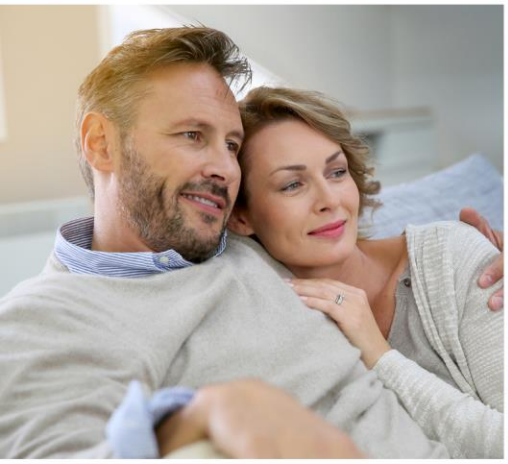

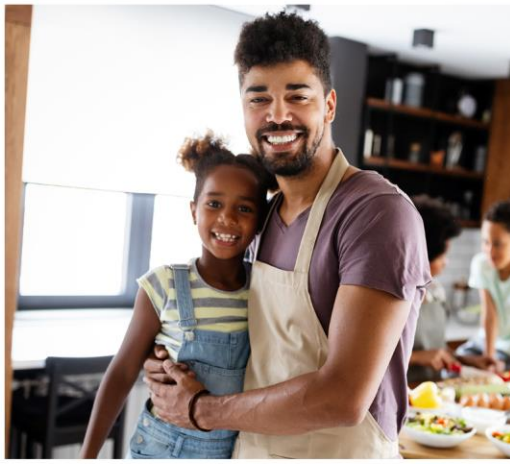

Your Group Benefits Booklet

Saint Mary's University Students' Association

Plan Number:
0091939000

Updated Effective Date:
September 1, 2023

MEDAVIE BLUE CROSS™

Welcome to your Student Benefits Plan

Your Student benefits coverage provides you with the peace of mind that you and your family are protected today and in the future, for health and medical expenses not available through the coverage provided by government.

In this plan, drug, extended health and dental benefits are administered by Medavie Inc. Travel benefit is insured by Medavie Inc.

Medavie Inc. (also known as Medavie Blue Cross), which will be referred to as "Blue Cross" for convenience of reference.

Blue Cross has been a trusted health services partner for individuals, employers and governments across Canada for over 70 years. Our core purpose is to help improve the health and well-being of people and their communities.

Our commitment to service, innovative solutions and technological expertise mean you can rest easy because at Blue Cross, we're always there for you.

About this Booklet

This booklet, together with your identification card, contains important information about your Student benefits coverage. You should keep them in a safe place for future reference.

This booklet summarizes the important features of your Student benefits coverage. It is prepared as information only, and does not, in itself, constitute an agreement. The exact terms and conditions of your Student benefits coverage are described in the benefit plan held by the Plan Sponsor. In the event of a difference of wording of the benefit plan, the benefit plan will prevail, to the extent permitted by law.

Helpful Tip

Take a tour in the Member Centre section at **www.medaviebc.ca**

Your booklet is divided into the following sections:

- **Summary of Benefits:** Outlines the main features of each benefit. It is important to read your Summary of Benefits along with the benefit details to ensure you fully understand your benefit coverage.
- **Coverage Details:** Contains important information regarding the eligibility requirements for your Student benefits coverage. This includes when your coverage begins and ends, plus other useful information to help you take advantage of the coverage available to you.
- **Rights and Responsibilities under the Plan:** Outlines your responsibilities under the benefit plan (such as your responsibility to notify your Student benefits administrator upon change in status) and your rights (for example your right to privacy).
- **How to Submit a Claim and Obtain More Information:** Provides additional information on how you can submit claims and obtain more information regarding your coverage.
- **Helpful Tips:** Throughout this booklet we provide useful tips to help you better understand and get the most out of your Student benefits.

Medavie Mobile App

Submit a claim, check coverage, find a health professional in your area, and much more! Visit **www.medaviebc.ca/app** for more information or to download the app.

TABLE OF CONTENTS

Accidental Death and Dismemberment Insurance is underwritten by Chubb Life.

Summary of Benefits

Drug Benefit

Deductible	None
Reimbursement Level	Tier 1 - 100% for Direct2U prescription delivery and Drug Smart Pharmacy; 80% for all other pharmacies Tier 2 - 80% for Direct2U prescription delivery and Drug Smart Pharmacy; 50% for all other pharmacies Specialty High Cost Drugs: 80% for Direct2U prescription delivery and Drug Smart Pharmacy; 50% for all other pharmacies*
Conditional Co-payment	Applies
Method of Payment	Pay Direct
Supplemental Coverage Offered to Participants in RAMQ Public Plan	Not Applicable
Drug Formulary	Tiered Formulary
Benefit Maximum	Overall maximum of $5,000 per Participant per Plan Year in combination with Extended Health Care.
Antihistamines and Allergy Sera	Included*
Vaccines (Including vaccines received at travel clinics)	Included*, excludes travel clinic administration charges
Gardasil	$100/Plan Year
Intrauterine Contraceptive Device (IUD)	One/5 Plan Years*
Hepatitis C Drugs	$1,500/lifetime*
Hormone Replacement Therapy Drugs	$500/Plan Year*
Central Nervous System Stimulants	Included*
Substitution Provision	Mandatory Generic Substitution
Days Supply	100 days maximum supply (30 days supply may apply to some drugs)
Termination	The earliest of: - the end of the Plan Year (August 31st), or - when the Member dies
Survivor Coverage	Covered until the end of the Plan Year

*Included in the overall benefit maximum.

Summary of Benefits

Extended Health Care

Deductible	None
Benefit Maximum	Overall maximum of $5,000 per Participant per Plan Year in combination with Drug Benefit.

	Reimbursement Level	Benefit Maximum
Medical Services and Supplies		
Ambulance Transportation	80%	$1,000/Plan Year
Health Practitioners:		**Maximum per Plan Year**
Mental Health Practitioners *Psychologist/Social Worker/Psychotherapist/ Counselling Therapist (combined)*	100%	$400/visit, maximum of $1,000
Physiotherapist/Massage Therapist (combined)*	80%	$55/visit, maximum of $350
Naturopath/Dietitian/Chiropractor/Osteopath/ Chiropodist/ Podiatrist (combined)	80%	$45/visit, maximum of $350

*When prescribed by a physician, applicable to Massage Therapist only.

Summary of Benefits

Extended Health Care

Medical Services and Supplies	Reimbursement Level	Benefit Maximum
Durable Medical Equipment*	80%	1/month for rental, 1/5 Plan Years for approved purchase**
Mobility Aids and Orthopedic Appliances	80%	See benefit details**
Wigs	80%	$300/lifetime**
Diabetic Equipment	80%	$200/Plan Year**
Custom Made Foot Orthotics	80%	1 pair/Plan Year**
Other Medical Services and Supplies	80%	Usual, Customary and Reasonable Charges, unless otherwise stated in the benefit details**
Vision Care* **		
Eye Examination****/Lenses/Frames/ Contact Lenses (combined)	80%	$150/Plan Year
Termination	The earliest of: - the end of the Plan Year (August 31st), or - the Member reaches age 70	
Survivor Coverage	Covered until the end of the Plan Year	

*Pre-authorization required.

**To a total combined maximum of $500 per Plan Year.

***Vision Care prescriptions (no more than 2 years old) must be submitted along with your receipt(s) when submitting claims for reimbursement. Not applicable to Eye Examinations. Expenses must be incurred in Canada.

****Eye Examinations per visit are reimbursed to Usual, Customary and Reasonable charges.

Summary of Benefits

Dental Benefit

Deductible	None	
Fee Guide Schedule	Current year/Province of Provider (Specialist fees paid at GP rate)	
	Reimbursement Level	**Benefit Maximum**
Preventive Care	70%	$750/Plan Year combined with Basic Care
Oral Exam and Diagnosis		
Recall oral exams		1/12 consecutive months
Preventive Treatment		
Polishing of teeth		1/12 consecutive months
Fluoride treatment		1/12 consecutive months
Scaling		10 Units/Plan Year (combined with Root Planing).
Basic Care		$750/Plan Year combined with Preventive Care
Restorations	70%	Included
Oral Surgery (including General adjunctive services)	50%	Included
Endodontic Services	70%	Included
Periodontic Services	70%	Included
Root Planing	70%	10 Units/Plan Year (combined with Scaling)
Lowest Cost Alternative Benefit	Not applicable	
Termination	The earliest of: - the end of the Plan Year (August 31st), or - the Member reaches age 70	
Survivor Coverage	Covered until the end of the Plan Year	

Summary of Benefits

Travel Benefit

Deductible	None
Reimbursement Level	100%
Coverage Duration	Trips outside the Participant's province of residence are eligible for up to 365 days provided they have received an extension through their provincial government health care coverage for the period. If the Participant is an international Student, trips to their home country are limited to the first 30 days.
	Benefit Maximum
Emergency Hospital and Medical Travel Coverage	$2,000,000/Participant/Incident*
Worldwide Travel Assistance	Yes
Trip Cancellation and Interruption Coverage	$5,000/Participant/Trip
Baggage Coverage	$500/Participant/Trip
Termination	The earliest of: - the end of the Plan Year (August 31st), or - the Member reaches age 70
Survivor Coverage	Covered until the end of the Plan Year

*Incident: An individual occurrence of Emergency illness or injury.

You and Your Dependents

Throughout this booklet several key terms are used to refer to you and your Dependents:

- the terms that may refer to you are: Member, Participant and Student;
- the terms that may refer to your Dependents are: Dependent, Spouse, Child and Participant.

Student: A person who is enrolled for courses at a participating academic institution and who meets the institution's definition of a Student.

Member: A Student who is eligible and approved for coverage under this plan.

Dependent: Your Spouse or Child.

Spouse: The person who:

- is a resident of Canada; and
- meets one of the following criteria:
  - is married to the Member;
  - is in a civil union with the Member as defined by the Civil Code of Quebec; or
  - has been living with the Member in a conjugal relationship for at least 1 year; however, where required by provincial legislation, this 1 year period is waived if a child is born of such relationship.

Helpful Tip

You are responsible for enrolling your Dependents under the plan when they become eligible.

In addition, you are responsible for removing them when they no longer meet the definitions outlined here.

