



Your Group Benefits Booklet

NSCAD University

International Health Plan

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92655

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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.

This program is insured by Medavie Inc. (also known as Medavie Blue Cross) and Blue Cross Life Insurance Company of Canada, which together will be referred to as “Blue Cross” for convenience of reference.

Medavie Blue Cross insures all health benefits. All other benefits are insured by Blue Cross Life Insurance Company of Canada.

Blue Cross has been a trusted health services partner for individuals, plan administrators 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 your plan administrator. 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.medavie.bluecross.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 Policy:** Outlines your responsibilities under the benefit plan (such as your responsibility to notify your plan 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.

TABLE OF CONTENTS

Summary of Benefits..... 1

Emergency Health Care Benefits..... 5

Key Terms 18

Coverage Details 21

Rights and Responsibilities Under the Policy 24

How to Obtain More Information 28

Additional Resources and Member Services..... 30

Summary of Benefits

Emergency Health Care Benefits

Overall Policy Maximum	\$5,000,000/Policy Year		
	Reimbursement Level	Benefit Maximum	Accommodation
Hospital Benefits			
Hospital Room	100%		Semi-private
Psychiatric/Psychological Hospitalization	100%	\$60,000/lifetime; see benefit details	
<i>Inpatient Psychiatry Services</i>	100%	\$60,000/lifetime; see benefit details	
Tutorial Service in Hospital	100%	\$20/hour up to \$400/Policy Year	
Medical Services and Supplies			
Ambulance Transportation			
<i>Ground Emergency</i>	100%	\$10,000/ Policy Year	
<i>Air Emergency</i>	100%	\$300,000/Policy Year	
<i>Taxi Fare in lieu of Ambulance</i>	100%	\$125/Policy Year	
Nursing Care	100%	\$15,000/Policy Year	
Health Practitioners:		See benefit details	
<i>Physician/Surgeon/Anaesthetist</i>	100%		
<i>Psychiatrist/Psychologist/General Practitioner for Psychiatric/Psychological Counselling (Outpatient)</i>	100%	\$10,000/Policy Year	
<i>Social Worker</i>	100%	\$500/Policy Year	
<i>Chiropractor</i>	100%	\$1,000/Policy Year	
<i>Naturopath</i>	100%	\$1,000/Policy Year	
<i>Acupuncturist</i>	100%	\$1,000/Policy Year	
<i>Osteopath</i>	100%	\$1,000/Policy Year	
<i>Chiropodist</i>	100%	\$1,000/Policy Year	
<i>Podiatrist</i>	100%	\$1,000/Policy Year	
<i>Speech Therapist</i>	100%	\$1,000/Policy Year	
<i>Physiotherapist</i>	100%	\$1,000/Policy Year	
<i>Massage Therapist</i>	100%	\$1,000/Policy Year	
<i>X-rays (Chiropractor, Osteopath, Naturopath, Chiropodist and Podiatrist)</i>	100%		
Durable Medical Equipment	100%	See benefit details	
Mobility Aids and Orthopedic Appliances	100%	See benefit details	
Diagnostic Tests	100%	See benefit details	

Summary of Benefits

Emergency Health Care Benefits

Medical Services and Supplies	Reimbursement Level	Benefit Maximum
Eye Examination	100%	\$100/3 consecutive months
Accidental Dental and Other Dental Emergencies	100%	Predetermination of claim required, see benefit details
<i>Accidental Damage to Sound Teeth</i>	100%	\$4,000/Policy Year
<i>Relief of Dental Pain</i>	100%	\$1,000/Policy Year
<i>Extraction of Impacted Wisdom Teeth</i>	100%	\$100/tooth
Repatriation – Return to Home Country	100%	\$20,000; see benefit details
Repatriation – Return of the Deceased	100%	\$20,000; see benefit details
Ongoing/Non-Emergency Care	100%	\$5,000; see benefit details
Maternity Expenses	100%	\$25,000/Policy Year; see benefit details
Wart Treatment	100%	\$500/Policy Year
Vaccines/Immunizations	100%	\$100 per prescription
Elective Testing for Sexually Transmitted Infections	100%	\$400/4 consecutive months; see benefit details
Physician Visits for Specific Purposes		
<i>Annual Physical (Check-up)</i>	100%	1 examination/12 consecutive months
<i>Birth Control-Related</i>	100%	\$100/Policy Year; see benefit details
<i>Acne-Related</i>	100%	\$200/Policy Year; see benefit details
Attention Deficit Hyperactivity Disorder Treatment	100%	\$300/Policy Year
Trauma Counselling	100%	6 sessions/Policy Year; see benefit details
Substance Abuse Treatment	100%	\$25,000/Policy Year; see benefit details
Corrective Device Defect, Malfunction or Theft	100%	\$1,000/Policy Year; see benefit details

