#### **RETURN HOME BENEFIT**

If injury or sickness totally incapacitates an insured, the Company will pay the expenses actually incurred for returning the insured by the appropriate means of transportation to his city of residence in the country of origin, to a maximum of \$10,000.

#### **SELF-INFLICTED INJURIES AND ATTEMPTED SUICIDE**

Charges for the following, due to self-inflicted injuries or attempted suicide, will be payable subject to a lifetime maximum of \$200,000 per insured:

- (a) in-patient and out-patient hospital services (including emergency room charges);
- (b) psychiatry services;
- (c) nursing and home support (including assessment charges);
- (d) out-patient treatment programs which would be provided under the Provincial Health Insurance Plan.

#### **TRAVEL EXPENSE REIMBURSEMENT FOR PARENT(S) (\$10,000)**

The Company will pay the actual expenses incurred by the parent(s) of the student for transportation, board, lodging and extra travel expenses incurred while en route and/or during the stay in the city or town where the body of the student is located following an accidental death or unforeseen sickness.

Benefits under this part shall not be payable if the benefits under the "Identification Benefit" have been or will be paid to the parent(s) of the student.

#### **WHEN DOES THIS INPATRIATE INSURANCE NOT APPLY?**

- A. The plan does not cover loss, fatal or non-fatal, caused by or resulting from:
  - (a) declared or undeclared war or any act thereof;
  - (b) any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
  - (c) active full-time service in the armed forces of any country;
  - (d) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane, mental or emotional disorders (including but not limited to stress, anxiety, panic attacks, depression, eating disorders or weight problems) or psychiatric treatment, other than as provided;
  - (e) the commission or the attempt to commit a criminal act by the insured;
  - (f) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
  - (g) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
  - (h) drug related illness or disease as a result of drug addiction or excessive use of drugs;
  - (i) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
  - (j) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;

B. The policy does not cover any of the following supplies or services or costs thereof:

- (a) expenses eligible under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;
- (b) prescription drugs, other than as provided;
- (c) hospital visits solely for the administration of drugs;
- (d) medical examinations for the use of a third party, including immigration medical check-ups, experimental drugs, preventative medicines;
- (e) medical examinations specifically for: (i) an application for insurance (or continuance thereof), (ii) an application for a school, camp, association, club, group or program (admission to or continuance at), except if mandatory for co-op and/or internship programs, (iii) an application for employment (or continuance thereof), and (iv) legal requirements or proceedings;
- (f) group examinations, immunizations or inoculations, and examinations for screening, survey or research purposes;
- (g) cosmetic surgery, unless medically necessary as a result of an accident;
- (h) charges for any experimental medical treatments;
- (i) services for which no charge would ordinarily be made if there was no insurance coverage;
- (j) hearing aid;
- (k) acupuncture procedures;
- (l) contraceptive devices of any form;
- (m) treatments and consultations related to infertility;
- (n) any elective treatments or surgeries;
- (o) pre-natal classes;
- (p) laboratory or clinical pathology, other than as provided;
- (q) eye examinations, other than as provided;
- (r) expenses incurred for eyeglasses and contact lenses, or prescriptions therefor;
- (s) expenses incurred for dental treatment, nor the cost of replacement or repair of artificial teeth, dentures or dental appliances, other than as provided;
- (t) travelling time or mileage; and
- (u) court testimony, preparation of records, reports, certificates or communications.

#### **PRE-EXISTING CONDITIONS**

The policy will not pay for expenses resulting from any pre-existing condition for which an insured received medical treatment, consultation, advice or required use of medication within 120 days prior to the commencement of this insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication, and there has been no change in the medical condition for a minimum of 120 days.

**Grandfathering Clause:** Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

## **B. ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

### **COVERAGE**

Injury sustained during the period of time the student attends classes in Canada.

