



Your Group *Benefits* Booklet

New Brunswick International Student Program

All Members

Group Number: 11024 and Sections

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PRIVACY PROTECTION PRACTICES

In the course of providing customers with quality health, life and travel coverage, the Company acquires and stores certain personal information about its clients. The purpose of this document is to keep you informed about the Company's privacy protection practices.

Protecting personal information is not new to the Company. Ensuring the confidentiality of client information has always been fundamental to the way we do business and our staff understand that the privacy policies and procedures we have in place to ensure confidentiality are to be taken very seriously.

What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, income, employment data, marital and dependent status, medical records, and financial information.

How is your personal information used?

Your personal information is necessary to allow the Company to process your application for coverage under its health, life and travel plans. Your personal information is used:

- to provide the services outlined in your policy or the group policy of which you are an eligible member,
- to understand your needs so that we can recommend suitable products and services, and
- to manage our business.

To whom could this personal information be disclosed?

Depending on the type of coverage you carry with us, release of selected personal information to the following may be necessary in order to provide the services outlined in your policy:

- specialized health care professionals when necessary to assess benefit or product eligibility,
- government and regulatory authorities in an emergency situation or where required by law, other third parties, on a confidential basis, when required to administer the benefits outlined in your contract or your group's policy, and
- the plan member of any policy under which you are a participant.

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you is not released to a third party without permission unless necessary to fulfill the services the Company is contracted to provide to you.

To ensure the Company is able to provide you with the best possible service, it is important that the personal information we use is accurate and up to date. You can help by keeping us informed of changes of address, marital status and the addition or deletion of dependents. Should you become aware of errors in our information about you, please contact our customer service personnel and we will ensure the data is corrected.

PRIVACY PROTECTION PRACTICES

By becoming a customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above. If you prefer that we not use or disclose your personal information in those situations where it is not necessary to administer your benefit plan, please visit our website or write to us at the address provided.

Please note that not allowing the Company to use information about you may mean we may not be able to provide you with certain products or services that may be of use to you.

For more information on the Company's privacy policy, contact us using one of the following:

www.medavie.bluecross.ca

1-800-667-4511

Chief Privacy Officer
Medavie Blue Cross
Risk Management Group
644 Main Street
PO Box 220
Moncton, NB E1C 8L3

or

privacyofficer@medavie.bluecross.ca

If the issue is not resolved to your satisfaction, you may file a complaint in writing to:

Office of the Privacy
Commissioner of Canada
112 Kent Street
Ottawa, ON K1A 1H3

PLAN MEMBER WEBSITE

INSTRUCTION FOR MEMBERS

Medavie Blue Cross is continually developing its Web technology to respond to the needs of our customers. One such innovation, the Plan Member Website, will help you better understand, manage and co-ordinate your benefit plan.

The Plan Member Website is simple to use and is delivered in a secure environment. Now, when you want to access general information about your plan, view your claims and payment history, or print generic claim forms, you just have to click your mouse. The Plan Member Website is available 24 hours a day, seven days a week from home or work, all you need is an Internet connection. The Plan Member Website makes life easier for you.

ON THE PLAN MEMBER WEBSITE

There are a variety of options available to you on the Plan Member Website.

Coverage Inquiry: Detailed information about the Medavie Blue Cross benefit plan

Forms: Printable versions of generic Medavie Blue Cross claim forms

Member Information

- Members can view and/or update address information (where access is available)
- Request new identification cards
- Add/update banking information for direct deposit of claim payments (where applicable)

Member Statements

- Members can view claims history for member and dependents
- View record of payments issued to member and/or the service provider
- View Health Spending Account balances (where applicable)

FIRST-TIME ACCESS TO THE PLAN MEMBER WEBSITE

To register for the Plan Member Website, visit **www.medavie.bluecross.ca** and log in.

Please ensure you make note of your user ID and password for future reference.

PLEASE NOTE

For security reasons, the Plan Member Website is for use of the plan member only.

We look forward to helping you take advantage of our online technology. For further information on the Plan Member Website, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Center toll free at the number on the back of your identification card or e-mail inquiry@medavie.bluecross.ca.

YOUR GROUP COVERAGE

A group coverage program covering your medical and financial security has been made available to you. This program is offered to you through Medavie Inc. and Blue Cross Life Insurance Company of Canada, hereafter called the Company.

The information contained in this booklet is an overview of the provisions of the policy between New Brunswick International Student Program and the Company. Included is a summary of your benefits and pertinent information that you will require to optimize the coverage available to you.

This booklet together with your identification card contains important information and must therefore be kept in a safe place.

For additional information on your plan, please visit the New Brunswick International Student Program website at www.nbispinsurance.ca.



To access a wealth of savings on medical, vision care and many other products and services, visit www.blueadvantage.ca.

Where legislated, you have the right to request a copy of the group policy details pertaining to your insured coverage, a copy of your application for benefits, and any written statements or other records provided to the Company as evidence of your health. You may also request, with reasonable notice, a copy of the contract for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed to Medavie Blue Cross.

Finally, please note that the masculine gender has been used indiscriminately throughout this document in order to facilitate its reading.