Helpful Tip

A Member, Spouse and Child are all Participants under the plan.

The Spouse must be designated by the Member on their application for coverage. Only one person may be covered as a Spouse at any one time.

Child: A person who:

- is a resident of Canada;
- is the natural or adopted child of the Member or Spouse, or the child over whom the Member or Spouse has been appointed as guardian with parental authority;
- is financially reliant on the Member or Spouse for care, maintenance and support;
- is not married or in a common law relationship; and
- meets one of the following criteria:
  a) is under age 21; or
  b) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis.

Participant: The Member or one of the Member's Dependents who has been approved for coverage under this plan.

Other Important Terms

Accident: A sudden, fortuitous and unforeseeable event that:

- is violent in nature;
- arises solely from external means;
- causes bodily injury to the Participant directly and independently of all other causes; and
- is unintended by the Participant.

The resulting injury to the Participant must be certified by a physician.

Approved Provider: A provider of health care services or supplies who has been approved by Blue Cross to provide specific Eligible Expenses.

Eligible Expenses: Charges incurred by the Participant for health care services and supplies that are:

- Medically Necessary;
- Usual, Customary and Reasonable;
- recommended or prescribed by a Physician or Health Practitioner who:
  - does not normally reside in the Participant's home;
  - is not the Participant's Family Member; and
  - is not the Participant's employer or co-worker;
- rendered or dispensed by an Approved Provider who:
  - does not normally reside in the Participant's home; and
  - is not the Participant's Family Member; and
- rendered or dispensed after the effective date and while the plan is in effect, unless otherwise specified.

Helpful Tip

Important: Blue Cross will only reimburse health expenses meeting these Eligible Expenses criteria.

Health care services and supplies that Participants prescribe, render or dispense to themselves are not Eligible Expenses.

An Eligible Expense is considered to be incurred on the date the service or supply was received by the Participant. Reimbursement for Eligible Expenses incurred outside of Canada will be limited to the amount that would have been reimbursed if the expense had been incurred in the Participant's province of residence, unless the benefit is restricted to in Canada only.

Where more than one form or an alternative form of Treatment exists, Blue Cross has the right to base its payment for Eligible Expenses on the lowest cost alternative if Blue Cross, in consultation with its health care consultants, deems the alternative Treatment to be appropriate and consistent with good health management.

Helpful Tip

Family member refers to a Participant's:

- spouse or common law partner;
- parent and parent's spouse or common law partner;
- children and spouse's or common law partner's children;
- brothers and sisters;
- grandchildren; or
- grandparents.

Health Practitioner: A health care practitioner who is a registered member of their regulatory body (if applicable) and practices within the limits of their authority as established by law. If no occupational guild applies to a particular practitioner, the practitioner must:

- be a registered member of their association;
- provide care and treatment within the limits of their professional scope of practice; and
- be an Approved Provider.

Illness: A deterioration of health or a bodily disorder that has been diagnosed by a Physician and requires regular and continuous care.

Insured Benefits: Benefits underwritten and administered by Medavie Inc. which assumes all liability for its payment. In this plan, travel benefits are Insured Benefits.

Medically Necessary: A health care service or supply provided or prescribed by a Physician or Health Practitioner to treat an injury or Illness that, in the opinion of Blue Cross after consultation with its health care consultants:

- has not been provided or prescribed primarily for convenience or cosmetic reasons;
- is the most appropriate, safe and cost effective Treatment for the diagnosed injury or Illness; and

Helpful Tip

Blue Cross will only pay for Eligible Expenses that are Medically Necessary.

- is generally medically recognized as acceptable Treatment for the diagnosed injury or Illness.

Plan Year: The period of time commencing with the first day of September in any given year to the 31st day of August of the following year, unless otherwise stated.

Self-Insured Benefits: Benefits that are:

- fully funded by the plan sponsor who assumes sole liability for their payment; and
- administered by Medavie Inc. under an administrative services only contract with the plan sponsor.

In this plan, drug, extended health and dental benefits are Self-Insured Benefits.

Treatment: The management and care of a Participant to improve or cure an Illness, disorder or injury. This management and care must be:

- considered appropriate and approved by Blue Cross; and
- prescribed, provided or performed by a Health Practitioner or Physician practicing in the field of medicine applicable to the Participant's disease, disorder or injury.

Usual, Customary and Reasonable: Charges incurred by the Participant that are:

- consistent with the amount typically charged by Health Practitioners or Approved Providers for similar services or supplies in the province in which the services or supplies are being purchased; and
- in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition.

Who is Eligible for Coverage?

You are eligible for coverage if you meet the definition of Student. The following Students are automatically covered by the SMUSA health and dental plan:

Full time Canadian Students with provincial health care coverage;

International Students with MSI coverage; and

International Students with SMU basic international health coverage.

Your Dependents are also eligible for coverage if they meet the definition of Spouse or Child outlined above in the *Key Terms*.

To be eligible for coverage, you and your Dependents must be entitled to government health care coverage or similar coverage deemed satisfactory by Blue Cross.

How do I Enrol for Coverage?

You are automatically enrolled for coverage if you meet all eligibility requirements described in this booklet. You may also enrol your Dependents by completing the application for family coverage.

When Does My Coverage Begin?

Students

Your coverage takes effect on the latest of the following dates:

- the effective date of the plan;
- the date you meet all of the eligibility requirements; and
- the first day of September, January or May, depending on which term your academic year is beginning.

Dependents

Your Dependent's coverage takes effect on the latest of the following dates:

- the date you become eligible for coverage;
- the date they meet all of the eligibility requirements; and
- the date of birth of a new Dependent Child.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the plan terminates;
- you or your Dependents no longer meet one or more of the eligibility requirements;
- you (or your Spouse, if applicable) reaches the termination age or termination date, if any, specified in the Summary of Benefits;
- the Plan Year ends;
- you die;
- you or your Dependents commit a fraudulent act against Blue Cross or the plan sponsor; or
- the plan sponsor defaults in payment of premiums.

Coverage for your Dependents will also terminate on the date your coverage terminates.

No coverage will be provided to you or your Dependents while performing duties as an active member in the armed forces of any country, unless coverage must be retained under applicable provincial legislation.

Survivor Coverage

In the event of your death, coverage for your Dependents will continue for certain benefits, if specified in the Summary of Benefits.

Survivor Coverage for your Dependents will terminate on the earliest of the following dates:

- the Student plan termination date;
- the date the maximum Survivor Coverage period has been reached, as specified in the Summary of Benefits;
- the date your Dependents obtains similar coverage under another plan; or
- the date your Dependents are no longer considered to be eligible Dependents (for reasons other than your death).

What if I Have Coverage Elsewhere?

With the exception of the travel benefits provided under the travel benefit section of this booklet, Blue Cross will co-ordinate your Student benefits coverage with other health plans when similar coverage is available. The co-ordination of benefits process helps ensure you get the most out of your coverage. It means you can receive up to, but no more than, 100% reimbursement for Eligible Expenses.

Helpful Tip

Blue Cross will help direct you to existing **government programs** whenever possible.

Government Health Care Coverage

Blue Cross will not pay for any health care services or supplies available under government health care coverage, or administered by government funded hospitals, agencies or providers. Blue Cross will only consider Eligible Expenses in excess of those provided under government health care coverage.

Other Health Plans

Do you take advantage of coverage under the other benefit plans available to you, such as your Spouse's? If not, you may be missing out on possible reimbursement of up to 100% of Eligible Expenses.

Helpful Tip

The types of other plans that are potentially subject to co-ordination of benefits include any form of group, individual, family, creditor or saving insurance coverage that provides reimbursement for medical treatment, services or supplies.

Blue Cross applies co-ordination of benefits according to the guidelines of the Canadian Life and Health Insurance Association Inc. (CLHIA). Here are the general rules:

Expenses for Yourself:

- You must first submit expenses incurred to this plan (where you are covered as a Member). The balance that has not been paid by this plan (if any) can then be submitted to the other plan where you are covered as a dependent (for example your Spouse's plan).
- If you are covered as a member under more than one group benefit plan, the plan that has covered you the longest pays first.

Expenses for Your Spouse:

- Your Spouse must submit any expenses incurred for themselves to their own group benefit plan (if any) first. The balance that is not paid by their plan (if any) can then be submitted to this plan.

Expenses for Your Child:

- If a Child is covered as a dependent by both you and your Spouse, you should submit their claim to the plan of the parent whose birthday comes first in the year.
- In the event of divorce or separation, the plan of the parent with whom the Child resides (the plan of the parent with custody of the Child) pays first.

Helpful Tip

For more information on co-ordination of benefits (including examples), visit our website.

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Conditional Co-payment: If the Summary of Benefits specifies Conditional Co-payment applies, certain Eligible Drugs that would normally be reimbursed at the lower reimbursement level may be reimbursed at the higher reimbursement level when established criteria are met. The criteria to be met for Conditional Co-payment are established by Blue Cross.

Eligible Drug: A drug that is:

- approved by Health Canada;
- assigned a drug identification number (DIN) or a natural health product number (NPN) in Canada;
- considered by Blue Cross to be a Life-Sustaining Drug or a drug that requires a prescription by law;
- prescribed by a physician or by a Health Practitioner who is licensed to prescribe under applicable provincial legislation;
- approved by Blue Cross as an Eligible Expense; and
- dispensed by an Approved Provider that is a licensed retail pharmacy or another provider that is approved by Blue Cross.

Blue Cross may, on an ongoing basis, add, delete or amend its list of Eligible Drugs.

Interchangeable Drug: An Eligible Drug that can be substituted for another Eligible Drug as both drugs:

- are considered pharmaceutical equivalents by Health Canada;
- contain the same active ingredients; and
- are administered in the same way.

Life-Sustaining Drug: An Eligible Drug that does not require a prescription by law but which Blue Cross is satisfied is necessary for the survival of the Participant. A prescription from a physician or Health Practitioner is still needed for reimbursement.

Medication Advisory Panel: The group of health care and other industry professionals appointed by Blue Cross to review new drugs and decide which drugs Blue Cross includes on its formularies.