Summary of Benefits

Emergency Health Care Benefits

Prescription Drugs

Overall Policy Maximum	\$5,000,000/Policy Year
Reimbursement Level	100%
Method of Payment	Reimbursement
Drug Formulary	Open Formulary
	Benefit Maximum
Diabetic Supplies	See benefit details
Continuous Glucose Monitoring (CGM) sensors: <i>(requires written confirmation from Physician or Health Practitioner that the Member is insulin dependent)</i>	Included
Days Supply	60 days maximum supply, on an outpatient basis

Summary of Benefits

Emergency Health Care Benefits

Travel Outside Canada

Overall Policy Maximum	\$5,000,000/Policy Year
Reimbursement Level	100%
Coverage Duration	
Trip to Home Country	First 30 days of Trip outside Canada
Trip to any other country (Leisure Purposes)	First 120 days of Trip outside Canada
Trip to any other country (Academic Purposes)	Included if 51% of Policy Year is spent in Canada

	Benefit Maximum
Trip to Home Country	\$10,000/incident/Policy Year
Transportation for Family to Visit the Participant	\$5,000; see benefit details
<i>Living Expenses Allowance</i>	See benefit details

	The earliest of:
	- the end of the Policy Year; - the Member reaching age 65; 60 days after the date the Member is no longer enrolled and not attending a Participating Educational Institution; or - the date on which the Participant permanently returns to their Home Country.
Termination	

Emergency Health Care Benefits

Emergency Health Care benefits include the Prescription Drugs and Travel Outside Canada subcategories.

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit (including the Prescription Drug and Travel Outside Canada sections), if they are incurred as a result of an Emergency (unless otherwise specified), subject to the conditions outlined below.

COVID-19

Blue Cross will pay the Eligible Expenses directly related to COVID-19 medical expenses, provided that the Participant contracted the illness after arriving in Canada, and the Participant:

- was not experiencing symptoms within 90 days of departure from their home country;
- did not receive a positive test result for COVID-19 (and was not waiting for test results) within 90 days of arrival in Canada; and
- was not in contact or notified as a close contact with anyone who tested positive in the 14-day period prior to arriving in Canada.

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, if in Canada;
- 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.

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; 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.

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.

Hospital Benefits

Hospital Room: Room accommodation when a Participant is admitted to a Hospital as an inpatient for Acute Care or Medically Necessary emergency or outpatient services. The type of room eligible for coverage is specified in the Summary of Benefits.

Psychiatric/Psychological Hospitalization: Room accommodation when a Participant is admitted to a Hospital due to psychological, mental or emotional disorders, suicide, any attempt at suicide, intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.

Coverage under this category also includes psychiatry services provided on an in-patient basis during the term of hospitalization under this benefit to a maximum specified in the Summary of Benefits, as well as the cost of the initial Physician visit leading to this hospitalization.

Tutorial Service in Hospital: Charges for a qualified private tutorial service during a period of hospitalization in excess of 30 consecutive days. Expenses must be incurred within 365 days from the date of Illness.

Hospital coverages exclude administrative and incidental fees (for example, television, telephone and parking).

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, as well as taxi fare in lieu of ambulance transportation.

Nursing Care: Charges for the services of a registered nurse, registered nursing assistant or licensed practical nurse where such services are provided at the Participant's home and are not primarily for custodial care or midwifery.

Nursing care services may require pre-approval from Blue Cross to be eligible for payment in whole or in part.

This coverage excludes expenses for custodial care, homemaking duties, shopping, transportation, respite care and services not related to the Activities of Daily Living.

Health Practitioners: Eligible Expenses for Treatment provided by any Health Practitioner specified in the Summary of Benefits, when deemed essential on an Emergency basis and prescribed by a physician. Coverage is limited to:

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

Health Practitioner services received as an outpatient or at a private clinic are covered under the practitioner maximums specified in the Summary of Benefits.