Group Insurance Eligibility

To be eligible for group coverage, you must be an international full-time student, student chaperone or student teacher, a temporary resident of Canada and under the age of 65.

To participate in your group plan, you must complete the coverage forms that are provided to you upon your eligibility to the various plans.

Filing a Claim

If this is your first claim, please ensure you complete a direct deposit form so that the appropriate funds can be deposited to your bank account. If your banking information is not received, the Company will be unable to reimburse your expenses.

Payment will be deposited to the bank account on file regardless of who has paid for the services. For example, if your banking information is on file, however, your host parent has paid for the services on your behalf, any paid funds will be deposited into your bank account. Should your banking information change at any time or should you wish your host parent's banking information be on file instead during your coverage period, please ensure a new direct deposit form is completed and submitted. Please note, only one bank account can be on file during your coverage period.

YOUR GROUP COVERAGE

Filing a Claim (Cont'd)

Depending on the type of claim (see below) you can submit your completed claim form, as well as your direct deposit form and wait for your funds to arrive! Provider claims submission is also a possibility (see below) as certain providers have the ability to submit claims electronically directly to the Company.

No matter how you decide to submit your claim, don't forget your supporting documentation!

- Claims can be submitted by mail using the address located on the claim form.
- Claims can also be dropped off at one of the three Quick Pay locations in New Brunswick.

You can sign up for direct deposit today:

1. Visit ***www.medavie.bluecross.ca***
2. Select ***"Plan Members"*** (upper right-hand corner)
3. Select ***"Go to secure site"***
4. Register or log in
5. Select ***"Member"***
6. Click the ***"Banking"*** tab
7. Enter Banking information

A direct deposit form is only required with your first claim or if your banking information has changed.

Drug Benefit

Pay direct plan - simply show your identification card and the provider will arrange to bill the Company.

Extended Health Benefit

Reimbursement can be made electronically through Registered Health Care Providers. Company approved providers includes chiropractors, physiotherapists and vision care providers; you must present your identification card to your provider at every visit. Two reimbursement options are possible depending on your provider's preference:

- a) You only have to pay for your deductible (if applicable) and your coinsurance, and excess expenses are paid directly to the provider by the Company; or
- b) You pay the total amount requested by your provider and you will receive in the next few days the portion of the expenses refundable by your plan.

If, however, your provider cannot use the electronic transaction network, complete and submit a claim form, attach the original receipts and forward to the Company or you can visit one of our many Quick Pay locations for easy reimbursement (See contact information).

The duly completed claim form must be sent to the Company no later than 24 months after the date on which expenses were incurred or within a time agreed upon by the Company when contract terminates.

YOUR GROUP COVERAGE

Filing a Claim (Cont'd)

Travel Benefit

Please call the toll free number on the back of your identification card for assistance when an unexpected illness or injury occurs while travelling outside your province of residence.

Every effort will be made by the Company to direct you towards the appropriate medical treatment and assist you in making payment to the providers of service. Please provide your identification number when submitting a claim to the Company.

Claims for services outside of Canada are paid by the Company in Canadian currency based on the rate of exchange in effect at the conclusion of the services.

The duly completed claim form must be filed with the Company no later than six months after the date expenses are incurred.

Dental Benefit

Reimbursement can be made electronically through the CDA Net; you must present your identification card to your dentist at every visit. Two reimbursement options are possible depending on your dentist's preference:

- a) You only have to pay for your deductible (if applicable) and the excess expenses not covered by coinsurance. The coinsurance amount is paid directly to the dentist by the Company; or
- b) You pay the total amount requested by your dentist and you will receive in the next few days the portion of the expenses refundable by your plan.

If, however, your dentist cannot use the electronic transaction network, complete and submit a dental claim form with original receipts to the Company or you can visit one of our many Quick Pay locations for easy reimbursement (See contact information). The duly completed claim form must be sent to the Company no later than 24 months after the date on which expenses were incurred or within a time agreed upon by the Company when contract terminates.

Hospital, Travel, Drug, Extended Health Benefit and Dental Benefits

Claims will be administered by the Blue Cross plan in your province of residence.

Accidental Death and Dismemberment Benefits

Proof of claim must be submitted as soon as reasonably possible after the loss, and in no event later than one year from the date of the loss.

Limitation Periods for Legal Action

Every action or proceeding against an insurer (i.e. the Company) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

TO CONTACT MEDAVIE BLUE CROSS

If you have a claim or medical emergency....

you should contact the 24-hour emergency assistance number listed on your policy documents.

Please see the Emergency Assistance (Worldwide Travel Benefit) section of this booklet for more information.

Medavie Blue Cross has branch offices at the following locations to answer any inquiries you may have relating to your group coverage or to allow you to submit claims:

NEW BRUNSWICK

Fredericton  *QUICK PAY*

Unit 2 - 1055 Prospect Street
Fredericton, NB E3B 5B9

Moncton  *QUICK PAY*

644 Main Street
P. O. Box 220
Moncton, NB E1C 8L3

Saint John  *QUICK PAY*


47A Consumers Drive
Saint John, NB E2J 4Z7

Toll-free Customer Information Line: 1-800-667-4511

Hours of Operation

Monday to Friday 8 am to 5 pm AST
Closed on Saturdays and Sundays

Email - Inquiry@medavie.bluecross.ca

 *QUICK PAY* is a unique service of Medavie Blue Cross. Just walk out of your health care professional's office and into any QuickPay® centre for assistance.