What Blue Cross Will Pay

Blue Cross will pay Eligible Expenses subject to the following terms and conditions:

- payment is limited to the reimbursement level and the benefit maximums specified in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits;
- Blue Cross may determine that certain Eligible Drugs are subject to:
  - dollar, quantity or frequency maximums;
  - Special Authorization; or
  - co-ordination with patient assistance programs;
- payment for prescriptions for Interchangeable Drugs is limited in accordance with the Substitution Provision of this benefit; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses listed below, provided they also meet the definition of Eligible Expenses contained under the *Key Terms* provision of this booklet:

- diabetic supplies, including test strips, lancets, needles, syringes, continuous glucose monitoring (CGM) sensors and insulin pump supplies;
- preparations and compounds if their main ingredient is an Eligible Drug; and
- prescribed Eligible Drugs that appear on the following drug formulary:
  - **Tiered Formulary:** List of Life-Sustaining Drugs and Eligible Drugs that require a prescription by law that are reimbursed at varying tiered co-payment levels determined by the employer. This formulary is subject to the decisions of the Medication Advisory Panel.

Helpful Tip

Your Student benefits plan provides you with immediate access to most Eligible Drugs.

Certain Eligible Drugs require Special Authorization before your prescription is covered.

Special Authorization

Certain Eligible Drugs require prior or ongoing authorization by Blue Cross to qualify for reimbursement. The criteria to be met for Special Authorization are established by Blue Cross and may include requiring the Participant to participate in related patient support programming.

Specialty High Cost Drug: An Eligible Drug that requires Special Authorization and:

- is considered a Specialty High Cost Drug by the Medication Advisory Panel; or
- meets the following criteria:
  - costs $10,000 or more per treatment or per calendar year;
  - is used to treat complex chronic or life threatening conditions such as cardiac, rheumatoid arthritis, cancer, multiple sclerosis or hepatitis c.; and
  - is prescribed by a specialist.

How does the Special Authorization process affect my claim?

The first time you present a prescription for an Eligible Drug on the Special Authorization list your pharmacist will indicate the need for Special Authorization.

You can request a Special Authorization Prescription Drug Form from your pharmacy, your Student benefits administrator, the nearest Blue Cross customer information centre or from our website. You must complete the patient section of the form, have your physician complete and sign the remaining portion and mail your completed form to the nearest Blue Cross office.

Helpful Tip

To print a copy of our Special Authorization Prescription Drug Form, visit our website.

Your request will be confidentially reviewed by a health care professional according to the payment criteria established. When all the required information is received by Blue Cross, the standard turn-around time for Special Authorization decisions is 7 to 10 working days.

You will receive confirmation in writing regarding the decision on your Special Authorization request. If your request is approved, this confirmation will include the effective date and duration of your approval.

Any fees associated with completing this form or obtaining additional medical information are your responsibility.

Substitution Provision

If the Summary of Benefits specifies Substitution Provision applies and an Interchangeable Drug has been prescribed, Blue Cross will reimburse to the lowest ingredient cost Interchangeable Drug.

Participants may request a higher cost Interchangeable Drug; however, they will be responsible for paying the difference in cost between the Interchangeable Drugs.

Regardless of whether the Participant's Physician indicates the prescribed Interchangeable Drug cannot be substituted, Blue Cross will only reimburse to the lowest ingredient cost Interchangeable Drug.

For Participants with an adverse reaction to the Interchangeable Drug dispensed, Blue Cross will consider reimbursement to another Interchangeable Drug on a case by case basis only through the Special Authorization process.

Helpful Tip

A generic drug and its brand name equivalent are considered to be Interchangeable Drugs. Health Canada imposes the same standards and tests on generic drugs as it does on brand name drugs. Generic drugs are effective and safe, while often being less expensive.

Payment of Claims

How Payments are Made

The Summary of Benefits specifies the Method of Payment that applies to Participants under the Student plan.

Pay Direct: At the time of purchase, the Approved Provider will submit the Participant's claim to Blue Cross electronically to verify eligibility. The Participant will pay the Approved Provider only the portion of the claim that is not covered by this benefit. Blue Cross will reimburse the balance of the claim to the Approved Provider directly.

Helpful Tip

If you have a Pay Direct plan, always have your drugs submitted electronically via the Approved Provider. This will ensure you don't end up paying more out-of-pocket than you should.

If the Participant submits to Blue Cross a paid-in-full prescription drug receipt, Blue Cross will only reimburse the amount that would have been paid to the Approved Provider if the claim had been submitted electronically.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim at the earliest of the following:

- within 12 months of the date the Eligible Expense was incurred; or
- within 90 days after the date the Member's coverage is terminated.

Exclusions and Limitations

Unless otherwise specified in the Summary of Benefits, expenses associated with the following categories of drugs are not eligible for reimbursement:

a) varicose vein injections;
b) antihistamines and allergy sera;
c) smoking cessation aids;
d) vaccines;
e) vitamins;
f) weight loss treatments;
g) natural health products, homeopathic and naturopathic products, herbal medicines and traditional medicines, nutritional and dietary supplements;
h) fertility treatments;

i) erectile dysfunction treatments;
j) hair growth stimulants;
k) services, treatment or supplies that:
   i. are not Medically Necessary;
   ii. are for cosmetic purposes only;
   iii. are elective in nature; or
   iv. have experimental or investigative indication;
l) procedures related to drugs injected by a Health Care Professional in a private clinic;
m) drugs that Blue Cross determines are intended to be administered in hospital, based on the way they are administered and the condition the drug is used to treat;
n) expenses that are covered under any government health care coverage or charges payable under a workers' compensation board/commission, any automobile insurance bureau or any other similar law or public plan;
o) services, treatment or supplies the Participant receives free of charge;
p) charges that would not have been incurred if no coverage existed; or
q) drugs that are eligible under the travel benefit provided by the Student plan (if applicable).

Helpful Tip

Shop around for the best price for your prescription drugs.

For the same prescription, the price can vary depending on where you go, even among stores in the same chain.

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Acute Care: Short-term Treatment that is necessary to:

- prevent deterioration of a severe injury, episode of illness or urgent medical condition;
- promote recovery from surgery; or
- provide palliative care for an individual diagnosed with a terminal illness whose life expectancy is less than 3 months.

Hospital: An Acute Care facility that is licensed to provide inpatient treatment. This does not include any part of such facility that is intended for long term care. The facility must:

- have facilities for diagnostic treatment and major surgery;
- qualify to participate in and be eligible to receive payments under the provisions of the provincial hospital act in the jurisdiction in which it is located;
- operate in accordance with the applicable laws of the jurisdiction in which it is located;
- provide 24 hour nursing care services; and
- require that every patient be under the direct care of a physician.

Hospitals do not include convalescent care facilities, physical or psychiatric rehabilitation facilities, maternity homes, nursing homes, rest homes, retirement residences, homes for the aged, blind, deaf, chronically or mentally ill, long-term care or assisted living facilities or drug addiction and alcohol treatment centres. It also does not include any part of a Hospital consisting of nursing care or beds that have been set aside for any of the purposes outlined in this paragraph.

Helpful Tip

Blue Advantage® offers savings to Blue Cross members on medical, vision care and many other products and services from participating providers across Canada.

A list of participating providers and discounts is available at **www.blueadvantage.ca**.

What Blue Cross Will Pay

Blue Cross will pay Eligible Expenses subject to the following terms and conditions:

- payment is limited to the reimbursement level and benefit maximums specified below and in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses explicitly listed in the following categories, provided they also meet the definition of Eligible Expenses under the *Key Terms* provision of this booklet.

Medical Services and Supplies

Ambulance Transportation: Charges for emergency transportation of a stretcher patient by a licensed ambulance to and from the nearest Hospital equipped to provide the emergency care needed by the Participant. This includes air or rail transportation.

This coverage excludes inter-Hospital transfers.

Health Practitioners: Eligible Expenses for Treatment provided by any Health Practitioner specified in the Summary of Benefits. Coverage is limited to:

- Treatment within the scope of the Health Practitioner's practice; and
- 1 Treatment by the same Health Practitioner per day.

Unless otherwise specified in the Summary of Benefits, a physician referral is not necessary for Treatment to be eligible for coverage.

This coverage excludes:

- products provided by a Health Practitioner (unless specified as a benefit under this Student benefits plan);
- comprehensive health assessments;
- charges for services obtained in Hospital; and
- group treatment sessions.

Helpful Tip

Ask your Health Practitioner if they are a Blue Cross Approved Provider before you obtain service or supplies to avoid unexpected out-of-pocket expenses.

Durable Medical Equipment: Charges for rental of the following medical equipment:

- manual wheelchair, including cushions and inserts;
- industrial manual hospital bed, including mattress and safety side rails;
- equipment for the administration of oxygen, percussor, bi-level positive air pressure (BiPAP), continuous positive airway pressure (CPAP) (including masks and supplies limited to once per lifetime) and ventilator;
- purchase of insulin pump for the Treatment of type 1 diabetes;
- traction equipment;
- enteral pump accessories and food substitutes up to the usual, customary and reasonable charges;
- mist tent; and
- bedwetting device.

Helpful Tip

You must obtain pre-approval from Blue Cross before purchasing durable medical equipment or prostheses. This will ensure you don't end up with significant and unexpected out-of-pocket expenses.

The purchase of durable medical equipment requires pre-approval from Blue Cross, otherwise it may be ineligible for payment in whole or in part.

If there is a long-term need for equipment due to extended illness or disability, Blue Cross may, at its discretion, approve the purchase of these items. If such purchase is approved, the rental or approved purchase of a second piece of similar equipment is limited to once every 5 consecutive Plan Years.

Two pieces of equipment are similar if they serve the same purpose (for example, facilitate breathing, provide mobility, deliver insulin).

This coverage excludes charges for special mattresses and air conditioning or air purifying equipment.

Mobility Aids and Orthopedic Appliances: Charges for the purchase or rental of crutches, canes and walking aids, casts, splints, trusses, braces and cervical collars.

Wigs: Charges for wigs when hair loss is due to an underlying pathology or its Treatment.

Diabetic Equipment: Charges for glucometer, pressurized insulin injector, continuous blood glucose monitoring transmitters, insulin dosing systems or other equipment approved by Blue Cross that performs similar functions. The equipment must be used for the Treatment and control of diabetes.

Insulin pumps are eligible under the durable medical equipment benefit.