### **PRINCIPAL SUM**

Student	\$50,000
Spouse	\$10,000
Each Dependent Child	\$ 2,500

### **ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY**

The "loss" or "loss of use" must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

% of Principal Sum

Life .....	100%
Both Hands or Both Feet .....	100%
Entire Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and the Entire Sight of One Eye .....	100%
One Foot and the Entire Sight of One Eye .....	100%
Speech and Hearing in Both Ears .....	100%
One Arm or One Leg .....	75%
One Hand or One Foot .....	66 2/3%
Entire Sight of One Eye .....	66 2/3%
Speech or Hearing in both Ears .....	66 2/3%
Thumb and Index Finger of Either Hand .....	33 1/3%
Four Fingers of Either Hand .....	33 1/3%
Hearing in One Ear .....	33 1/3%
All Toes of One Foot .....	25%
Quadruplegia (total paralysis of all four limbs) .....	200%
Paraplegia (total paralysis of the lower limbs) .....	200%
Hemiplegia (total paralysis of one side of the body) .....	200%

### **ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$10,000)**

If injury requires medical treatment within 30 days, the Company will pay for reasonable and customary expenses actually incurred for the following: (a) expenses for the services of a nurse; (b) transportation by a licensed ambulance service or, when recommended by a physician, by any other conveyance licensed to carry passengers for hire to or from the nearest hospital which is equipped to provide the required treatment; (c) hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary; (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, subject to a maximum reimbursement of \$500 during any one policy year; (f) drugs and medicines which require the written prescription of a physician and are dispensed by a registered pharmacist or physician; (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of \$750 during any one policy year; (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500 during any one policy year.

### **BEREAVEMENT BENEFIT (\$1,000)**

If an injury results in loss of life of a student, the Company will pay the reasonable and necessary

expenses actually incurred by the spouse and dependent children of the student for up to six sessions of grief counselling, by a professional counsellor.

### **COSMETIC DISFIGUREMENT BENEFIT (\$25,000)**

If an insured suffers a third-degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

Body Part	Area Classification (A)	Maximum Allowable % for Area Burned (B)	Maximum % of Principal Sum Payable (C)
		%	%
Face, Neck, Head	11	9.0	99.0
Hand and Forearm	5	4.5	22.5
Either Upper Arm	3	4.5	13.5
Torso (front or back)	2	18.0	36.0
Either Thigh	1	9.0	9.0
Either Lower Leg (below knee)	3	9.0	27.0

In the event of a 50% surface burn, the maximum allowable percent for area burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the insured suffers burns in more than one area, as a result of any one accident, benefits will not exceed the maximum amount stated above.

### **DAY CARE BENEFIT (\$5,000)**

If injury results in loss of life of a student, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of, or within 12 months following the accident.

### **EDUCATION BENEFIT (\$10,000)**

If injury results in loss of life of a student, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, none of the dependent children are eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500 to the designated beneficiary.

### **FUNERAL EXPENSE BENEFIT (\$6,500)**

If injury results in loss of life in the city of residence in Canada, an additional amount is payable for funeral expenses actually incurred in the city of residence in Canada. This benefit will not be payable if the Repatriation Benefit has been paid.

### **HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)**

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

### **HOSPITAL INDEMNITY EXPENSE (\$2,500)**

A daily benefit, subject to the above-mentioned monthly maximum, will be payable when an insured is in a hospital, if such period of hospitalization is necessary for the treatment of an injury which results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and begins while insurance is in force.

A period of hospitalization necessary for an injury other than for a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity will be covered as stated above, provided such hospitalization is of at least a four day period.

### **PSYCHOLOGICAL THERAPY BENEFIT (\$5,000)**

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity and results in the insured requiring psychological therapy, as prescribed by a physician, the Company will pay the reasonable and necessary expenses actually incurred.

### **REHABILITATION BENEFIT (\$15,000)**

If injury requires that the student undergo special training in order to be qualified to engage in a special occupation in which the student would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

### **SEAT BELT BENEFIT**

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

### **SPOUSAL RETRAINING BENEFIT (\$15,000)**

If injury results in loss of life of a student, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

### **TUTORIAL AND SPECIAL TELEPHONE EXPENSE BENEFIT (\$2,000)**

If injury shall, within 100 days from the date of the accident, totally disable and confine the student to his residence or hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services attained by the student at a rate not to exceed \$20 per hour, and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his residence or hospital.

### **LIMITED AIR TRAVEL COVERAGE**

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence

of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

#### **WHEN DOES THIS ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE NOT APPLY?**

- (a) declared or undeclared war or any act thereof;
- (b) active full-time service in the armed forces of any country;
- (c) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- (d) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".
- (e) purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
- (f) charges of masseur;
- (g) sickness or disease, either as a cause or effect;
- (h) expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan or its equivalent.