TO CONTACT MEDAVIE BLUE CROSS

How to Obtain a Claim Form

Health benefit claim forms can be obtained from any one of the following sources:

- the plan member website;
- one of our Quick Pay® locations;
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed above.

All claim forms for Accidental Death and Dismemberment benefits can be obtained through your group benefits administrator.

How to Submit a Claim

Blue Cross offers several convenient options to quickly and efficiently submit your health benefit claims:

- eClaims through our secure plan member website;
- Mobile App (visit www.medaviebc.ca/app for more information or to download the app);
- Visit a Quick Pay® location or mail your completed claim form to the nearest Blue Cross office. To find the Blue Cross office or Quick Pay location nearest you, visit our website at www.medaviebc.ca.

You can submit your claims for Accidental Death and Dismemberment benefits by:

- Mail, fax, or scan to the address indicated on the applicable claim form;
- Drop the form off at one of our Quick Pay locations; or
- providing them to your group benefits administrator.

SUMMARY OF BENEFITS

COVERED MEMBER'S ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Benefit Formula	Flat amount
Common Carrier Accident	Principal Amount - \$100,000 per policy year
24 Hour Accident	Principal Amount - \$10,000 per policy year
Waiver of premiums	Yes
Termination	The earliest of: <ul style="list-style-type: none">- the end of the policy year,- the date you are no longer enrolled and not attending a participating educational institution, or- the date you return to your home country with no intention of returning before the end of the policy year.

SUMMARY OF BENEFITS

DRUG BENEFIT In Canada Only		
	<u>% Co-insurance</u>	<u>Maximum</u>
Drug Benefit (excludes high cost specialty drugs)	100%	Unlimited
Diabetic Supplies (needles, syringes, swabs, test strips and lancets)	100%	Unlimited

GENERAL INFORMATION	
Deductible	Nil
Overall Maximum	\$5,000,000 per policy year in combination with Extended Health, Emergency Assistance (Including Worldwide Travel) and Dental Benefits.
Payment Type	Drug card - direct payment
Limitation	60 day supply per prescription
Termination	The earliest of: <ul style="list-style-type: none">- the end of the policy year,- the date you are no longer enrolled and not attending a participating educational institution, or- the date you return to your home country with no intention of returning before the end of the policy year.

SUMMARY OF BENEFITS

**EXTENDED HEALTH BENEFIT
In Canada Only**

MEDICAL SERVICES AND SUPPLIES

	<u>% Co-insurance</u>	<u>Maximum</u>
Clinical Counsellor/ Psychiatrist/Psychologist/ Social Worker	100%	\$1,000 combined per policy year*
Chiropractor	100%	\$1,000 per policy year*
Acupuncturist	100%	\$600 per policy year*
Osteopath	100%	\$1,000 per policy year*
Chiropodist/Podiatrist	100%	\$1,000 per policy year*
Physiotherapist	100%	\$1,000 per policy year*
Massage Therapist	100%	\$1,000 per policy year*
X-Rays (Chiropractor, Osteopath, Chiropodist/Podiatrist)*	100%	
Accidental Dental**	100%	\$5,000 per treatment
Virtual Medical Care	100%	Unlimited
Eye Examination	100%	One examination every 12 consecutive months*
Lenses/Frames/Contact Lenses/Hearing Aids	100%	\$250 combined per policy year

GENERAL INFORMATION

Deductible	Nil
Overall Maximum	\$5,000,000 per policy year in combination with Drug, Emergency Assistance (Including Worldwide Travel) and Dental Benefits.
Termination	The earliest of: <ul style="list-style-type: none"> - the end of the policy year, - the date you are no longer enrolled and not attending a participating educational institution, or - the date you return to your home country with no intention of returning before the end of the policy year.

* Eligible maximum per visit is U & C

U & C - Usual, Customary and Reasonable: Usual, Customary and Reasonable means the normal charges for similar services made by other providers of the same standing in the locality or geographical area where the charge is incurred, as determined by Medavie Blue Cross, or in accordance with a payment schedule established by Medavie Blue Cross.

** Benefit subject to pre-authorization

SUMMARY OF BENEFITS

EMERGENCY ASSISTANCE (INCLUDING WORLDWIDE TRAVEL)

	<u>% Co-insurance</u>	<u>Maximum</u>
Ambulance Transportation	100%	
Ground		\$10,000 per incident
Air Ambulance and Emergency Evacuation (combined)		\$500,000 per incident
Taxi		\$100 per incident
Maternity Expense	100%	\$25,000 per policy year
Nursing Care*	100%	\$10,000 per policy year
Hospital Accommodation	100%	See benefit details
Hospital Accommodation due to Psychological, Mental or Emotional Disorders	100%	\$25,000 per lifetime
Sexual Health Consultation	100%	\$100 per policy year
Transportation to Visit the Participant	100%	\$5,000 for a round trip economy fare
Tuberculosis Testing and Vaccine	100%	\$100 per policy year
Tutorial Services	100%	\$20 per hour up to \$400 per policy year

GENERAL INFORMATION

Overall Maximum	\$5,000,000 per policy year in combination with Drug, Extended Health and Dental Benefits.
Travel Assistance	Provided by CanAssistance Inc.
Limitation	30 days of travel per trip
Termination	The earliest of: <ul style="list-style-type: none"> - the end of the policy year, - the date you are no longer enrolled and not attending a participating educational institution, or - the date you return to your home country with no intention of returning before the end of the policy year.