Custom Foot Orthotics: Charges for:

- custom made foot orthotics to accommodate, relieve or remedy a mechanical foot defect or abnormality providing that:
  - they have been prescribed by an attending physician, an orthopedic surgeon, physiatrist, rheumatologist or chiropodist/podiatrist; and
  - they are dispensed by an Approved Provider of custom made foot orthotics.

Helpful Tip

For more information on which expenses qualify under your orthotics coverage, visit our website. www.medaviebc.ca/benefit updates.

Other Medical Services and Supplies: Charges for the following medical services and supplies:

- graduated compression garments (including stockings) to a maximum of $200 per Plan Year;
- ostomy supplies, catheters and catheterization supplies;
- oxygen;
- surgical brassieres to a maximum of 2 per Plan Year; and
- transcutaneous electrical nerve stimulator (TENS) device to a maximum of $300 per 5 Plan Years.

Vision Care

Eye Examination: Charges for an eye examination performed by an ophthalmologist or optometrist.

Lenses, Frames and Contact Lenses: Charges for the following products and services are eligible when prescribed by an ophthalmologist or optometrist:

- corrective eyeglasses (frames and lenses) and contact lenses; and
- intraocular lenses used in cataract surgery.

This coverage excludes expenses incurred for non-corrective sunglasses and safety glasses.

Payment of Claims

How Payments are Made

The Participant will pay the full cost of any expense to the Approved Provider at the time of purchase. Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

Certain Approved Providers may offer a pay direct arrangement. In such circumstances, the Approved Provider will submit the Participant's claim to Blue Cross electronically to verify eligibility at the time of purchase and the Participant will only pay the Approved Provider the portion of the claim that is not covered by this benefit. Blue Cross will reimburse the balance of the claim to the Approved Provider directly.

How Eligible Expenses are Calculated

Reimbursement of an Eligible Expense is calculated as follows:

Step 1. Blue Cross will apply any applicable Usual, Customary and Reasonable limits. The Eligible Expense will be equal to the lesser of the actual expense and the Usual, Customary and Reasonable charges for the service or supply;
Step 2. Blue Cross will subtract the Deductible (if any);
Step 3. the Reimbursement Level percentage will be applied to the remainder of the Eligible Expense;
Step 4. the result is the amount payable by Blue Cross, subject to any Benefit Maximums applicable.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim at the earliest of the following:

- within 12 months of the date the Eligible Expense was incurred; or
- within 90 days after the date the Member's coverage is terminated.

Exclusions and Limitations

No payment will be made (or payment will be reduced) for:

a) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
b) health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;
c) health care that was covered under any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan, when this benefit was issued but has since been modified, suspended or discontinued;
d) services, treatment or supplies that the Participant receives free of charge;
e) charges that would not have been incurred if no coverage existed;
f) services, treatment or supplies that are:
    i. not Medically Necessary;
    ii. for cosmetic purposes only;
    iii. elective in nature; or
    iv. experimental or investigative.
g) all services relating to family planning, including artificial insemination, laboratory fees or other charges incurred in relation to infertility treatment, regardless of whether or not infertility is considered to be an illness;
h) charges that are eligible under the travel benefit provided by the Student plan (if applicable);
i) services or supplies normally intended for recreation or sports;
j) extra supplies that are spares or alternates;
k) charges for missed appointments or the completion of forms;
l) medical examinations or routine general check-ups;
m) mileage or delivery charges to or from a Hospital or Health Practitioner; or
n) services or expenses incurred as a result of:
    i. insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion; or
    ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained.

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

> **Helpful Tip**
>
> Blue Cross limits its payments to the amount listed in the fee guide specified in the Summary of Benefits.
>
> Before starting your Treatment, ask your dentist if they follow the provincial fee guide.

Additional Definition

The following definition applies to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Unit: A 15 minute interval of time or any portion of a 15 minute interval of time.

Exception: When coverage is limited by Units but fees are not described in terms of Units by either:

- the fee guide in effect where Treatment is rendered; or
- the fee guide specified by this plan;

each incident of service is considered 1 Unit, regardless of its duration.

What Blue Cross Will Pay

> **Helpful Tip**
>
> You are responsible for paying any expenses in excess of the fee guide listed in the Summary of Benefits. This is important to consider, since it can directly impact your out-of-pocket expenses.

Blue Cross will pay Eligible Expenses subject to the following terms and conditions:

- payment of all Eligible Expenses is limited to the reimbursement level and benefit maximums specified below and in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits;
- the amount of the Eligible Expense to which the reimbursement level applies is the lesser of:
  - the expense actually incurred by the Member; or
  - the fee amounts specified in the dental fee guide approved by Blue Cross (the applicable guide and annual edition are specified in the Summary of Benefits);
- the Eligible Expenses for laboratory fees are limited to 60% of the amount indicated in the provider fee guide for the dental service provided;
- if one or more forms of alternative Treatment exist, payment is limited to the cost of the least expensive Treatment that will meet the Participant's basic dental needs. This limitation applies to the benefits specified as Lowest Cost Alternative Benefit in the Summary of Benefits;
- Eligible Expense must have been performed by:
  - a licensed dentist;
  - a licensed denturist when the services are within the scope of their profession; or
  - a licensed dental hygienist under the supervision of a licensed dentist or independently where permitted by provincial legislation; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses explicitly listed in the following categories, provided they also meet the definition of Eligible Expenses under the *Key Terms* provision of this booklet.

Preventive Care

Oral Examinations and Diagnosis: Charges for:

- complete or general oral examination to a maximum of 1 per 5 Plan Years;
- recall oral examination;
- emergency oral examination to a maximum of 1 per 12 consecutive months; and
- limited or specific oral examination to a maximum of 1 per 12 consecutive months.

X-rays: Charges for:

- complete series to a maximum of 1 per 5 Plan Years combined with panoramic;
- panoramic to a maximum of 1 per 5 Plan Years combined with complete series;
- intra-oral:
  - periapical; and
  - occlusal and bitewings to a maximum of 1 procedure per 12 consecutive months;
- sialography; and
- radiopaque dyes.

Laboratory Tests and Examinations: Charges for:

- bacterial culture;
- biopsy of soft oral tissue;
- biopsy of hard oral tissue; and
- cytological examination.

Preventive Treatment: Charges for:

- polishing of teeth;
- fluoride treatment (limited to Participants under age 18);
- pit and fissure sealants (limited to Participants under age 18); and
- scaling.

Space maintainers: Limited to Participants under age 12.

Helpful Tip

Scaling refers to removal of plaque, calculus, and stains from teeth.

Basic Care

Restorations: Charges for:

- amalgam, acrylic, silicate or composite restorations on anterior and posterior teeth;
- retentive pins;
- pre-fabricated steel or plastic restorations; and
- pulp capping.

Helpful Tip

Restorations (fillings) refer to dental material used to restore the function and integrity of a tooth.

Endodontic Services: Charges for:

- pulpotomy;
- pulpectomy;
- root canal therapy;
- endodontic surgery;
- bleaching (endodontically treated teeth); and
- apexification.

Helpful Tip

Endodontic Services refer to treatment of infected root canals and tissues surrounding the root of the tooth.

Periodontic Services: Charges for:

- periodontal surgery;
- provisional splinting;
- management of acute infections;
- desensitization to a maximum of 3 Units per Plan Year;
- periodontal curettage;
- root planing;
- occlusal adjustments to a maximum of 3 Units per Plan Year;
- periodontal appliances to a maximum of 1 per lifetime;
- adjustments to appliances to a maximum of 3 Units per Plan Year; and
- other adjunctive periodontal services.

Helpful Tip

Periodontic Services refers to prevention, diagnosis and treatment of gum diseases.

Oral Surgery: Charges for:

- removal of teeth and roots;
- surgical exposure and movement of teeth;
- surgical incision, excision and drainage of tumours or cysts;
- frenectomy (surgical alteration of the frenum);
- removal, reduction or remodelling of bone or gum tissue; and
- post-surgical care.

General adjunctive services: Charges for:

- anesthesia;
- temporary dressing for the emergency relief of pain; and
- finishing restorations.

Payment of Claims

How Payments are Made

At the time of purchase, the Approved Provider will either submit the Participant's claim to Blue Cross or provide a completed claim form and proof of payment to the Participant to submit to Blue Cross. The Participant will then be required to either:

- pay the portion of the claim that is not covered by this benefit and Blue Cross will reimburse the balance to the Approved Provider directly; or
- pay the total amount requested by the Approved Provider and the Participant will receive the portion of the expenses refundable by Blue Cross.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim at the earliest of the following:

- within 12 months of the date the Eligible Expense was incurred; or
- within 90 days after the date the Member's coverage is terminated.

Date of Treatment

Eligible Expenses are considered to have been incurred on the date the service or supply was provided. For procedures requiring more than 1 appointment, the Eligible Expense is considered to have been incurred on the date that the entire procedure was completed or the appliance was placed.

Exclusions and Limitations

Unless otherwise specified in the Summary of Benefits, no payment will be made (or payment will be reduced) for:

a) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
b) services, treatment or supplies covered by any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan;
c) dental care that was covered under any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan, when this benefit was issued but has since been modified, suspended or discontinued;
d) services, treatment or supplies the Participant receives free of charge;
e) charges that would not have been made if no coverage had existed;
f) anti-snoring or sleep apnea devices;
g) services rendered by a dental hygienist but not administered under the supervision of a dentist, except in provinces where such supervision is not legally required;
h) services, treatment or supplies that are:
    i. not Medically Necessary (except for Preventive Care services);

   ii. for cosmetic purposes only; or
   iii. experimental or investigative;

i) services or expenses incurred as a result of:
   i. insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion; or
   ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;

j) expenses incurred after the termination date of the Participant's coverage, even if a detailed treatment plan was submitted and accepted by Blue Cross before this date;

k) services that are eligible under the extended health care (if applicable);

l) splinting for periodontal reasons, where cast crowns, inlays or onlays are used for this purpose;

m) treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension or TMJ (temporomandibular joint)/myofascial pain dysfunction;

n) veneers;

o) implants and related services;

p) extra supplies that are spares or alternates; or

q) charges for missed appointments or for the completion of forms.

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Emergency: a sudden and unexpected illness or injury that requires immediate medical Treatment due to:

- an injury resulting from an accident;
- a new medical condition which begins during a Trip; or
- a medical condition that existed prior to a Trip (or prior to booking a Trip) provided that it is not part of an established treatment program.