The plan is subject to and will not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans. Benefits will be reduced by any amount paid or payable under any other policy providing similar reimbursement expenses.

#### **C. EMERGENCY OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE**

**Important Note: In case of confinement in a hospital or emergency surgery, the Company must be notified no later than 48 hours from the date of hospitalization or emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000 for all expenses incurred.**

#### **COVERAGE**

Trips outside the province of residence with a scheduled duration of up to 90 days.

**IF YOUR SCHEDULED TRIP IS MORE THAN 90 DAYS, THIS COVERAGE IS NULL AND VOID FOR THE ENTIRE TRIP.**

#### **MAXIMUM LIMIT OF INDEMNITY**

\$2,000,000 lifetime maximum.

#### **ACCIDENTAL DENTAL EXPENSE (\$2,000)**

If an injury sustained to whole or sound teeth (capped or crown teeth will be considered whole or sound), due to a force or blow external to the mouth, the Company will reimburse the expense of necessary emergency treatment received while outside his province of residence.

#### **ATTENDANT TRANSPORTATION BENEFIT (\$5,000)**

If the physician recommends in writing or the air carrier's regulations require, the presence of a medical attendant during the emergency evacuation, in accordance with the "Evacuation Benefit", the Company will pay the reasonable and necessary expenses actually incurred, by such medical attendant, for the round trip airfare, plus one day accommodation and board.

#### **BOARD, LODGING AND TRAVEL EXPENSES (\$3,000)**

If confinement to a hospital for at least five consecutive days, due to injury or sickness, prevents the return to the province of residence, the Company will pay the reasonable board,

lodging and extra travel expenses actually incurred during the hospitalization by other insureds who remained with the hospitalized person and are also prevented from returning to his/her province of residence.

If due to injury, sickness or death, the attendance of an immediate family member is certified as medically necessary by the physician, the Company will reimburse the expense incurred by such family member, limited to the return economy airfare, \$100 per day accommodation and not exceeding a maximum of 20 consecutive days.

#### **EVACUATION BENEFIT (\$40,000)**

The Company will pay for transportation, medical services and supplies necessary for emergency evacuation as a result of an injury or sickness. All arrangements for evacuation must be recommended by the attending physician, and certified that the severity of the injury or sickness warrants the emergency evacuation. Pre-approval by the Company is required prior to evacuation.

#### **EXCESS HOSPITAL BENEFIT**

If injury or sickness results in confinement in a hospital as an in-patient, the Company will reimburse for the actual, reasonable and necessary emergency hospital expenses actually incurred up to and including standard semi-private accommodations during such confinement.

#### **EXCESS MEDICAL BENEFITS**

The Company will reimburse the reasonable and necessary expenses actually incurred, as the result of injury or sickness, for the following treatment or services on an emergency basis; (a) out-patient room charges, (b) treatment by a physician or surgeon, (c) x-rays and laboratory examinations (when required for diagnostic purposes), (d) rental of crutches or appliances or cost of splints, trusses, braces, or (e) treatment by a physiotherapist while hospitalized and up to a maximum of three treatments for the duration of any one trip only when recommended in writing by the attending physician.

#### **GROUND AND AIR AMBULANCE EXPENSE**

If an injury or sickness necessitates transportation to the nearest medical facility qualified to provide the necessary emergency services, the Company will pay the expense for ground ambulance, subject to a maximum of \$500 per injury or sickness or for air ambulance, subject to a maximum of \$5,000 per injury or sickness.

#### **PRESCRIPTION DRUG REIMBURSEMENT BENEFIT**

The Company will reimburse the expenses actually incurred as the result of an injury or sickness, for drugs or medicines on an emergency basis as prescribed by the attending physician (oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded).

#### **REPATRIATION BENEFIT**

If injury or sickness results in the loss of life, the Company will pay the expenses actually incurred for the transportation of the body to the city of residence in the country of origin, including the preparation of the body for such transportation, up to a maximum of \$15,000, or up to \$5,000 for cremation or burial of the remains at the place of death. The cost of casket or urn is excluded.

Benefits payable shall be limited to only one part of the policy if this benefit is contained in two or more parts of the policy.