Health Practitioner services received in Hospital as an inpatient are covered under the overall policy maximum.

This coverage excludes:

- products provided by a Health Practitioner (unless specified as a benefit under this Student benefits plan);
- comprehensive health assessments; 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.



Helpful Tip

Before receiving nursing services you should obtain pre-approval from Blue Cross by contacting the toll-free number on your identification card.

Emergency Health Care Benefits

Physician/Surgeon/Anaesthetist: Charges for the services of a qualified Physician, surgeon or anaesthetist who is not an Immediate Family Member of the Participant.

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

- manual wheelchair, including cushions and inserts; and
- manual hospital bed, including mattress and safety side rails

The accumulated charges for rental of any one of the above items must not exceed the standard market purchase price for the same item.

This coverage excludes charges for special mattresses.

Mobility Aids and Orthopedic Appliances: Charges for the purchase (limited to the cost of rental) or rental of crutches, canes and walking aids, casts, splints, trusses and braces.

Diagnostic Tests: Charges for the following diagnostic tests when provided by a laboratory approved by Blue Cross:

- laboratory analyses; and
- diagnostic imaging services (ultrasounds, electrocardiograms, computerized tomography (CT Scans), X-rays and magnetic resonance imagery (MRI)). Expenses must be incurred in Canada.

This coverage excludes charges for diagnostic services if they are incurred for the purpose of health screening.

Eye Examination: Charges for an eye examination performed by an ophthalmologist or optometrist, provided that the plan coverage period is a minimum of 3 months.

Accidental Dental and Other Dental Emergencies: Charges for:

- a) dental Treatment when required to repair or replace a sound natural, or permanently attached artificial, tooth. To be eligible for coverage, Treatment must be required as a result of a direct accidental blow to the mouth or a fractured or dislocated jaw that requires setting. A tooth is considered sound if, before the accident:
 - it was free from injury, disease or defect;
 - it did not need further restorations to remain intact or hold secure; and
 - it had no breakdown or loss of root structure or loss of bone, and
- b) dental Treatment that is needed to relieve pain caused by an Emergency other than for the reason listed above; and
- c) the extraction of impacted wisdom teeth.

Accidental dental and other dental emergencies benefit is subject to the maximum specified in the Summary of Benefits.

To be eligible for coverage, Treatment must be:

- incurred while covered for accidental dental benefits with the plan administrator;
- initiated within 7 days of the accident or dislocation or a detailed Treatment plan satisfactory to Blue Cross must be submitted for approval within that period; and
- performed within 90 days of the date of the accident or dislocation, unless the Participant has been approved by Blue Cross for deferred Treatment due to the Participant's age.

This coverage excludes accidental damage to teeth that occurs while eating.

Repatriation – Return to Home Country: The cost of repatriating the Participant to their Home Country to receive ongoing care or for recovery purposes, if in relation to Treatment of an Illness received under this policy. If Medically Necessary, this cost may include an accompanying medical attendant.



Helpful Tip

Coverage amounts are determined by the fee guide for dental general practitioners applicable to the dentist's province of practice in the year expenses are incurred.

Emergency Health Care Benefits

If returning on a commercial aircraft, coverage includes:

- one-way fare to the Participant's Home Country, including stretcher accommodation if required; 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.

Repatriation – Return of the Deceased: The cost of preparing and transporting the remains of the deceased Participant to their city of residence in their Home Country.

Ongoing/Non-Emergency Care: Charges for expenses incurred for ongoing or non-Emergency medical Treatment, including Medically Necessary treatment following an initial Emergency.

Maternity Expenses: Charges for expenses incurred resulting from the pregnancy of a Participant commenced during the Policy Year (or within 30 days from it beginning), for a maximum period of 6 months following the birth of the child.

This coverage includes spontaneous, or non-induced, pregnancy terminations. Induced terminations are limited to one per Policy Year.

Eligibility for coverage under this category is based upon the conception date of the pregnancy, whether known or unknown to the Participant, and only when coverage has been in force for the entire term of the pregnancy.

Wart Treatment: Charges for expenses incurred for the treatment of any type of warts.

Vaccines/Immunizations: Charges for expenses incurred for vaccines and immunizations recommended by a Canadian public health authority with jurisdiction where the Participant is residing in Canada. This coverage excludes injection service charges.