Hospital: A facility that:

- is licensed as an accredited hospital outside of the Participant's province of residence;
- offers care and treatment to either inpatients or outpatients;
- has a registered nurse on duty 24 hours a day;
- has a laboratory; and
- has an operating room where surgical operations are performed by a legally qualified surgeon.

Coverage excludes any facility used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa or drug addiction or alcohol treatment centre unless specifically authorized by Blue Cross.

Immediate Family Member: A Participant's parents, spouse, child, brother or sister.

Travel Companion: Persons who are sharing prepaid travel arrangements with the Participant. No more than 3 persons can qualify as a Travel Companion for any given Trip.

Trip: Travel outside of the Participant's province of residence.

What Blue Cross Will Pay

Blue Cross will pay for the expenses explicitly listed in the categories below, subject to the following terms and conditions:

- payment is limited to the reimbursement level, benefit maximums and coverage duration specified below and in the Summary of Benefits;
- prior approval of Blue Cross must be obtained before the Eligible Expense is incurred;
- the charges must be usual, customary and reasonable, meaning that:
  - the amount charged is consistent with the amount typically charged by health practitioners for similar products or services in the geographical area in which the service or supply is being purchased; and
  - the frequency and quantity in which services or supplies are purchased by the Participant are, in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition;
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit;
- payment of this benefit is limited to amounts that are in excess of coverage provided by any other plan (where a court determines that this plan and any other plans provide primary coverage, this benefit will be co-ordinated with the other plan, as specified under the *Coverage Details* section of this booklet); and
- payment is subject to post-payment audit.

Emergency Hospital and Medical Travel Coverage

Blue Cross will pay the Eligible Expenses listed in this section if:

- they are incurred as a result of an Emergency;
- the Participant is covered by government health care coverage when the Emergency occurs; and
- Blue Cross is satisfied the expense is necessary to stabilize the Participant's medical condition.

Hospitalization: Charges for Hospital room accommodation (not a suite of rooms) and for Medically Necessary inpatient and outpatient services.

Physician Fees: Fees charged for physician or surgeon services.

Medical Appliances: The cost of casts, crutches, canes, slings, splints, trusses, braces or the temporary rental of a wheelchair or scooter, when prescribed by the attending physician.

Nursing Care: Fees for private duty nursing performed by a professional nurse or nursing assistant when prescribed by the attending physician. The nurse providing the service must not be a family member of the Participant or an employee of the Hospital.

This coverage excludes nursing fees for custodial care.

Diagnostic Services: Charges for laboratory tests, X-rays and diagnostic imaging, when prescribed by the attending physician.

Drugs: The cost of drugs prescribed by a physician, but only in a quantity sufficient to treat the condition for the duration of the Trip. The Participant must provide satisfactory proof of purchase of this medication that includes:

- the name of the Participant;
- the date of purchase;
- the name of the medication;
- the Drug Identification Number, if available;
- the quantity and strength of the drug; and
- the total cost.

Paramedical Services: The cost of services rendered by chiropractors, osteopaths, chiropodists/podiatrists and physiotherapists. This coverage excludes charges for X-rays.

Accidental Dental and Other Dental Emergencies: Fees of a dental practitioner for Treatment:

a) of damage to natural teeth that occurs as a result of a direct accidental blow to the mouth;
b) that is necessary to repair a fracture or reposition a dislocation of the jaw resulting from an accident; or
c) that is needed to relieve pain caused by an Emergency other than those listed in (a) or (b).

With respect to Treatment under categories (a) or (b):

- Treatment must begin while the Participant is covered by this benefit and end within 6 months of the accident, unless deferred Treatment is approved by Blue Cross due to the age of the Participant; and
- the maximum reimbursement per Participant per Incident is $2,000.

With respect to Treatment under category (c), the maximum reimbursement per Participant per Incident is $200.

Ambulance Service: The cost of ground or air ambulance for transportation of a stretcher patient to the nearest qualified medical facility. This includes the cost of an inter-Hospital transfer if the attending physician and Blue Cross determine that existing facilities are inadequate for Treatment or stabilization.

Repatriation to the Province of Residence (Medical Evacuation): The cost of repatriating the Participant to their province of residence to receive immediate medical attention, along with the cost of simultaneously returning a Travel Companion or any Immediate Family Member covered by the plan. If Medically Necessary, this cost may include an accompanying medical attendant.

If returning on a commercial aircraft, coverage includes:

- economy fare to the Participant's home city in Canada; and
- in the case of a medical attendant, round-trip economy fare.

Unless the repatriation or transfer of the Participant is not possible for medical reasons considered acceptable by Blue Cross, Blue Cross may require repatriation of any Participant or transfer to other medical facilities. If the Participant refuses repatriation or transfer, all rights to benefits in relation to the Incident are terminated.

This benefit is subject to the Emergency Hospital and Medical Travel Coverage maximum of $2,000,000 per Participant per Incident.

Transportation to Visit the Participant: The cost of round-trip economy fare (by airline, bus or train) for an Immediate Family Member to the Hospital where the Participant has been confined for 7 or more days if the attending physician provides written acknowledgement that this attendance is required. Blue Cross may waive the 7 day waiting period if Blue Cross is satisfied that this waiver is required.

The cost of round-trip economy fare (by airline, bus or train) for an Immediate Family Member to identify the body of the Participant, if deceased.

Vehicle Return: The fees charged by a commercial agency to return the Participant's vehicle, whether private or rental, to the Participant's residence or to the nearest appropriate vehicle-rental agency, when the Participant is unable to drive as a result of an Emergency illness or injury. A medical certificate from the attending physician confirming the Participant's medical incapacity to operate the vehicle is required. This benefit is subject to a maximum of $1,000 per Trip.

Return of the Deceased: The cost of preparing and transporting the remains of the deceased Participant to their province of residence to a maximum of $7,500.

Meals and Accommodation: The cost of commercial accommodation and meals when the Participant's travel is delayed due to an Emergency illness or injury of the Participant or Travel Companion. The medical reason for the delay must be verified by the attending physician. The maximum reimbursement is $150 per Participant per day for a maximum of 20 days (up to a total maximum of $3,000 per Incident).

All costs must be supported by receipts from commercial organizations.

Worldwide Travel Assistance

Blue Cross, through its travel assistance provider, will provide an emergency toll-free line available 24 hours a day, 7 days a week, for Participants who need medical assistance or general assistance while travelling.

Medical Assistance

If the Participant requires hospitalization or a consultation with a physician as a result of an Emergency, the travel assistance provider appointed by Blue Cross will provide the following support services:

- direct the Participant to an appropriate clinic or Hospital;
- confirm with the service provider that the Participant is covered;
- ensure a follow-up of the medical file and communicate with the Participant's family physician;
- co-ordinate the return home of a Child if the Participant is hospitalized;
- repatriation of the Participant to the province of residence if the Participant meets the eligibility requirements of this expense;
- arrange for the transportation of an Immediate Family Member to the Participant's bedside if the Participant meets the eligibility requirements of this expense; and
- co-ordinate the return of the Participant's vehicle if the Participant meets the eligibility requirements of this expense.

General Assistance

In Emergency situations, the travel assistance provider appointed by Blue Cross will also provide the Participant with the following services:

- transmittal of urgent messages;
- co-ordination of claims;
- services of an interpreter for Emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance with the loss or theft of identity papers; and
- information regarding embassies and consulates.

In addition, pre-travel advice regarding visas and vaccines is available.

Blue Cross and its travel assistance provider are not responsible for the quality of medical and Hospital care provided to the Participant or for the availability of such care.

Trip Cancellation and Interruption Coverage

Blue Cross will pay Eligible Expenses listed in this section if:

- they are incurred because of an Eligible Risk listed in this section;
- they are incurred as a result of an Emergency or reason outside of the control of the Participant or Travel Companion;
- the Participant notifies Blue Cross of the Eligible Risk within the notification periods provided in this section;
- the Participant was not aware of any event that could reasonably prevent them from taking the Trip as planned at the time travel arrangements were made; and
- the Participant submits a proof of claim that meets the requirements of this section.

Amounts payable in this section are limited to the portion of Eligible Expenses that could not be reimbursed in the form of cash or credit at the time the Eligible Risk occurred.

Eligible Risks
Participants are eligible for benefits if their Trip is cancelled, interrupted or prolonged as a result of any of the following events:

a) hospitalization or death of the Participant, an Immediate Family Member, a Travel Companion, a Travel Companion's Immediate Family Member or a business associate, key employee or caregiver of the Participant or Travel Companion;
b) illness or injury of the Participant, the Travel Companion or one of their Immediate Family Members, business associates, key employees or a caregiver that is serious enough to require that the Participant cancel, interrupt or prolong the Trip;
c) pregnancy of the Participant or a Travel Companion if:
    i. the pregnancy occurs after the date that a non-refundable deposit for the Trip has been made or a ticket has been purchased; and
    ii. the departure or return date of the Trip is within 8 weeks before or after the expected date of delivery;
d) summons of the Participant or Travel Companion to jury duty or their subpoena to appear as a witness in a trial to be heard during the Trip, excluding those intended for law enforcement officers;
e) quarantine or hijacking of the Participant, Travel Companion or their Immediate Family Member;
f) disaster that renders the main residence of the Participant or Travel Companion uninhabitable;
g) an employment transfer of the Participant, the Travel Companion or one of their spouses that requires the Participant or the Travel Companion to move permanent residences;
h) the summons to service of a Participant or Travel Companion who is a law enforcement officer, firefighter, reservist or member of the armed forces;
i) a missed flight or connection due to delay of carrier (airline, bus, train) resulting from weather conditions, mechanical failure, an accident, an emergency police-directed road closure or automobile delay resulting from a traffic accident;
j) death or hospitalization of the Participant's host at the Trip destination;
k) the Participant's or Travel Companion's involuntary loss of a permanent job that they had held for at least a full year that causes the Participant to cancel the trip;
l) an event in the country or region of destination that causes the Government of Canada to issue a travel warning to avoid all travel or avoid non-essential travel to that country or region, if the travel warning:
    i. applies to a period of time that includes the scheduled Trip; and
    ii. is issued after the date that a non-refundable deposit for the Trip has been made or a ticket has been purchased;
m) the cancellation of a business meeting, prior to departure, for reasons that are beyond the control of the Participant, the Travel Companion and their Plan Sponsor;
n) the Participant or Travel Companion must cancel travel to or stay in the destination country because their visa application has not been issued, provided:
    i. they are otherwise eligible for the visa;
    ii. the rejection is not due to tardy submission of the application or a prior refusal; and
    iii. the visa application has not been issued for reasons outside of the control of the Participant or Travel Companion; or
o) the legal adoption of a child by the Participant or Travel Companion if the adoption date is scheduled during the Trip.