* **Benefit subject to pre-authorization**

SUMMARY OF BENEFITS

DENTAL BENEFIT In Canada Only

	<u>% Co-insurance</u>	<u>Maximum</u>
Emergency Care	100%	\$600 per policy year
Removal of Impacted Wisdom Teeth	100%	\$100 per tooth

GENERAL INFORMATION

Deductible	Nil
Overall Maximum	\$5,000,000 per policy year in combination with Drug, Extended Health and Emergency Assistance (Including Worldwide Travel) Benefits.
Laboratory Fees	100% of suggested fees
Payment Type	Reimbursement
Fee Guide Schedule	Current year
Termination	The earliest of: <ul style="list-style-type: none">- the end of the policy year,- the date you are no longer enrolled and not attending a participating educational institution, or- the date you return to your home country with no intention of returning before the end of the policy year.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The Accidental Death and Dismemberment plan provides coverage in the event of accidental death, the loss or loss of use of limb or loss of sight, speech or hearing.

Common Carrier Accident

Any loss of life or a dismemberment as a result of an injury sustained while riding as a fare paying passenger on a common carrier. The principal amount is mentioned in the Summary of Benefits. The amount payable is a percentage of the principal amount for which you are eligible on the date of injury, according to the Table of Loss below.

24 Hour Accident

If Injury results in any of the following losses within 365 days after the date of the accident other than due to a Common Carrier Accident. The principal amount is mentioned in the Summary of Benefits. The amount payable is a percentage of the principal amount for which you are eligible on the date of injury, according to the Table of Loss below.

Table of Loss

<u>Loss of</u>	<u>Percentage of the amount of insurance</u>
Life	100%
Both hands or both feet	100%
Both arms or both legs	100%
Sight of both eyes	100%
Sight of one eye and one hand	100%
Sight of one eye and one foot	100%
One hand and one foot	100%
One arm and one leg	100%
One arm or one leg	75%
One hand or one foot	66 2/3%
Sight of one eye	66 2/3%
Thumb and index finger of any one hand	33 1/3%
At least four fingers of one hand	33 1/3%
All toes of one foot	12 1/2%
<u>Loss of</u>	
Speech and hearing in both ears	100%
Speech or hearing in both ears	50%
Hearing in one ear	16 2/3%
<u>Paralysis</u>	
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
<u>Loss of use</u>	
Both arms or both legs	100%
Both hands or both feet	100%
One hand and one foot	100%
One arm and one leg	100%
One arm or one leg	75%
One hand or one foot	66 2/3%

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Disappearance

If the body of a member has not been found within 365 days of the forced landing, stranding, sinking or wrecking of a conveyance in which a member is riding and disappears, it will be presumed the member suffered loss of life.

Payment of Benefits

In the case of accidental death, the Company pays the amount of coverage directly to the nominated beneficiary. In the case of dismemberment, the amount is paid to you.

The Company reserves the right to request a medical examination, or in the event of death, an autopsy.

Exclusions

- 1) No benefit is payable if the disability, illness, injury or accident occurs while participating or engaging in any criminal activity, regardless of whether charges are laid or a conviction is obtained.
- 2) No benefits are payable if the loss sustained results, directly or indirectly, from one of the following causes:
 - a) Suicide, attempted suicide, voluntary or self-inflicted injury.
 - b) Insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or a civil commotion.
 - c) Ingestion of poison or drugs.
 - d) Any accident or injury occurring while operating a motor vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat).
- 3) If you sustain more than one loss as a result of the same accident, the Company will pay for one loss only, namely the one allowing the highest amount.

DRUG BENEFIT – IN CANADA ONLY

This benefit covers emergency expenses for eligible drugs as defined by the Company and is subject to the deductible (if applicable), co-pay, co-insurance and maximums listed in the Summary of Benefits, providing eligible expenses are incurred in Canada.

The Company may, on an ongoing basis, add, delete or amend the list of eligible drugs on any list hereinafter mentioned. Certain drugs may require prior authorization to be eligible for payment as identified by the Company.

Drugs must be dispensed by a provider approved by the Company and are limited to a 60 day supply.

The Company will reimburse only for the lowest priced interchangeable drug when prescribed by a physician and dispensed by an approved provider.

Eligible expenses are considered to have been incurred on the date the services are rendered or the product is supplied.

Deductible

The deductible is the portion of eligible expenses that you must pay before the Company begins to reimburse expenses eligible under this policy, if applicable.

Eligible Expenses

The plan refunds the following expenses, according to the percentage of reimbursement specified in the Summary of Benefits:

Expenses for drugs which require a prescription by law, approved by the Company, and prescribed by a doctor or dentist are eligible. In addition, certain drugs prescribed by other qualified health professionals will be considered if the applicable provincial legislations permit the professional to prescribe those drugs.