#### **SPECIAL TRANSPORTATION BENEFIT (\$5,000)**

If, as the result of injury or sickness a stretcher accommodation on a regularly scheduled airline is required for return to the province of residence during an emergency evacuation, in accordance with the part titled "Evacuation Benefit", the Company will pay the necessary expense incurred.

#### **WHEN DOES THIS EMERGENCY OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE NOT APPLY?**

The plan does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy, or at any time during the pregnancy if the insured's medical history indicates a higher than normal risk of any early delivery or complications;
- (b) declared or undeclared war;
- (c) any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
- (d) active full-time service in the armed forces of any country;
- (e) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- (f) the commission or the attempt to commit a criminal act by the insured;
- (g) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
- (h) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
- (i) drug related illness or disease as a result of drug addiction or excessive use of drugs;
- (j) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
- (k) mental or emotional disorders, unless hospitalized;
- (l) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- (m) any loss incurred in a location when, prior to the effective date or departure date to that destination, i) the Canadian Government issued a written warning to avoid all travel to that location; or ii) the Canadian Government issued a written warning to avoid non-essential travel to that location, and such loss is related or due to the reason for that warning.  
If an insured is already at that destination on the date the warning is issued, coverage will be provided for 5 days to allow the insured to leave for a safe location.
- (n) expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;
- (o) any ailment or condition for which the journey was taken for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;
- (p) a pre-existing condition whereby the insured received medical treatment, consultation, advice or required use of medication within 120 days preceding the date the insured left their province of residence. This exclusion shall not apply to an insured whose treatment was

deemed, by the treating physician or health care provider, as a routine follow up examination, nor shall it apply to an insured whereby their use of medication is for a controlled and medically supervised condition, which was not medically compromised and whereby there was no change in either the medication or in frequency and usage, or dosage within the 120 days prior to departure;

**Grandfathering Clause:** Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

- (q) any elective (non-emergency) treatment or surgery, (i) not required for the immediate relief of acute pain and suffering; (ii) which medically could be delayed until the insured has returned to his province of residence; (iii) which the insured elects to have rendered or performed outside his province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the insured from returning to his province of residence prior to such treatment or surgery.

#### **EFFECTIVE DATE OF INSURANCE**

Each person who is eligible for insurance under the policy shall become an insured on the later of:

A. For the student: (a) the effective date of the policy; (b) the date he becomes an eligible person, as specified.

B. For the insured Spouse and/or insured Dependent Child, coincident with the effective date of the student's insurance. Any future Dependent Children are automatically insured under family coverage.

A student who is disabled on the effective date of coverage will only become eligible on the date he is attending classes on a full-time basis. Spouses

and Dependent Children who are hospitalized on their effective date of coverage will only become eligible on the date they are released from the hospital.

**Early Arrival:** Insurance shall commence 30 days prior to the effective date stated on the application on file with the Administrator, provided premium has been paid, if the insured arrives prior to such effective date.

#### **TERMINATION OF INSURANCE**

Coverage will immediately terminate on the earliest of:

A. For the student: (a) the policy termination date; (b) the premium due date if the Policyholder fails to pay a student's premium, except as a result of an inadvertent error; (c) attainment of age 65; (d) the date a student is ineligible for coverage; (e) the date a student becomes eligible under a Canadian federal/provincial health plan or other group insurance plan; (f) the date a student returns to his country of origin; (g) the date a student withdraws from classes with the Policyholder.

B. For the insured Spouse and/or insured Dependent Child: (a) the date such person becomes ineligible for coverage; and (b) the date a student's insurance is terminated; (c) the date such person becomes eligible under a Canadian federal/provincial health plan or other group insurance plan.

Consideration for any claims submitted for injury of sickness, within 90 days of termination of coverage, will not be prejudiced. Benefits will be paid for any continuous injury or sickness occurring prior to termination of coverage, subject to the terms of the policy. However, benefits will not be paid if the insured is no longer confined as an inpatient or 12 months from the first day of hospitalization, whichever is earlier.

#### **DECLARATION OF TRAVEL PROVISION**

If a student is returning to his country of origin for a duration in excess of 60 days to a maximum of 4 months, the Company will reimburse for the pro-rated amount of premiums for the remainder of the

term for which coverage has been paid, provided signed declaration and paid proof of travel has been submitted to the Company.