Eligible Expenses

Unused Travel Arrangements:
Prior to Departure: Charges for non-refundable and pre-paid travel costs if the Participant must cancel the Trip because of an Eligible Risk.

*After Departure***:** Charges for the additional cost of one-way economy fare (by airline, bus or train) to the point of departure and the unused, non-refundable portion of other pre-paid travel expenses (other than the return ticket initially bought), if the Participant must interrupt the Trip because of an Eligible Risk.

Missed Flight or Connection: Charges for the additional cost of a one-way economy fare (by airline, bus or train) to the destination if, due to delay of carrier (airline, bus, train) resulting from weather conditions, mechanical failure, an accident, an emergency police-directed road closure or automobile delay resulting from a traffic accident, the Participant misses their flight or connection and is prevented from continuing on the Trip as planned, provided the Participant was due to arrive at the transfer point at least 2 hours before the scheduled departure time.

Cancellation expenses incurred because of an Eligible Risk relating to adverse weather conditions will only be paid if the adverse weather conditions cause an interruption in the Trip of at least 30% of the total duration initially planned.

Rejoining a Tour or a Group: Charges for one-way economy fare (by airline, bus or train) to join an excursion or group if the Participant misses part of the Trip because of an Eligible Risk.

Next Occupancy Charge: Charges for additional expenses incurred for next occupancy charges when a Participant decides to proceed with their Trip when the Travel Companion must cancel or interrupt their Trip because of an Eligible Risk. Additional expenses are reimbursed up to an amount equal to the cancellation penalty applicable at the time the Travel Companion cancelled.

Delayed returns: Charges for one-way economy fare (by airline, bus or train) to the point of departure, when the Participant's return must be delayed due to an Emergency illness or injury sustained by themselves, an Immediate Family Member or a Travel Companion. The proof of claim must demonstrate the Emergency illness or injury is serious enough to prevent the scheduled return.

Notification of Trip Cancellation

When an Eligible Risk occurs before the departure date, the Participant must contact the travel agent or carrier, as well as Blue Cross, within 48 hours of the occurrence of the Eligible Risk to cancel the Trip.

Proof of Claim

All claims under this benefit provision are subject to approval by Blue Cross and must be accompanied by the following, if applicable:

- proof of Eligible Expenses incurred, including unused transportation tickets, official receipts for alternate transportation and travel credits;
- documentary evidence acceptable to Blue Cross that an Eligible Risk was the cause of the cancellation, interruption or prolongation; and
- for Eligible Risks relating to:
  - delay due to a traffic accident, a police report may be required; or
  - cancellation, interruption or prolongation due to an Emergency illness or injury, there must be a medical certificate from the attending physician that confirms the diagnosis and that the Emergency illness or injury was serious enough to require cancellation, interruption or prolongation of the Trip.

Baggage Coverage

Blue Cross will pay Eligible Expenses listed in this benefit provision, subject to the following terms and conditions:

- the Participant must take all reasonable precautions to protect, safeguard or recover the property;
- in the event of loss, the Participant must notify Blue Cross as promptly as possible; and
- Blue Cross is second payer to any other liability insurance that may apply.

Loss or Damage to Baggage: If baggage owned by the Participant is lost or damaged during a Trip, Blue Cross will, at its discretion, and subject to the maximum specified in the Summary of Benefits:

- pay the Participant the actual cash value of the baggage and its contents at the time of loss or damage; or
- repair or replace any damaged or lost baggage and its contents with property of equal quality or value.

If there is loss or damage to baggage that is part of a set, the measure of loss will be in reasonable and fair proportion to the total value of the set. Blue Cross will give consideration to the importance of such article to the set, with the understanding that the set is not completely lost.

Baggage Delays: If checked baggage is delayed by the carrier for more than 12 hours and before the return to the point of departure, Blue Cross will reimburse a maximum of $250 per Participant per Incident for the purchase of toiletries and clothing, subject to the overall baggage coverage benefit maximum.

Lost or Stolen Documents: Blue Cross will cover expenses to replace a lost or stolen passport, driver's licence, birth certificate or travel visa. This benefit is subject to a maximum of $50 per Participant per Incident and is subject to the overall baggage coverage benefit maximum.

Proof of Claim

Claims for loss, damage or delay of baggage, or lost or stolen documents, are subject to approval by Blue Cross and must be accompanied by the following documentation:

- for lost baggage or documents, written confirmation from the hotel manager, tour guide or transportation authority;
- for stolen baggage or documents, proof of notification of the police and corresponding written confirmation regarding the loss; and
- for delayed baggage, proof of the delay from the carrier and all receipts for items purchased.

Payment of Claims

How Payments are Made

Blue Cross may approve payment directly to the service provider. In certain circumstances, the Participant will pay the full cost of any Eligible Expense at the time of purchase. Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

Time Limit to Submit a Claim

Emergency Hospital and Medical Travel Coverage: Blue Cross must receive proof of claim within 4 months of the date the expense was incurred to be eligible for maximum reimbursement under the benefit.

Blue Cross will accept claims up to 12 months from the date the expense was incurred. However, in such circumstances, the claim may be subject to reductions for any amounts Blue Cross would have been able to co-ordinate with the Participant's government health care coverage had the claim been submitted within the 4-month limitation period.

Trip Cancellation and Interruption Coverage: Proof of cancellation or interruption of the trip must be received by Blue Cross within 90 days of the cancellation or interruption of the trip, or the claim will be ineligible for payment.

Baggage Coverage: Proof of loss or damage as well as the value of the loss must be received by Blue Cross within 90 days of the loss or damage, or the claim will be ineligible for payment.

In the event the Member's coverage is terminated, all claims listed under *Time Limit to Submit a Claim* must be submitted to Blue Cross within 90 days after the date coverage is terminated.

Exclusions and Limitations

Exclusions Applicable to all Travel Benefit Claims

No payment will be made (or payment may be reduced) if:

a) the Participant fails to communicate with Blue Cross in the event of medical consultation or hospitalization following an injury or illness;
b) expenses are incurred beyond the coverage duration period specified in the Summary of Benefits;
c) the purpose of the Trip is primarily or incidentally to seek medical advice or treatment, even if this Trip is on the recommendation of a physician;
d) expenses have already been paid or are eligible for refund from a third party;
e) expenses are incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning to avoid all travel or avoid non-essential travel, 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; or
f) expenses are incurred as a result of:
    i. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;
    ii. an illness or injury that occurred while operating a vehicle under the influence of any intoxicant or with a blood alcohol level that was proven to be in excess of the legal limit in the jurisdiction in which the accident occurred;
    iii. an injury or illness resulting from non-compliance with medical treatment or therapy that has been prescribed;
    iv. suicide, attempted suicide or voluntary injury or illness (not applicable to Repatriation to the Province of Residence and Return of the Deceased); or
    v. insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.

Specific Exclusions and Limitations

Emergency Hospital and Medical Travel Coverage

No payment will be made for:

a) expenses for any care, treatment, surgery, products or services that:
    i. are not incurred as a result of an Emergency;
    ii. are not Medically Necessary;
    iii. are performed for cosmetic purposes only;
    iv. are not required for the immediate relief of acute pain and suffering; or
    v. could be delayed until the Participant's return to Canada;
b) expenses incurred due to pregnancy or pregnancy complications that occur within 8 weeks of the expected date of delivery; or
c) expenses incurred due to an Emergency that occurs while participating in:
    i. a sport for remuneration;
    ii. a motor vehicle or speed contest of any kind; or
    iii. any Extreme Sport, defined as an activity with a high level of inherent danger and which often involves speed, height, a high level of physical exertion, highly specialized gear or spectacular stunts.

Trip Cancellation and Interruption Coverage

No payment will be made if:

a) the Trip was undertaken to visit or care for a sick or injured person and that person's medical condition or death is the cause of the Trip cancellation, interruption or prolongation; or
b) the Trip is cancelled or interrupted due to financial difficulties, inability to obtain desired accommodations, fear of flying or aversion to the Trip.

Baggage Coverage

No payment will be made for:

a) loss or damage as a result of:
   i. confiscation or damage by order of any government or public authority;
   ii. illegal transportation or trade;
   iii. wear and tear, gradual deterioration, moths or vermin;
   iv. theft from an unattended automobile, trailer or other vehicle unless such vehicle was securely locked or was equipped with a closed compartment that was securely locked and the theft occurred as a result of forcible entry (with visible marks); and
   v. any imprudent action or omission by the Participant;
b) loss or damage that occurs while baggage is being repaired; or
c) loss of personal property that cannot be located and where the circumstances of its disappearance do not lend themselves to a reasonable conclusion that theft has occurred.

What Are My Responsibilities Under the Plan?

Keeping Your Student Benefits Administrator Informed

To ensure coverage is kept up-to-date for you and your Dependents, it is important to report any changes to your Student benefits administrator within 31 days of the change. Changes that must be reported to your Student benefits administrator include:

- Adding or removing a Dependent
- Status updates of a Dependent student
- Change in marital status

Beneficiary Designations

Unless otherwise designated, all benefits are payable to you.

Providing Proof of Claim

You must submit your claims for Eligible Expenses within applicable time limitations. Proof of claim must be provided in writing and in a form acceptable by Blue Cross.

Blue Cross must approve your proof of claim and may require you to provide additional information and undergo a medical examination by a physician or Health Professional as often as deemed necessary. Blue Cross reserves the right to suspend or deny a claim until you have submitted the additional information requested to process the claim.

Costs associated with providing proof of claim are your responsibility.

Submitting Claims After Your Student Plan Terminates

If this plan has terminated, proof of claim for Insured Benefits must be received by Blue Cross within 90 days following the termination date of this Student plan.