Expenses not Reimbursed by the Plan

Incurred expenses for the following products or drugs are excluded:

- specialty high cost drugs,
- products not approved by the Company,
- products for the care of contact lenses,
- proteins or dietary supplements, amino acids, essential fatty acids,
- processed food for infants,
- hygiene products, including soaps and emollients,
- softeners and protective substances for the skin,
- minerals, vitamins,
- homeopathic/naturopathic products,
- drugs or drug formats or preparations with no therapeutic indication,
- herbal remedies,
- traditional medicines,
- probiotics,
- erectile dysfunction,
- drug generally administered in a hospital setting,
- weight loss treatments,
- all vaccines except as noted under Emergency Assistance (Including Worldwide Travel) – Eligible Expenses, Tuberculosis Testing and Vaccine.

EXTENDED HEALTH BENEFIT – IN CANADA ONLY

This benefit covers emergency eligible expenses incurred, subject to the deductible (if applicable), percentages of reimbursement and maximums specified in the Summary of Benefits, providing eligible expenses are incurred in Canada.

Deductible

The deductible, if applicable, is the portion of eligible expenses that you must pay before the Company begins to reimburse expenses eligible under this policy. The deductible applies only once per calendar year.

The eligible expenses incurred during the last three months of a calendar year and which were insufficient to meet the deductible for that year may be used to reduce the deductible for the following calendar year.

Eligible Expenses

The usual and necessary expenses from a medical point of view and recommended by a physician are reimbursed at the percentages and up to the maximums specified in the Summary of Benefits. Reimbursement will be considered only when the services are provided by an approved provider as identified by the Company.

MEDICAL SERVICES AND SUPPLIES

Paramedical Services

Charges for treatment, including when performed in a hospital, by a licensed practitioner. The maximum amount payable for each eligible practitioner is mentioned in the Summary of Benefits. In addition, charges for X-rays, up to the usual, customary and reasonable amount.

Accidental Dental

Charges for dental treatment, when sound, natural teeth have been damaged by a direct accidental blow to the mouth, or a fractured or dislocated jaw required setting.

This dental treatment must be completed within 48 hours from the date of the accident and be supported by proper certification.

Treatment must be obtained in Canada for such injury from a legally qualified dentist or dental surgeon. Eligible expense will be the dentists' usual and customary fee up to the "dental fee guide" for general practitioners in effect where services are rendered.

Dental treatment cannot be deferred and must be completed and approved for payment by the Company within 90 days from the date of the accident.

The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

Virtual Medical Care

Charges for virtual medical care services to diagnose or treat minor non-emergency illnesses and ailments that, in the opinion of the physician, can be lawfully and appropriately treated through online consultation by an approved provider.

Eye Examination

Charge of a registered, licensed optometrist or ophthalmologist for eye examinations. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

Lenses/Frames/Contact Lenses

Charges incurred for corrective lenses/frames or contact lenses or intraocular lenses used in cataract surgery when prescribed by an optometrist or ophthalmologist. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

EXTENDED HEALTH BENEFIT – IN CANADA ONLY

Hearing Aids

Charges for hearing aids (excluding batteries and exams), when prescribed by an otolaryngologist, otologist and/or recommended by a registered audiologist. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

Expenses not Reimbursed by the Plan

The following expenses are not reimbursed under the plan:

- a) Charges for rest cures, convalescent care, custodial care, rehabilitation services in a hospital for the chronically ill or a chronic care unit of a general hospital, or charges incurred by the participant when, in the opinion of the Company, proper treatment should be in a chronic care unit of an institution for the chronically ill,
- b) Charges relating to elective services obtained by a participant outside his province of residence,
- c) Charges which normally would not be made if the participant were not covered by this policy,
- d) Any services and supplies normally available without cost, or at nominal cost, under any government statute on the effective date of this policy,
- e) Mileage and/or delivery charges to or from a hospital or health care professional,
- f) Medications restricted under federal or provincial legislation that are prescribed and/or dispensed despite such regulations,
- g) Registration charges or non-residents surcharges in any hospital,
- h) Service performed by an unqualified practitioner,
- i) Charges for missed appointments or the completion of forms,
- j) Charges for experimental or investigative health care services or supplies,
- k) Any health care service or supply that are not medically necessary nor proven effective,
- l) Charges for health care planning assessments including, but not limited to physiotherapy assessments. Health care planning assessments will be excluded as eligible benefits, unless otherwise specified in this policy,

EMERGENCY ASSISTANCE (INCLUDING WORLDWIDE TRAVEL)

This benefit covers emergency eligible expenses incurred, subject to the deductible (if applicable), percentages of reimbursement and maximums specified in the Summary of Benefits.

Contact Information

If you need medical attention call 911 first (or the local emergency number where you are travelling). The following emergency contact information is also on the back of your card:

Contact Emergency Assistance 24 hours a day for any emergency medical assistance:

- From Canada and the United States, call toll free 1-800-563-4444.
- From anywhere in the world, call collect 1-506-854-2222.

Information you will need...

