

# MY BENEFIT PLAN BOOKLET

**University of Toronto Students' Union**



Billing Division: 27979

Revised Effective Date: January 1, 2016





# WELCOME TO YOUR BENEFIT PLAN

## ABOUT THIS BOOKLET

This booklet provides a summary of your benefits under your benefit plan. It includes:

- a Table of Contents, to allow easy and quick access to the information you are looking for
- a Schedule of Benefits, listing all the deductibles, co-pays and maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- detailed benefit descriptions for each benefit in your group benefits plan
- information you need to submit a claim

You are encouraged to read this booklet carefully; please keep it in a safe place so that you may refer to it when submitting claims.

## YOUR BENEFIT PROVIDERS ARE :

### Green Shield Canada (GSC)

- Prescription Drugs, Health and Dental Benefit Plans

### Blue Cross Life Insurance Company of Canada

- Travel Benefit Plan

## THE GSC STUDENT CENTRE

The “Student Centre” can now be accessed from the GSC website at [greenshield.ca/StudentCentre](https://greenshield.ca/StudentCentre). This website provides quick and easy access to the information you are looking for, such as:

- Reading and/or downloading your Benefit Plan Booklet
- Locating dental providers in your area who are members of the Student Dental Discount Network (if you have GSC Dental Benefits)
- Locating discount vision and hearing care providers in your area (regardless of whether you have GSC Vision Benefits or not)

## PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register today to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits
- Search for a drug to get information specific to your own coverage (or coverage for your family)
- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network

- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits

## **OUR COMMITMENT TO PRIVACY**

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at [greenshield.ca](https://www.greenshield.ca).



# TABLE OF CONTENTS

<b>SCHEDULE OF BENEFITS</b> .....	<b>1</b>
<b>DEFINITIONS</b> .....	<b>4</b>
<b>ELIGIBILITY</b> .....	<b>6</b>
For You.....	6
For your Dependents.....	6
Coverage Effective Date.....	6
Termination.....	6
Dependent Children Continuation of Coverage.....	6
Group Conversion – GSC Health Assist LINK Program.....	6
<b>DESCRIPTION OF BENEFITS</b> .....	<b>7</b>
<b>HEALTH BENEFIT PLAN</b> .....	<b>7</b>
Prescription Drugs.....	7
Extended Health Services.....	8
<b>DENTAL BENEFIT PLAN</b> .....	<b>12</b>
Basic Services.....	12
Comprehensive Basic Services.....	12
<b>CLAIM INFORMATION</b> .....	<b>16</b>
<b>DISCLAIMER</b> .....	<b>20</b>
<b>TRAVEL HEALTH BENEFITS</b> .....	<b>21</b>
<b>TRAVEL HEALTH PASSPORT</b> .....	<b>28</b>



## SCHEDULE OF BENEFITS

### HEALTH BENEFIT PLAN

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars. You are covered for only those specific benefits for which you have applied.

This group benefit plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

<b>Deductible:</b> Nil	<b>Overall Maximum:</b> <b>Prescription Drugs</b> - \$5,000 per benefit year <b>All Other Health Benefits</b> - \$10,000 per benefit year
------------------------	---

<b>Your Co-Pay:</b> 0%
------------------------

<b>Your Plan Covers:</b>	<b>Maximum Plan Pays:</b>
<b>Prescription Drugs – Pay Direct Drug Card</b> <ul style="list-style-type: none"> <li>• Oral Contraceptives and Contraceptive Devices</li> <li>• Diabetic testing agents</li> <li>• All other covered drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 per benefit year, (included in the \$5,000 Prescription Drugs Maximum)</li> <li>• \$1,000 per benefit year (included in the \$5,000 Prescription Drugs Maximum)</li> <li>• Reasonable and customary charges (included in the \$5,000 Prescription Drugs Maximum)</li> </ul>
<b>Hospital</b>	
<ul style="list-style-type: none"> <li>• Public general hospital – semi-private room</li> </ul>	Reasonable & Customary Charges for a hospital stay due to an accident
<ul style="list-style-type: none"> <li>• Public alternate level care hospital - semi-private room</li> </ul>	\$3 per day to a maximum of 120 days per calendar year for a hospital stay due to an accident
<b>Hearing Care</b>	\$500 every 5 years based on date of first paid claim
<b>Medical Items and Services</b>	
<ul style="list-style-type: none"> <li>• Footwear</li> </ul>	\$350 per benefit year for all footwear services combined
<ul style="list-style-type: none"> <li>▪ custom made boots or shoes or footwear as an integral part of a brace</li> </ul>	2 per benefit year
<ul style="list-style-type: none"> <li>▪ custom made foot orthotics</li> </ul>	1 pair every 3 years based on date of first paid claim
<ul style="list-style-type: none"> <li>▪ modification/repair to footwear</li> </ul>	2 every 6 months per benefit year