Recovering Damages From a Third Party (Subrogation)

If you have the right to file legal action against a third party (individual or corporate body) for a loss relating to any claim submitted under this Student benefits plan, Blue Cross is entitled to acquire your rights for recovering damages for any portion of the loss that has been paid by Blue Cross.

You must sign and return the necessary documents to facilitate this process and you must do everything that is required of you to protect your rights to recover damages from the third party.

Reporting Health Insurance Fraud

Health insurance fraud is the intentional act of submitting false, deceiving or misleading information for the purpose of financial gain.

Whether committed on a small or large scale, fraud can lead to significant financial losses to the benefit plan and result in higher premiums and decreased coverage. Blue Cross is committed to protecting the integrity of our benefit programs for our plan sponsors and members by monitoring and resolving any abusive or fraudulent activity.

Helpful Tip

Health care fraud in Canada is estimated to cost between $2 billion and $12 billion annually.

How You Can Help

As a Student plan member, you can help eliminate fraudulent abuse of your plan:

- keep your identification card, plan number, member identification number and related information confidential and secure;
- carefully review your receipts for products and services claimed to ensure:
  - you understand the charges billed; and
  - the charges reflect the services received.

If you are unclear about any of the charges on your receipt, ask your provider to explain the charges to you:

- carefully review your Explanation of Benefits claim statements (EOB) for any discrepancies in services received compared to services claimed;
- never sign a blank claim form;
- from time to time, we send member verification questionnaires to confirm treatments and other related information. If you receive one of these questionnaires, please complete it and return it promptly. These questionnaires are essential to our fraud deterrence efforts.

Helpful Tip

If you suspect health care fraud, please refer it to Blue Cross through one of the following confidential methods:

Toll free:
1-877-412-8809

StopFraud@medavie.bluecross.ca

www.medavie.bluecross.confidenceline.net

What Are My Rights Under the Plan?

Privacy

In the course of providing customers with quality health and travel coverage, Blue Cross acquires and stores certain personal information about its clients and their dependents.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

What is personal information?

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

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage under its health and travel plans. Your personal information is used to provide the services outlined in your benefit plan, 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, release of selected personal information to the following may be necessary in order to provide the services outlined in the benefit plan of which you are an eligible member:

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

Helpful Tip

For more information on our privacy protection practices, please visit our website.

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

By becoming a Blue Cross 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.

Disputing a Claim Decision

In the event Blue Cross determines that benefits are not payable, you have the right to appeal the decision by providing written notice to Blue Cross within 30 days from the date of the written denial.

The time limitation to bring an action against Blue Cross under the benefit plan begins on the date of the initial written denial from Blue Cross and runs until the expiry of the minimum limitation period as prescribed by the applicable provincial legislation.

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

Copy of the Benefit Plan

Where legislated, you have the right to request a copy of the contract for Insured Benefits, your application for benefits and any written statements or other record provided to Blue Cross as proof of your health.

The Rights of Blue Cross Under the Plan

Right to Audit

Blue Cross has the right, at any time, to inspect or audit the health and claim records of a Participant in relation to a claim for benefits.

Helpful Tip

The right to inspect or audit applies to records held by Blue Cross or Approved Providers.

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Participant:

- any amount paid in error;
- any amount paid as a result of claims made by the Participant on the basis of fraudulent pretenses or misrepresentations; or
- any amount paid that has resulted in overpayment to the Participant.

If the amount of overpayment or claim paid in error relates to Self-Insured Benefits, the plan sponsor agrees to take reasonable steps to recover this amount.

If overpayment amounts or amounts paid in error cannot be recovered, Blue Cross has the right to reduce future Insured Benefit payments to the Participant until the amount is fully recovered.

Termination or Suspension of Benefit Payments

The rights and benefits of a Participant may be suspended or terminated without prior notice in the following circumstances:

- the discovery of a claims discrepancy or the initiation of a claim abuse investigation; or
- the filing of criminal charges or initiation of disciplinary action against the Participant by Blue Cross or the plan sponsor.

Payment of a claim may also be suspended or denied if it relates to services or supplies prescribed, provided or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or has been charged with an offence in relation to their conduct or practice.

How to Obtain a Claim Form

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

- the plan member website (see instructions below);
- your Student benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed below.

Helpful Tip

Instead of a cheque by mail, get reimbursement directly to your bank account by signing up for direct deposit. It's fast, and convenient. Visit our website to register.

How to Submit a Claim

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

- **Provider eClaims**
  For Approved Providers who have registered to submit claims to Blue Cross through our electronic claims submission service, our e-claim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Blue Cross and means you only pay the amount not covered under your Student benefits plan (if any).

- **Member eClaims**
  You can quickly and easily submit your health, drug and dental claims through our secure plan member website. Simply take or scan a digital image of your paid-in-full receipts and submit it through the applicable link on our plan member website.

- **Mobile App**
  Filing a claim has never been quicker or easier! Submit your claims through the Medavie Mobile app and have your reimbursement deposited directly to your bank account.

  Visit **www.medaviebc.ca/app** for more information or to download the app.

- **Medavie Benefits+**
  Medavie Benefits+ is an all-inclusive health benefits and wellness centre that provides you with an opportunity to meet face-to-face with one of our Benefits+ Specialists. Our team is happy to answer your questions and demonstrate our digital, self-service tools at one of our smart kiosks.

  To find the Blue Cross office nearest you, visit our website at **www.medaviebc.ca/ouroffices**

- You can also mail your completed claim form to the nearest Blue Cross office.

Plan Member Website

Helpful Tip

For security reasons, the plan member website is for your use only. Dependents and other family members will not have access to the site.

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry:** Detailed information about your Student benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements:** view claims history for you and your Dependents;
- **Record of payments:** view transactions issued to yourself or the service provider;
- **Submit claims** electronically.

To register for the plan member website, visit **www.medaviebc.ca** and log in.

Blue Cross Contact Information

For more information about your Student benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Ontario: 1-800-355-9133
Quebec: 1-888-588-1212
All Other Provinces: 1-800-667-4511

Helpful Tip

Have your Student plan number and identification number ready when you call for questions regarding your coverage.

Alternatively, you can email your questions to **inquiry@medavie.bluecross.ca** or visit our website at www.medaviebc.ca.

Connect with Blue Cross

Like us on Facebook at **facebook.com/MedavieBlueCross**

Follow us on Twitter at @**MedavieBC**

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to **medaviebc.mygoodhealth.ca** and simply follow the instructions to register for your free account!

BLUE ADVANTAGE®

Savings are available to Blue Cross Members across Canada. To take advantage of these savings, simply present your identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at **www.blueadvantage.ca.**

Additional Resources with your Student Benefits Administrator

Visit or contact the SMUSA Health Plan Office at:

Student Centre Building
5th Floor, Room 522
923 Robie St., Halifax, NS B3H 3C3
Phone: 902-496-8754 | healthplan.smusa@smu.ca

You may also e-mail questions at: info@studentvip.ca, or chat live at StudentVIP.ca

C&C Insurance Consultants Inc.: Toll Free 1-888-918-5056

CHUBB

For the students of:
Saint Mary's University Students' Association

Policy Number:
SG10458108

Underwritten by:
Chubb Life Insurance Company of Canada

Effective Date:
12/01/18

This brochure has been prepared in connection with a group plan underwritten by Chubb Life Insurance Company of Canada ("Chubb Life"). For ease of reference it contains a brief description only and does not mention every provision of the contract issued. Words and phrases that are capitalized have special meanings and are defined in the Definitions section(s) of the policy. Please remember that rights and obligations are determined in accordance with the contract and not this brochure. For the exact provisions applicable, please consult the participating school.

COVERAGE

The plan offers all eligible students under the age of 70 whose names are on file with the school, their Spouses under age 70 and their Dependent Children full 24-hour protection against accidents regardless of health history.

BENEFIT AMOUNT

Flat $5,000

The Insured may designate a beneficiary to receive the amount payable in the event of Loss of Life as covered under the policy.

If there is no designated beneficiary, or if the beneficiary is not alive when the Insured dies, Chubb Life will pay to the first surviving part in the following order:

a) the Insured's Spouse;
b) in equal shares to the Insured's surviving children;
c) in equal shares to the Insured's surviving parents;
d) in equal shares to the Insured's surviving brothers and sisters;
e) the Insured's Estate.

SCHEDULE OF LOSSES

Accidental Death & Dismemberment

Chubb Life shall pay the amount specified in the Schedule of Losses, if an Insured sustains a Loss stated therein resulting from Injury, provided that:

a) such Loss occurs within 365 days after the date of Accident causing such Loss;
b) the amount of the benefit payable for any such Loss shall be the amount set out in the Schedule of Losses, for that specific Loss; and
c) if more than one Loss is sustained as the result of any Accident, only one benefit shall be payable, the largest.

	Percentage of Benefit Amount
Loss of Life	100%
Brain Death	100%
Loss of Both Hands or Both Feet	300%
Loss of Entire Sight of Both Eyes	300%
Loss of One Hand and One Foot	300%
Loss of One Hand and Entire Sight of One Eye	300%
Loss of One Foot and Entire Sight of One Eye	300%
Loss of One Arm or One Leg	225%
Loss of One Hand or One Foot	210%
Loss of Entire Sight of One Eye	210%
Loss of Thumb and Index Finger of Same Hand	50%
Loss of Speech and Hearing	300%

Loss of Speech or Hearing 150%
Loss of Hearing in One Ear..... 150%
Loss of Four Fingers of One Hand 33 1/3%
Loss of All Toes of One Foot..... 25%
Loss of One Finger..... 10%

Loss of Use of:
Both Arms, Both Hands, Both Legs, Both Feet or
combination of Hand and Foot or Arm and Leg..... 300%
One Hand or One Foot 210%
One Arm or One Leg..... 225%
Thumb and Index Finger of the Same Hand..... 50%

Paralysis
Quadriplegia (total paralysis of both upper and lower limbs)..... 300%
Paraplegia (total paralysis of upper and lower limbs of one side of the body) 300%
Hemiplegia (total paralysis of upper and lower limbs of one side of the body) 300%

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to "Loss of Thumb and Index Finger of Same Hand" or "Loss of Four Fingers of Same Hand", the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot. If the Insured suffers complete severance of a hand, foot, arm or leg as described above, then Chubb Life will pay the amount specified above even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for one hundred and eighty consecutive days and such loss of function is thereafter determined on evidence satisfactory to Chubb Life to be permanent.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg or thumb and index finger of the same hand, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to Chubb Life to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements and arising out of the covered hazard shall be covered to the extent of the benefits afforded an Insured.
If the body of an Insured has not been found within one year of the forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then, such Insured shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of Life.