Your package will come with an identification card that includes your policy number and the emergency phone number to call. If you do not have access to your card or cannot locate the phone number, contact the Medavie Blue Cross Customer Service Centre at 1-800-667-4511 and they will be able to assist you.

Eligible Expenses

The plan reimburses all usual and reasonable expenses incurred following an emergency situation resulting from an accident or an illness. Eligible treatments are those declared necessary to stabilize the medical condition.

Ambulance Transportation

Normal charges for licensed ground ambulance service, including taxi, air ambulance and evacuation, to and from the nearest qualified medical facility, to the maximum amounts payable mentioned in the Summary of Benefits.

Emergency Evacuation

The cost for immediate transportation of the participant to the nearest qualified medical facility. Also includes the cost for transportation to the participant's home country if the medical condition requires further treatment or to recover. The maximum amount payable for this benefit is mentioned in the Benefit Summary.

Diagnostic Services

The cost of diagnostic laboratory and X-ray services at time of initial emergency, when ordered by the attending physician.

Maternity Expense

The cost of prenatal care, complications arising from pregnancy, childbirth (including caesarean section) and new born care (including nursery hospital expenses and well-baby care) for any pregnancy commencing during the coverage period or within 30 days prior to the effective date of coverage. Services are covered in Canada only for a maximum period of six (6) months following the birth of the child. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

Nursing Care

Private duty nursing, including registered nurse, registered nursing assistant or licensed practical nurse, when ordered by a physician at the usual, customary and reasonable fee. Nurses providing the service must not be a relative of the patient or an employee of the hospital. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

EMERGENCY ASSISTANCE (INCLUDING WORLDWIDE TRAVEL)

Eligible Expenses (Cont'd)

Hospital Accommodation

Usual, customary and reasonable charges of a public general hospital, for (a) ward accommodation, (b) semi-private room accommodation, and (c) medically necessary inpatient and outpatient services.

Hospital Accommodation due to Psychological, Mental or Emotional Disorders

Charges of a public general hospital, for (a) ward accommodation, (b) semi-private room accommodation, and (c) medically necessary inpatient and outpatient services, to the maximum amount payable mentioned in the Summary of Benefits.

Sexual Health Consultation

The cost for consultation related to a sexually transmitted disease, to the maximum amount payable mentioned in the Summary of Benefits. Includes one consultation for the "morning-after pill".

Return of Deceased

Up to \$10,000 Canadian towards the cost of preparation (including cremation) and homeward transportation of a deceased participant (excluding the cost of a coffin) by the most direct route to their home country.

Transportation to Visit the Participant

One return economy fare by the most direct route for transportation costs (air, bus, train), when the covered person has been confined to the hospital or has died and the attending physician has advised the necessary attendance of an immediate family member or a close friend of the participant. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

Meals and Accommodations

Up to \$1,500 Canadian (\$150 per day) per trip for extra costs of commercial accommodation and meals incurred by the member remaining with a travelling companion when the trip is delayed due to illness or accident to either a travelling companion or the member. Must be verified by the attending physician and supported with receipts from commercial organizations.

Medical Appliances/Equipment

The cost of hospital-type bed (including mattress and safety side rails), casts, crutches, canes, slings, splints, trusses, braces and/or temporary rental of wheelchair when required as a result of sickness or accident. This benefit will be payable when ordered by a physician.

Physician/Psychiatrist Visit

The cost of one visit to a licensed psychiatrist and cost of initial visit to a licensed physician.

Complete Medical Examination

One complete medical examination by a licensed Physician every 12 consecutive months.

Physicians, Surgeons and Anaesthesiologist

Customary charges of licensed physicians, surgeons and anaesthesiologist for service rendered.

Tuberculosis Testing and Vaccine

The cost of testing and vaccination or immunization, to the maximum amount payable mentioned in the Summary of Benefits.

Tutorial Services

If confined to a hospital, the member will be eligible for tutorial services. Expenses must be incurred within 365 days from date of sickness or injury and such confinement must be continuous for a minimum period in excess of 30 consecutive days. The maximum amount payable for this benefit is mentioned in the Summary of Benefits.

EMERGENCY ASSISTANCE (INCLUDING WORLDWIDE TRAVEL)

Eligible Expenses (Cont'd)

Emergency and Payment Assistance

The services of a 24 hour emergency hotline are available to the participants who need assistance while travelling. By telephoning the appropriate number on your "World Assistance Card" when a medical emergency occurs, coverage will be confirmed to the hospital or physician. Payment of medical expenses will be arranged or coordinated on behalf of the participant. In addition, the following services are offered:

Medical Assistance

The patient may call for a list of hospitals or medical facilities and arrangements will be made for:

- advice from a qualified physician,
- medical follow-up of the patient's condition and communication with the member and family,
- return home or transfer of patient if medically permissible,
- transport of a family member to the patient's bedside or to identify the deceased.

Non-medical Assistance

The patient may call to obtain:

- an emergency response in any major language,
- emergency assistance in contacting the family or business,
- referral to legal counsel.