If the student has paid for family coverage, all insured members of the family must travel with the student and declaration and paid proof of travel must cover all members of the family in order to be reimbursed.

#### **OPT-IN PROVISION**

A student may elect family coverage at any time within 30 days of the effective date of his/her insurance. Family coverage will not be accepted if the student does not exercise this option within the 30 day period.

#### **INDEMNITY PAYMENTS**

##### **MEDICAL INSURANCE**

Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

##### **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

Indemnity payable in the event of the loss of life of a student is payable to (i) the parent or guardian, if unmarried, or (ii) the Spouse, if married.

All other indemnities payable, including those payable for the insured Spouse and/or insured Dependent Children, are payable to the student, with the exception of indemnities payable under the following benefits:

Bereavement Benefit	Funeral Expense Benefit
Day Care Benefit	Identification Benefit
Education Benefit	Repatriation Benefit
Family Transportation Benefit	Spousal Retraining Benefit

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

### **HOW TO FILE A CLAIM**

#### **A. INPATRIATE MEDICAL**

You may obtain a Health Care claim form online at <https://www.mystudentplan.ca/mycanadaplan/en/home> or by contacting mycanadaplan Powered by Morcare at: [mycanadaplan@gallivan.ca](mailto:mycanadaplan@gallivan.ca).

**Please ensure you that if you pay any expenses, you obtain original receipts should you be required to provide.** Please email all completed claim forms and documentation to [mycanadaplan@gallivan.ca](mailto:mycanadaplan@gallivan.ca).

#### **B. ACCIDENTAL DEATH & DISMEMBERMENT**

In the event of a potential claim, verbal notice MUST immediately be given to Industrial Alliance Insurance and Financial Services Inc. with the following information and the appropriate claim forms, along with instructions for completion, will be forwarded at that time.

- Name of the insured
- Policy number
- Type of accident
- Date of accident and/or death

**Industrial Alliance Insurance and Financial Services Inc.**  
**Claims Department**  
400-988 West Broadway, PO Box 5900, Vancouver, BC  
V6B 5H6

**1-800-266-5667** or outside North America, collect to  
**1-604-737-3802**

#### **C. EMERGENCY OUT-OF-PROVINCE MEDICAL**

**If possible, it is recommended that you call iA Emergency Assistance** if you are going to be admitted into a hospital to ensure that the medical attention you receive is covered, and in some cases arrangements will be made to pay the medical facility directly, on your behalf. If you do not contact iA Emergency Assistance, you may receive medical treatment which may not be included in this coverage. Please ensure that you advise the operator that you are covered by Industrial Alliance Insurance and Financial Services Inc., in order that your eligibility may be established.

**iA Emergency Assistance Line is open  
24 hours a day, 7 days a week.**

Call **1 800 255-2008** or if outside North America, dial  
"0", wait for the operator, and ask to call collect to  
**(305) 865-8895**

iA Emergency Assistance or its agents shall not be responsible for the availability, quality or results of any medical treatment or the failure of the insured to obtain medical treatment.

You may obtain an Out of Province claim online at <https://www.mystudentplan.ca/mycanadaplan/en/home> or by contacting mycanadaplan Powered by Morcare at [mycanadaplan@gallivan.ca](mailto:mycanadaplan@gallivan.ca) or Toll free at 1-888-985-1552.

**Please ensure that if you pay any expenses yourself, you obtain original receipts should you be required to provide. Documentary evidence of the duration of your scheduled trip, such as a transportation ticket or an official stamp at a customs office will be required.** Please email all completed claim forms and documentation to [SpecialMarkets-claims@ia.ca](mailto:SpecialMarkets-claims@ia.ca), or mail to:

**Industrial Alliance Insurance and Financial Services Inc.**  
**Claims Department**  
400-988 West Broadway, PO Box 5900, Vancouver, BC  
V6B 5H6  
**1-800-266-5667** or outside North America, collect to **1-604-737-3802**

*Underwritten by:*

**Industrial Alliance Insurance and  
Financial Services Inc.**  
**iA Special Markets  
Eastern Regional Office**

26 Wellington Street E, Suite 600, Toronto, ON  
M5E 1S2

*This summary is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. This Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy issued by iA Special Markets, a division of Industrial Alliance Insurance and Financial Services Inc., not this summary.*