Repatriation Benefit – Accidental Death

If an Insured suffers Injury causing Loss of Life and:

a) such Loss of Life occurs more than 50 kilometers from their permanent city of residence; and
b) such Loss of Life occurs within 365 days of the date of the Accident causing the Injury,

Chubb Life shall pay the actual expenses incurred for preparing the deceased Insured for burial or cremation and shipment of the body to the city of residence of the deceased Insured.

The maximum amount payable for this benefit for all Injuries resulting from any one Accident is $10,000 per Insured.

Repatriation Benefit – Suicide

If an Insured suffers Loss of Life as a result of suicide, Chubb Life shall pay the actual expenses incurred for: a) preparing the deceased Insured for burial or cremation; b) shipment of the body to the city of residence of the deceased Insured; and c) expenses incurred by an Immediate Family member in order to accompany the deceased to the Insured's city of residence, to a maximum of $5,000 per Insured.

Rehabilitation Benefit

If an Insured suffers Injury resulting in a Loss (other than Loss of Life) for which Chubb Life has paid a benefit set out in the Schedule of Losses, Chubb Life shall pay the reasonable and necessary expenses actually incurred for the occupational training of the Insured, provided that:

a) such training is required because of such Injury and in order for the Insured to be qualified to engage in an occupation in which they would not have been engaged except for having suffered such Injury;
b) the training expenses are incurred within two years from the date of the Accident causing such Injury; and
c) no payment shall be made for ordinary living, travelling or clothing expenses.

The maximum amount payable for this benefit for all Injuries resulting from any one Accident is 10,000 per Insured.

Family Transportation Benefit

If an Insured suffers Injury resulting in a Loss (other than Loss of Life) set out in the Schedule of Losses and if such Loss required that the Insured be confined to a hospital located more than 100 kilometers from their

permanent place of residence, Chubb Life shall pay the reasonable and necessary expenses actually incurred for the transportation of one Immediate Family Member to such Hospital. This benefit is only payable if:

a) confinement to Hospital occurs within 365 days of the Accident causing Injury; and
b) reimbursement of expenses are limited to the cost of one economy class return airfare via the most direct route, or the equivalent amount toward another type of common carrier transportation for such

Immediate Family Member.

The maximum amount payable for this benefit for all injuries resulting from any one Accident is $10,000 per Insured.

Accidental Para-Medical Reimbursement Expense

If as a result of Injury, and within 30 days from the date of the Accident causing such Injury, the Insured, who must be insured under a Canadian provincial or territorial government health insurance plan, obtains medical treatment in Canada from a legally qualified Physician and as a consequence of such Injury incurs expenses for any of the following services when recommended by a legally qualified Physician, Chubb Life shall reimburse the Insured the reasonable and necessary expenses for the following para-medical services:

a) private duty nursing by a licensed graduate nurse (R.N.), who does not ordinarily reside in the Insured's home and who is not an Immediate Family Member of the Insured. This benefit is payable up to $50 per hour to a maximum of $5,000 per Insured for all Injuries resulting from any one Accident;
b) transportation, when such service is provided by a professional ambulance service to the nearest approved hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable up to a maximum of $5,000 per Insured for all Injuries resulting from any one Accident;
c) hospital charges for the difference between the public ward allowance under the Insured's provincial or territorial government health insurance plan and the semi-private accommodation charge for a semi-private hospital room. This benefit is payable up to a maximum of $5,000 per Insured for all Injuries resulting from any one Accident;
d) rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary;
e) fees for services of a licensed physiotherapist. This benefit is payable up to a maximum of $500 per Insured for all Injuries resulting from any one Accident;
f) prescription drugs and medicines (except in the Province of Quebec);
g) expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof; and
h) fees for services of a licensed chiropractor. This benefit is payable to a maximum reimbursement of $300 per Insured for all Injuries resulting for any one Accident.

Reimbursement shall only be made provided that expenses are:

a) incurred in Canada;
b) incurred within 52 weeks of the date of the Accident causing Injury;
c) incurred only for therapeutic and not elective treatment; and
d) which are supported by original receipts submitted to Chubb Life as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan. The maximum amount payable for this benefit is $10,000 per Insured for all Injuries resulting from any one Accident.

Accidental Dental Expense

When Injury to whole and sound teeth shall, within 30 days from the date of the Accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, Chubb Life will pay the necessary expense actually incurred therefore by or behalf of an Insured within 52 weeks after the date of the Accident, not to exceed in the aggregate the amount of $2,000 as the result of any one Accident.

Teeth which have been capped or crowned shall, for purposes of this policy, be considered whole and sound except where they have undergone endodontics treatment. If an Injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy shall cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without Injury to the remaining tooth structure, the policy shall not cover the cost of treatment necessitated thereby.

Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the province or territory of the Insured's residence.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

Identification Benefit

If an Insured suffers Injury causing Loss of Life for which a benefit is paid or payable hereunder and the Insured's body required identification, Chubb Life will pay to one Immediate Family Member of the Insured, the reasonable and necessary expenses actually incurred by such Immediate Family Member for:

a) commercial lodging and board while on route and /or during the stay in the city or town where the body is located (not to exceed a maximum duration of three consecutive nights); and
b) transportation by the most direct route to such location.

This benefit is payable by Chubb Life only if the body of the Insured is located not less than 150 kilometers from the said Immediate Family Member's normal place of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than as specifically stated above. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of $0.20 per kilometer travelled.

This benefit is payable only once in connection with Injuries and Losses suffered by any one Insured, regardless of the number of policies providing coverage for this benefit for such Insured, that may be issued by Chubb Life.

The maximum amount payable for this benefit is $50,000 per Insured.

Accident Tutorial and Communications Expense

If an Insured suffers Injury resulting in hospitalization or medically necessary home bed rest, as determined by a Physician, and is confined for at least fifteen consecutive school days, Chubb Life will pay for the private tutorial services of a qualified teacher at a rate of $20 per hour. In addition, actual expenses incurred for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his or her residence or hospital.

Chubb Life will pay this benefit retroactive to the first overnight stay of confinement.

The maximum amount payable for this benefit is $5,000 per Insured.

Home Country Benefit

While coverage under the policy is designed to provide coverage while an international student is living outside of their Home Country, coverage provided under Schedule of Losses, shall remain in force for the international students of participating universities or colleges, during a temporary stay in their Home Country for a period not to exceed 30 days.

Common Carrier Benefit

Should an Insured incur either Loss of Life or dismemberment, as described under Schedule of Losses, as a result of an Injury sustained while riding as a fare paying passenger in a Common Carrier, a benefit of $100,000 will be paid.

HIV Benefit

If an Insured sustains an Injury in the performance of the Insured's duties as required by their program of study, which results in the acquiring and testing positive for the Human Immunodeficiency Virus within one year from the date of the Accident, Chubb Life will pay a maximum benefit of the Benefit Amount provided the following criterion are met:

1. an accident report must be completed specifying the circumstances of the Injury and remitted to the school, within 48 hours of the occurrence; and
2. the Insured must submit to a blood test for the Human Immunodeficiency Virus within 48 hours of the Accident. The results of this test must then be forwarded to the school, to be kept on file.

If the initial test is negative and the Insured subsequently tests positive for the Human Immunodeficiency Virus within one year of the Accident, the applicable benefit payment will be made by Chubb Life.

Exclusions

The policy does not cover any Loss, fatal or non-fatal, caused by or resulting from:

a) suicide or any attempt thereat by the Insured, except as provided under "Repatriation Benefit – Suicide";
b) self-inflicted Injury or any attempt thereat by the Insured;
c) declared or undeclared war or any act thereof;
d) sickness, disease, or bodily infirmity whether the Loss or claim results directly or indirectly from any of these;
e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
f) Injury sustained while the Insured is undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
g) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
h) 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 Insured is:
    i. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
    ii. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
    iii. riding as a passenger in an Owned Aircraft or Leased Aircraft operated by the Policyholder.
i) 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;
j) Injury or Loss sustained while the Insured is on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is on full-time active duty shall, upon application to Chubb Life by the Policyholder, be refunded);
k) Injury or Loss sustained while the Insured is under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed Physician;

l) the commission or attempted commission by an Insured or Injury incurred while an Insured is in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed;
m) an act, attempted act or omission taken or made by the Insured, or an act, attempted act or omission taken or made with the Insured's consent, for the purposed of interrupting the blood flow to the Insured's brain or to cause asphyxiation to the Insured whether with intent to cause harm or not; and
n) natural causes.

GENERAL PROVISIONS

Beneficiary

An eligible student has the right to name a beneficiary when they apply for insurance.

All other indemnities of the policy will be payable to the Insured.

An Insured can change their beneficiary at any time, where permitted by law. Chubb Life assumes no responsibility for the validity of such designation or change of beneficiary.

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

Privacy

At Chubb Life, we are committed to protecting our customers' privacy. Chubb Life's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and co-ordinating coverage with other insurers. For these purposes, we, our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb Life may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.

Complaints Procedures

If an Insured has a complaint or inquiry about any aspect of this insurance coverage, please call 1-877-534-3655 between 8:00 a.m. and 8:00 p.m. (ET), Monday to Friday.

If for some reason the Insured is not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry in writing to our complaints officer:

Chubb Insurance Company of Canada
199 Bay Street, Suite 2500
P.O. Box 139 Commerce Court Postal Station
Toronto, ON M5L 1E2
Email: complaintscanada@chubb.com

If the Insured is still not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry in writing to:

OmbudService for Life & Health Insurance
401 Bay Street, PO Box 7
Toronto, Ontario M5H 2Y4

Legal Actions

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, Limitations Act, 2002 or other applicable legislation in the Insured's province or territory of residence.

Access to Insurance Information

The Insured and any claimant under the policy has the right, as determined by law applicable in the Insured's province or territory of residence, to obtain a copy of their application, any written evidence of insurability (as applicable) and the Policy, on request, subject to certain access limitations.

In no event, will Chubb Life accept notice of claim beyond one year.