Exclusions and Limitations

No benefits are paid in the following cases:

1. No benefits are available under this policy for travelling primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician.
2. No benefits are available under this policy for elective (non-emergency) treatment or surgery. This is defined as treatment or surgery (a) not required for the immediate relief of acute pain and suffering, or (b) which reasonably could be delayed until the participant has returned to Canada or (c) which the participant elects to have rendered or performed outside Canada following emergency treatment for, or diagnosis or, a medical condition which (on medical evidence) would not prevent the participant from returning to Canada prior to such treatment or surgery.
3. Benefits under this policy shall not be paid if the participant received the same from a third party.
4. No benefits will be paid for expenses incurred as the result of abuse of medications; criminal acts; or injuries suffered as a result of operating a motor vehicle while alcohol levels are in excess of the legal limit in the jurisdiction where the accident occurred.
5. No benefits will be paid for expenses incurred as the result of suicide or injuries resulting from attempted suicide, except as otherwise provided under the Hospital Accommodation due to Psychological, Mental or Emotional Disorders benefit described under Eligible Expenses above.
6. The Company, in consultation with the attending physician, reserves the right to return the patient to his/her home country. If any participant is (on medical evidence) able to return to his/her home country following the diagnosis of, the emergency treatment for, a medical condition which requires continuing medical services, treatment or surgery, and the participant elects to have such treatment of such services rendered or surgery performed outside his/her home country, the expense of such continuing medical services, treatment or surgery will not be covered by this plan. The Company accepts no responsibility in the event of the deterioration of the participant's medical condition during or after the transfer back to his/her home country.

EMERGENCY ASSISTANCE (INCLUDING WORLDWIDE TRAVEL)

Exclusions and Limitations (Cont'd)

7. Coverage is limited to expenses incurred as a result of a sudden illness or accident which occurs outside the participant's province of residence. Pre-existing conditions will be covered as a benefit, provided the condition is stable prior to travel, and when medical attention is not anticipated during the travel period.

A pre-existing condition is considered stable if you, in the 90 days before the departure date have not:

- a) been treated or evaluated for new symptoms or related conditions;
- b) had symptoms that increased in frequency or severity, or examination findings indicating the condition has worsened;
- c) been prescribed a new treatment or change in treatment for the condition (generally does not include reductions in medication due to improvement in the condition, or regular changes in medication as part of an established treatment plan);
- d) been admitted to a hospital for the condition; or
- e) been awaiting new treatments or tests regarding the medical condition (does not include routine tests).

The above criteria will be considered collectively in relation to the overall medical condition.

8. This Policy excludes loss, damage, cost, or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) expenses incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning, when such travel warning was issued before the departure date and the loss or expense is related to the reason for which the travel warning was issued; and
 - b) insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.
9. Coverage is limited to amounts that are in excess of coverage provided by any other plan. If a participant has other travel benefits in respect of a loss covered by this policy, the Company shall be liable only for the part of the claim which is in excess of the amount recoverable or recovered from such other travel benefit. Where it is determined by a court that the policy and any other plan(s) provide primary coverage, the benefit will be coordinated with the other plan, in accordance with the guidelines of the Canadian Life and Health Insurance Association (CLHIA).
10. All claims and required forms must be submitted within four (4) months of the date of service.

Restrictions on the Duration of Trips

All customary and reasonable expenses and services described in the Worldwide Travel Benefit are eligible if they are incurred following an emergency resulting from an accident or sudden illness which occurs during the first 30 days of a trip outside the participant's province of residence.

DENTAL BENEFIT – IN CANADA ONLY

This benefit covers eligible expenses incurred by you for emergency dental services recommended by a General Practitioner or Dental Surgeon.

Expenses are subject to the deductible (if applicable), percentages of reimbursement and maximums specified in the Summary of Benefits, providing eligible expenses are incurred in Canada.

Calculation of Eligible Expenses

The eligible amount for covered benefits is the amount indicated in the suggested fee guide for dental services approved by the province of provider (current year edition).

Deductible

The deductible, if applicable, is the portion of eligible expenses that you must pay before the Company begins to reimburse expenses eligible under this policy. The deductible applies only once per calendar year.

The eligible expenses incurred during the last three months of a calendar year and which were insufficient to meet the deductible for that year may be used to reduce the deductible for the following calendar year.

Eligible Expenses

After payment of the deductible (if applicable), the following expenses are reimbursed, according to the percentage of reimbursement and maximum specified in the Summary of Benefits.

Emergency Care

- a) Oral examinations and diagnosis
 - Emergency examination
 - Limited or specific examination
 - Limited surgical examination
 - Complete surgical examination
- b) X-rays
 - Periapical radiographs
 - Panoramic radiographs
- c) Emergency relief of pain
 - Caries, trauma, pain control
 - Pulp capping
 - Control of hemorrhage
 - Prescription, emergency
 - Treatment of a periodontal abscess or pericoronitis
- d) Oral surgery
 - Removal of impacted wisdom teeth, to the maximum amount payable mentioned in the Summary of Benefits

DENTAL BENEFIT – IN CANADA ONLY

Expenses not Covered by the Plan

The following expenses are not covered:

- a) Treatment or appliance, related directly or indirectly to full mouth reconstruction, or to correct vertical dimension and temporomandibular joint dysfunction, unless specified otherwise in your Summary of Benefits.
- b) Services rendered by a dental hygienist but not administered under the supervision of a dentist, except in those provinces where it is no longer a legal requirement.
- c) Services and supplies relating to any appliance worn in the practice of a sport.
- d) Expenses that are payable or reimbursable under a public or private plan or that would normally be so if a claim had been submitted.
- e) Charges payable under an occupational health and safety board or by an automobile insurance bureau, or any other similar law or public plan, if applicable.
- f) Services that exceed the ordinary services given in accordance with current therapeutic practice.
- g) Care or services rendered free of charge, or that would be if there were no benefit coverage, or that are not chargeable to the participant.
- h) Expenses incurred for veneers.
- i) Splinting for periodontal reasons, where cast crowns or inlays are used for this purpose, with or without onlays.