Elective Testing for Sexually Transmitted Infections: Charges for expenses incurred for elective testing for sexually transmitted infections, including lab work and one consultation for the prescription of the 'morning after pill' provided that the plan coverage period is a minimum of 4 months.

Annual Physical (Check-up): Charges for a visit to a licensed Physician for a general physical check-up, provided that the plan coverage period is a minimum of 6 months.

Birth-Control-Related Physician Visit: Charges for expenses incurred to visit a licensed Physician for reasons related to birth control. This benefit does not include the cost of any medication regardless of whether a prescription is required.

Acne-Related Physician Visit: Charges for expenses incurred to visit a licensed Physician for reasons related to a Participant's acne, whether for a new diagnosis or ongoing care for previously diagnosed acne. This benefit does not include the cost of any medication regardless of whether a prescription is required.

Attention Deficit Hyperactivity Disorder Treatment: Charges for expenses incurred to visit a licensed Physician, psychiatrist or psychologist related to a Participant's Attention Deficit Hyperactivity Disorder (ADHD), whether as a new diagnosis or ongoing care for previously diagnosed ADHD.

This coverage excludes the cost of any medication regardless of whether a prescription is required.

The maximum amount payable under this benefit at any other provider will be the amount that would have been charged at Campus Health Services or a preferred healthcare provider.

Trauma Counselling: Charges for expenses incurred for trauma counselling commenced within 7 days and concluded within 90 days of an Emergency occurring during the Policy Year.

Substance Abuse Treatment: Charges incurred for Emergency transportation and room accommodation in relation to the effects of alcohol, drugs or other intoxicants, provided that the plan coverage period is a minimum of 3 months.

Emergency Health Care Benefits

This coverage includes a maximum of 3 follow-up counselling/treatment sessions related to drug or alcohol addiction.

Corrective Device Defect, Malfunction or Theft: Charges incurred for the repair or replacement of any corrective device provided as part of a benefit under this policy if the device becomes unusable, or is stolen, during the Policy Year.

The corrective device must have been recommended by the Participant's treating Physician to correct a physical disability of the sort that would exclude the Participant from being able to participate in his or her studies, teaching or other important life responsibilities.

Coverage under this category excludes defects or malfunctions which were evident prior to the Policy Year, or those covered by other insurance plans including manufacturer's warranties.

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. the Reimbursement Level percentage will be applied to the Eligible Expense; and
- Step 2. 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.

Prescription Drugs

Additional Definitions

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

Eligible Drug: A drug that is:

- approved by Health Canada;
- assigned a drug identification number (DIN);
- 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;

Emergency Health Care Benefits

- 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.

Patient Support Program: A program that provides assistance and services to Participants when prescribed Specialty High Cost Drugs.

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 Policy 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.

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;
- Blue Cross may determine that certain Eligible Drugs are subject to:
 - dollar, quantity or frequency maximums;
 - Special Authorization; or
 - co-ordination with Patient Support Programs;
- payment for a Specialty High Cost Drug may be reduced by the amount of financial assistance available under a Patient Support Program; 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 and insulin pump supplies;
- continuous glucose monitoring (CGM) sensors for Participants prescribed insulin for the Treatment of diabetes and confirmed insulin dependent;
- preparations and compounds if their main ingredient is an Eligible Drug; and
- prescribed Eligible Drugs that appear on the following drug formulary:
 - **Open Formulary:** List of all Life-Sustaining Drugs and Eligible Drugs that require a prescription by law. This list is not subject to the Medication Advisory Panel decisions.

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 a Patient Support Program.



Helpful Tip

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

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

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 plan 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.

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.

Payment of Prescription Drug Claims

How Payments are Made

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

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

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.

Travel Outside Canada

Additional Definitions

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

Emergency: A sudden and unexpected illness or injury occurring while the Participant is covered under the plan that requires immediate medical Treatment for acute pain or suffering which cannot be delayed until the Participant returns to their Home Country. Blue Cross will declare an end of Emergency upon determination that the Participant is fit to travel or return to their Home Country.

Hospital: A facility that:

- is licensed as an accredited hospital outside of Canada;
- 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.



Helpful Tip

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

Emergency Health Care Benefits

Immediate Family Member: A Participant's spouse, parents, child, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

Trip: Travel outside of Canada.

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 policy 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.

Where a benefit appearing below is also listed under the Emergency Health Care benefits above, all benefit maximums are subject to, and combined with, the maximum amount stated there or in the *Summary of Benefits*.