Restriction

No reimbursement will be made for any portion of the charge that is over the suggested fee in the appropriate fee guide for the least expensive treatment that will provide a professionally adequate result.

Reimbursement of laboratory fees will be limited to the reasonable and customary charges for such services in the area where the services are provided.

Alternate Benefits

When one or more form of alternative treatment exists, the Company, in consultation with its health care consultants, reserves the right to make payment for eligible services and supplies based on an alternate procedure with a lower cost, when deemed appropriate and consistent with good health management.

GENERAL EXCLUSIONS AND LIMITATIONS

There is no coverage under this policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

- expenses for any condition that is not stable, as determined by the Company;
- injuries received while the member is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except as otherwise provided under this policy;
- dental surgery or cosmetic surgery unless such surgery is a result of a covered injury, except as otherwise provided under this policy;
- claims related to or caused by the consumption of alcohol, drugs or other intoxicant (unless administered on, and in strict accordance with the advice of legally qualified physician);
- emotional or mental disorders and any medication prescribed for these, except as otherwise provided under this policy;
- sickness or injury due to participation in professional sports;
- treatment or services that contravene any government health care programs;
- suicide or injuries resulting from attempted suicide, except as otherwise provided under the Hospital Accommodation due to Psychological, Mental or Emotional Disorders benefit stated under Emergency Assistance (Including Worldwide Travel) – Eligible Expenses;
- intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
- an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
- any services or supplies provided by a member, or an immediate family member, or host parent, or member of host parent's immediate family.
- a sickness or injury that, at the time of departure from their home country, might reasonably be expected to require a member to undergo medical treatment, surgery or hospitalization;
- any service, treatment, surgery or stay in hospital not required for the immediate relief of acute pain or suffering or which is not medically necessary;
- any treatment or surgery which reasonably could be delayed until the member returns to his or her home country;
- anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known to the member prior to arrival in Canada;
- the portion, if any, of any expenses for treatment, advice or hospitalization which are not reasonable and customary;
- treatment or services within the member's home country after the person has returned or been evacuated back to the home country;

GENERAL EXCLUSIONS AND LIMITATIONS

- The Company, in consultation with the attending physician, reserves the right to return the patient to his/her home country. If any member is (on medical evidence) able to return to his/her home country following the diagnosis of, or the emergency treatment for, a medical condition which requires continuing medical services, treatment or surgery, and the Insured elects to have such treatment or services rendered or surgery performed outside of his/her home country, the expense of such continuing medical services, treatment or surgery will not be covered by this plan;
- If the member declines to be transferred, or to return to his/her home country when declared medically fit to travel by the medical director, any continuing expenses for such sickness or injury shall not be covered;
- medication commonly available without a prescription; fertility drugs, contraceptives, vitamin preparations, acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
- plastic or cosmetic surgery except as a result of a covered Injury;
- organ transplants;
- any sickness, injury or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such visit is taken on the advice of a physician or surgeon;
- medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a physician by telephone or e-mail;
- the worsening, recurrence, side effects or complications of a medical condition resulting from the member's failure to follow the directions of a physician or other health care provider;
- Injury resulting from participation in: amateur athletics (unless sanctioned by the participating educational institution attended by the member); professional athletics; mountaineering; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; sky diving; parachuting; bungee jumping; snow skiing or snowboarding, except recreationally at regular supervised ski hills within marked trails; racing by motorized vehicle (except recreational Go-Karting) or animal, spelunking; SCUBA diving unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; any other athletic or adventure activity of an unusually high risk level comparable to the activities described in this section;
- Injuries resulting in claims caused by the operation of, or riding as a passenger on limited speed bicycles, scooters or mopeds, regardless of the provincial legislation regarding operation of these vehicles;
- any sickness, injury or medical condition resulting from the commission or attempted commission of an illegal act;
- any medication related to a mental, emotional or psychological condition except as otherwise provided under this policy; and
- any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.

GENERAL EXCLUSIONS AND LIMITATIONS

The following additional exclusions are also applicable to Accidental Death and Dismemberment benefits:

- sickness, disease, or bodily infirmity whether the loss or claim results directly or indirectly from any of these;
- mental incapacity whether the loss or claim results directly or indirectly from any mental incapacity;
- sustained while the member is undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the member is:
 - a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
- infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- an act, attempted act or omission taken or made by the member, or an act, attempted act or omission taken or made with the member's consent, for the purposes of interrupting the blood flow to the member's brain or to cause asphyxiation to the member, whether with intent to cause harm or not; and
- natural causes.

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