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; and
- Blue Cross is satisfied the expense is necessary to stabilize the Participant's medical condition.



Helpful Tip

Make sure to bring your identification card with you when you travel.

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

Psychiatric/Psychological Hospitalization: Room accommodation when a Participant is admitted to a Hospital due to psychological, mental or emotional disorders, suicide, any attempt at suicide, intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.

Coverage under this category also includes psychiatry services provided on an in-patient basis during the term of hospitalization under this benefit, as well as the cost of the initial Physician visit leading to this hospitalization.

Physician/Surgeon/Anaesthetist: Charges for the services of a qualified Physician, surgeon or anaesthetist who is not an Immediate Family Member of the Participant.

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

- manual wheelchair, including cushions and inserts; and
- manual hospital bed, including mattress and safety side rails.

The accumulated charges for rental of any one of the above items must not exceed the standard market purchase price for the same item.

This coverage excludes charges for special mattresses.

Mobility Aids and Orthopedic Appliances: Charges for the purchase (limited to the cost of rental) or rental of crutches, canes and walking aids, casts, splints, trusses and braces.

Nursing Care: Charges for the services of a registered nurse, registered nursing assistant or licensed practical nurse where such services are provided at the Participant's home and are not primarily for custodial care or midwifery.

Nursing care services may require pre-approval from Blue Cross to be eligible for payment in whole or in part.

This coverage excludes expenses for custodial care, homemaking duties, shopping, transportation, respite care and services not related to the Activities of Daily Living.

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 on an outpatient basis following an initial covered Emergency or injury, not to exceed a 60 day supply per prescription. 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 required following an Emergency or injury. This coverage excludes charges for X-rays.

Accidental Dental and Other Dental Emergencies: Charges for:

- a) dental Treatment when required to repair or replace a sound natural, or permanently attached artificial, tooth to a maximum of \$4,000 per Policy Year. To be eligible for coverage, Treatment must be required as a result of a direct accidental blow to the mouth or a fractured or dislocated jaw that requires setting. A tooth is considered sound if, before the accident:
 - it was free from injury, disease or defect;
 - it did not need further restorations to remain intact or hold secure; and
 - it had no breakdown or loss of root structure or loss of bone, and
- b) dental Treatment that is needed to relieve pain caused by an Emergency other than for the reason listed above, to a maximum of \$1,000 per Policy Year; and
- c) the extraction of impacted wisdom teeth to a maximum of \$100 per tooth.

To be eligible for coverage, Treatment must be:

- incurred while covered for accidental dental benefits with the plan administrator;
- initiated within 7 days of the accident or dislocation or a detailed Treatment plan satisfactory to Blue Cross must be submitted for approval within that period; and
- performed within 90 days of the date of the accident or dislocation, unless the Participant has been approved by Blue Cross for deferred Treatment due to the Participant's age.

This coverage excludes accidental damage to teeth that occurs while eating.



Helpful Tip

Before receiving nursing services you should obtain pre-approval from Blue Cross by contacting the toll-free number on your identification card.



Helpful Tip

Coverage amounts are determined by the fee guide for dental general practitioners applicable to the dentist's province of practice in the year expenses are incurred.

Emergency Health Care Benefits

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, as well as taxi fare in lieu of ambulance transportation.

Transportation for Family to Visit the Participant: The cost of round-trip economy fare (by airline, bus or train) for up to 2 Immediate Family Members 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.

The maximum reimbursement under this benefit is \$5,000.

The cost of commercial living expenses for Immediate Family Members when using this benefit is also covered to a maximum reimbursement of \$150 per Participant per day for a maximum of 10 days (up to a total maximum of \$1,500 per incident).

All costs must be supported by receipts from commercial organizations.

Substance Abuse Treatment: Charges incurred for Emergency transportation and room accommodation in relation to the effects of alcohol, drugs or other intoxicants, provided that the plan coverage period is a minimum of 3 months.

This coverage includes a maximum of 3 follow-up counselling/treatment sessions related to drug or alcohol addiction.

Trauma Counselling: Charges for expenses incurred for trauma counselling commenced within 7 days and concluded within 90 days of an Emergency occurring during the Policy Year.

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;

Emergency Health Care Benefits

- 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.

Payment of Travel Outside of Canada 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

Blue Cross must receive proof of claim within 12 months of the date the expense was incurred to be eligible for maximum reimbursement under the benefit.

In the event the Member's coverage is terminated, all claims must be submitted to Blue Cross within 90 days after the date coverage is terminated.

Exclusions and Limitations

Applicable to all Emergency Health Care Benefits

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

- a) any Illness, injury or medical condition that was not Stable in the 90 days prior to the Participant's coverage effective date;
- b) any Illness or Injury that, at the time of departure from a Participant's Home Country, might reasonably be expected to require the Participant to undergo Treatment or Hospitalization;
- c) 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;
- d) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
- e) services, treatment or supplies that the Participant receives free of charge;
- f) charges that would not have been incurred if no coverage existed;
- g) services, treatment or supplies provided by a Participant or an immediate family member of the Participant;
- h) treatment or services within the Participant's Home Country after the Participant has returned, or been repatriated, to their Home Country;
- i) services, treatment or supplies that are:
 - i. not incurred as a result of an Emergency;
 - ii. not Medically Necessary;
 - iii. for cosmetic purposes only;
 - iv. elective in nature; or
 - v. experimental or investigative.
- j) services or treatment for mental, emotional or psychological disorders including medications (this exclusion does not apply to the Psychiatric/Psychological Hospital, Psychiatrist/Psychologist/General Practitioner for Psychiatric/Psychological Counselling (Outpatient), Attention Deficit Hyperactivity Disorder Treatment or Repatriation – Return to Home Country benefits);
- k) 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;
- l) services or supplies normally intended for recreation or sports;
- m) 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;
- n) extra supplies that are spares or alternates;
- o) translation services of any kind, even when utilized in the delivery of medical services;
- p) organ transplants;
- q) charges for missed appointments or the completion of forms;
- r) 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;
 - ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;
 - iii. an illness or injury that occurred while under the influence of any intoxicants in contravention of any law, unless administered on, and in strict accordance with, the advice of a legally qualified Physician (this exclusion does not apply to the Substance Abuse Treatment benefit);
 - iv. an illness or injury resulting from non-compliance with medical treatment or therapy that has been prescribed; or
 - v. suicide, attempted suicide or voluntary injury or illness (this exclusion does not apply to the Psychiatric/Psychological Hospital, Psychiatrist/Psychologist/General Practitioner for Psychiatric/Psychological Counselling (Outpatient), Repatriation – Return to Home Country and Repatriation – Return of Deceased benefits);
- s) medical expenses incurred as a result of contracting COVID-19; except
 - i) if the Participant contracted the illness after arrival in Canada;
 - ii) had not been experiencing symptoms within 90 days of departure from the Home Country;
 - iii) did not test positive within 90 days of departure; and
 - iv) was not in contact with a confirmed case of COVID-19 within 14 days of departure; or
- t) non-medical COVID-19 testing, such as for travel purposes.

Applicable to Prescription Drug Benefit Claims

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

- a) acne medications;
- b) varicose vein injections;
- c) antihistamines and allergy sera;
- d) smoking cessation aids;
- 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; or
- j) hair growth stimulants.

Applicable to Travel Outside Canada 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) expenses incurred due to pregnancy or pregnancy complications that occur within 9 weeks of the expected date of delivery;
- d) 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;
- e) expenses have already been paid or are eligible for refund from a third party;
- f) expenses for any care, treatment, surgery, products or services that could be delayed until the Participant's return to Canada; or



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.

- g) 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;
expenses are incurred as a result of suicide, attempted suicide or voluntary injury or illness.

Key Terms

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

International Student: A person

- who temporarily resides in Canada; and
- is enrolled at and attending a Participating Educational Institution.

Member: An International Student, Teacher or Chaperone who is eligible and approved for coverage under this policy.

Dependent: Your Spouse or Child.

Spouse: The person who:

- temporarily resides in Canada; and
- meets one of the following criteria:
 - is married to the Member; 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.

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:

- temporarily resides in 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 at least 15 days old, unless born as a result of a Participant's pregnancy commenced while covered under this policy, and under age 21;
 - b) is under age 26 and is attending an accredited educational institution, college or university on a full-time basis; or
 - c) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the Member or Spouse for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

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

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.

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.

You can update your family or Dependent status by filling out and submitting a change form, available through our website.

Helpful Tip

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

Key Terms

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.

Chaperone: A person who is visiting Canada temporarily for the purposes of accompanying one or more International Students while monitoring their behaviour and ensuring their safety at a Participating Educational Institution.

Common Carrier: A person or organization that commercially offers transportation services to fare-paying passengers by land, water or air vehicles on a for-profit basis.

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

- Medically Necessary;
- 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 plan administrator 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 policy 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.

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.

Emergency: A sudden and unexpected illness or injury occurring while the Participant is covered under the plan that requires immediate medical Treatment for acute pain or suffering which cannot be delayed until the Participant returns to their Home Country. Blue Cross will declare an end of Emergency upon determination that the Participant is fit to travel or return to their Home Country.

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.

Home Country: The country in which the Participant maintained permanent residence prior to arrival in Canada.

Hospitalization: Admission to a hospital as an inpatient for a minimum period of 24 hours that occurs upon recommendation of a physician as being Medically Necessary.

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

Life Event: A situation resulting from one of the following that permits a Member to change their coverage:

- marriage or common law union;
- birth or adoption of a child;
- divorce or legal separation;
- the Member's or Dependent's other coverage terminates for reasons outside of their control; or
- death of a Dependent.

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



Helpful Tip

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

Participating Educational Institution: An accredited educational institution, college or university in Canada that has agreed to participate in this plan.

Policy Period: The period of time, not to exceed the Policy Year, beginning on the first day of a Participant's enrolment period and ending on the last day of the enrolment period as provided by the plan administrator.

Policy Year: The period of time beginning on the first day of September in a given year and ending on the last day of August the following year.

Stable: A state of being in which the Participant has an existing medical condition for which they, in the 90 days before the Policy Year begins, have not:

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

Teacher: A person in the education profession who:

- is visiting Canada temporarily for the purposes of accompanying one or more International Students; or
- is visiting under the sponsorship of a Participating Educational Institution as part of a cultural exchange or similar program.

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.

Coverage Details

Who is Eligible for Coverage?

You are eligible for coverage if you:

- meet the definition of International Student, Teacher or Chaperone;
- spend at least 51% of the Policy Year in Canada;
- are not eligible for government health care coverage; and
- are under age 65.

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

How do I Enrol for Coverage?

You are automatically enrolled for coverage under this plan by your educational institution. There may be some students who are required to opt in based on their student status by completing an application form.

Can I Opt Out of Coverage for Certain Benefits?

You are not allowed to individually select the benefits you want under the policy. In addition, when you enrol for coverage you must also enrol all of your eligible Dependents.

When Does My Coverage Begin?

International Students, Teachers or Chaperones

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

- the date your plan administrator confirms you are covered under this policy;
- the date you leave your Home Country to come to Canada;*
- the effective date shown on your confirmation of coverage letter; or
- the date you meet all of the eligibility requirements.

*Travel from your Home Country to Canada is covered provided that the total trip length between departure from your Home Country and arrival in Canada does not exceed 7 days.

Early Arrival Coverage (Fall, Winter and Spring cohorts)

If you are applying for coverage under this policy for the first time and you arrive in Canada prior to the start of the Policy Year, coverage for you and your eligible Dependents takes effect the latest of the following dates:

- the date you arrive in Canada; or
- the first of the month immediately preceding the start date of your attendance at the Participating Educational Institution.

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; or
- the date following their discharge from hospital if they were hospitalized on the date they would have become eligible for coverage, unless:
 - they were covered under a Previous Policy, in which case their coverage begins on the effective date of the policy; or
 - they were born while this coverage is in force, in which case their coverage will be effective from the date on which they meet the definition of Child under this policy.



Helpful Tip

Previous Policy refers to a group insurance policy that provided coverage for you and your Dependents, and terminated within 31 days of the effective date of this Student plan.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the policy terminates;
- you reach age 65;
- you reach the termination date, if any, specified in the Summary of Benefits;
- you die;
- your coverage expires as indicated in your confirmation of coverage letter;
- you return to your Home Country permanently;
- that reasonable evidence of fraudulent activity of this policy is obtained;
- 60 days after you are no longer enrolled and not attending a participating educational institution; or
- 60 days after you or your Dependents no longer meet one or more of the eligibility requirements.

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.

Extension of Coverage After Termination

If you are hospitalized on the last day of the policy's coverage period for an eligible illness or injury, coverage will automatically be extended for an additional 30 days without additional premium. Coverage for the same illness or injury for which you were initially hospitalized will be extended for an additional 72 hours after being discharged from the hospital to facilitate a return to your Home Country.

Coverage is automatically extended for up to 72 hours in the event you miss your scheduled return to your Home Country due to a delay caused by the Common Carrier with which you are a passenger.

What if I Have Coverage Elsewhere?

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.

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.

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.



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.

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.

What Are My Responsibilities Under the Policy?

Keeping Your Student Plan 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 plan administrator within 31 days of the change. Failure to do so could result in the need for proof of health before your requested change in coverage takes place.

Changes that must be reported to your Student plan administrator include:

- Adding or removing a Dependent
- Status updates of a Dependent student
- Change in marital status
- Change of beneficiary
- Application for benefits previously waived

Beneficiary Designations

Unless otherwise designated, all benefits are payable to you.

Death Benefits

Benefits payable as a result of your death will be paid to your last designated beneficiary or beneficiaries.

Subject to the provisions of the law, the beneficiary is the person you have designated on your Student benefits application form, if applicable. You may change your beneficiary by submitting a signed written declaration to Blue Cross.

If you designate 2 or more beneficiaries (other than alternatively) without any specification as to how the death benefit will be divided, the benefit payable will be divided equally among the designated beneficiaries.

If your beneficiary predeceases you, you must designate a new beneficiary.

If you die and a beneficiary has not been named in writing, the death benefit will be payable to your estate.

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 Practitioner 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 the Student plan has terminated, you must submit proof of claim to Blue Cross **within 90 days** following the termination date of this plan for all benefits.



Helpful Tip

It is very important to maintain up-to-date beneficiary designations.

When insurance money is paid to the estate, it may be subject to creditor claims and estate taxes.

However, when a beneficiary is named, this person receives the entire benefit tax free, regardless of what debts may be owed by the deceased.

You can change your beneficiary by filling out a beneficiary designation form available through your Student plan administrator or on our website.

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 policyholders and members by monitoring and resolving any abusive or fraudulent activity.

How You Can Help

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

- keep your identification card, policy 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

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



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 Policy?

Privacy

In the course of providing customers with quality life, 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, income, employment data, marital and dependent status, medical records, and financial information.

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage under its life, 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 ;
- Blue Cross Life Insurance Company of Canada and other 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 policy 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 Policy

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.

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 pretences or misrepresentations; or
- any amount paid that has resulted in overpayment to the Participant.

Blue Cross has the right to reduce future benefit payments to the Participant until the excess amount is fully recovered.

Termination or Suspension of Benefit Payments

Blue Cross may, without prior notice, suspend or terminate the rights and benefits of a Participant 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.

Blue Cross also has the right to suspend or deny payment of a claim for any services or supplies prescribed, rendered or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or who has been charged with an offence in relation to the provider's conduct or practice.



Helpful Tip

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

How to Obtain More Information

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.

How to Submit a Claim

If you have paid up front for medical services, you must submit your claim for reimbursement. To submit a claim, go online to **studentvip.ca** or contact the International Coordinator (see Additional Resources and Information section for contact details).

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

- **Mobile App**
Filing a claim has never been quicker or easier! Submit your claims through the Medavie Blue Cross 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.

- **Member eClaims**
You can quickly and easily submit your health, drug and dental claims (as applicable) 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.
- **Provider eClaims**
For Approved Providers who have registered to submit claims to Medavie Blue Cross through our electronic claims submission service, our e-claim service allows Approved Providers to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Medavie Blue Cross and means you only pay the amount not covered under your group benefits plan (if any).
- **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 Medavie Blue Cross office or Medavie Benefits+ location nearest you, visit our website at www.medaviebc.ca.

You can also mail your completed claim form to the address indicated on the applicable claim form.



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.

Plan Member Website

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 group benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Requests for new identification cards;**
- **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



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.

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

Alternatively, you can email your questions to saintmarys@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](https://twitter.com/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.

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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!



Savings are available to Blue Cross Members across Canada. To take advantage of these savings, simply present your Blue Cross 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

Please contact Saint Mary's Student Health Services to visit a doctor or see a nurse.

Saint Mary's Student Health Services

Student Centre, 4th Floor

Please call 902-420-5611 to book an appointment.

Contact the Student VIP International Coordinator:

Colleen Ralph

international@studentvip.ca

1-888-918-5056 ext. 42



Helpful Tip

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