<b>Your Plan Covers:</b>	<b>Maximum Plan Pays:</b>
<ul style="list-style-type: none"> <li>▪ Optometric eye exams</li> </ul>	\$75 for one eye exam every 2 years based on date of first paid claim
<ul style="list-style-type: none"> <li>• Bra (mastectomy)</li> </ul>	Reasonable and customary charges
<ul style="list-style-type: none"> <li>• Stump socks</li> </ul>	5 per benefit year
<ul style="list-style-type: none"> <li>• Compression Stockings</li> </ul>	2 per benefit year
<ul style="list-style-type: none"> <li>• Other items and services – See the Description of Benefits section for details</li> </ul>	Reasonable and customary charges
<b>Emergency Transportation</b>	Reasonable and customary charges
<b>Professional Services</b>	
<ul style="list-style-type: none"> <li>• Acupuncturist</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Chiropractor</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year, including 1 X-ray
<ul style="list-style-type: none"> <li>• Chiropodist or Podiatrist</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year, including 1 X-ray for Podiatrist
<ul style="list-style-type: none"> <li>• Registered Massage Therapist (Physician (M.D.) or nurse practitioner recommendation required)</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Naturopath</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Homeopath</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Physiotherapist</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Psychologist</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<ul style="list-style-type: none"> <li>• Speech Therapist (Physician (M.D.) or nurse practitioner recommendation required every 12 months)</li> </ul>	\$30 per visit, up to a maximum of 20 visits per benefit year
<b>Accidental Dental</b>	Reasonable and customary charges
<b>Tutorial Benefit</b> Note: Your dependents are not eligible for this benefit	Private tutorial service of a qualified teacher up to \$25 per hour, rendered within 100 days of an accident. You must be confined to home or hospital for a minimum of 15 consecutive days to qualify

**For a full description of the Health Benefit, refer to the Benefit Description section.**

## DENTAL BENEFIT PLAN

This schedule describes the deductibles, co-pays and maximums that may be applicable if you are included in the Billing Division shown on the cover of this booklet.

Complete benefit details are provided in the Description of Benefits section of this booklet. Be sure to read these pages carefully. They show the conditions, limitations and exclusions that may apply to the benefits. All dollar maximums are expressed in Canadian dollars. You are covered for only those specific benefits for which you have applied.

<b>Deductible:</b>	Nil
--------------------	-----

<b>Fee Guide:</b>	<p>The current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>For independent Dental Hygienists, the lesser of, the current Provincial Dental Hygienists' Association Fee Guide and Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>For Alberta, with no fee guide, reimbursement will be according to a fee schedule established by GSC for that province</p>
-------------------	---

<b>Your Plan Covers:</b>	<b>Your Co-Pay:</b>	<b>Maximum Plan Pays:</b>
<p><b>Basic and Comprehensive Basic Services:</b></p> <ul style="list-style-type: none"> <li>• Basic restorative services, comprehensive oral surgery, anaesthesia, standard denture services,</li> <li>• Periodontal Services, preventive scaling and polishing</li> <li>• All other dental services</li> </ul>	<p>40%</p> <p>30%</p> <p>20%</p>	<p>\$800 per benefit year for all eligible dental services combined</p>

**For a full description of the Dental Benefit, refer to the Benefit Description section.**

## DEFINITIONS

Unless specifically stated otherwise, the following definitions will apply throughout this booklet.

**Allowed amount** means, as determined by GSC:

- a) Drugs – the GSC National Pricing Policy and/or the reasonable and customary charge;
- b) Extended Health Services – the reasonable and customary charge for the service or supply but not more than the prevailing charge in the area in which the charge is made for a like service or supply;
- c) Dental – the fee guide as specified in the Schedule of Benefits.

**Benefit Year** means the 12 consecutive months September 1<sup>st</sup> to August 31<sup>st</sup> of each year.

**Calendar year** means the 12 consecutive months January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Co-pay** is the eligible allowed amount that must be paid by you or your dependent before reimbursement of an expense will be made.

**Covered person** means the plan member who has been enrolled in the plan or his or her enrolled dependents.

**Custom made boots or shoes** means footwear used by an individual whose condition cannot be accommodated by existing footwear products. The fabrication of the footwear involves making a unique cast of the covered person's feet and the use of 100% raw materials. (This footwear is used to accommodate the bony and structural abnormalities of the feet and lower legs resulting from trauma, disease or congenital deformities).

**Custom made foot orthotics** means a device made from a 3-dimensional model of an individual's foot and made from raw materials. (This device is used to relieve foot pain related to biomechanical misalignment to the feet and lower limbs.)

**Deductible** is the amount that must be paid by or on behalf of you and your dependent in any benefit year before reimbursement of an eligible expense will be made.

**Dependent** means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the group contract;
- b) your unmarried child under age 21;
- c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
- d) your unmarried child (regardless of age) who became totally disabled while eligible under b) or c) above, and has been continuously so disabled since that time and is considered a dependent as defined under the Income Tax Act, also qualify as a dependent.

Your child (your or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

**Fee guide** means the list of dental procedure codes developed by and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided.

**First paid claim** means the actual date of service of the initial or a prior claim paid by GSC.

**Injury** means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

**Orthopedic shoes** means off-the-shelf, ready-made footwear prescribed for covered persons diagnosed with a specific medical condition that affects their feet and who require specialized footwear to treat their condition and assist with mobility. The footwear may be modified or adjusted to fit the covered person's feet.

**Plan member** means you, when you are enrolled for coverage.

**Reasonable and customary** means in the opinion of GSC, the usual charge of the provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**Rendered amount** means the amount charged by a provider for a service and submitted for payment of a claim.

**Semi-private room for hospital accommodation** means a room having only two treatment beds.

## ELIGIBILITY

### For You

To be eligible for coverage, you must be a plan member who is:

- a) a resident of Canada;
- b) covered under your provincial health insurance plan;
- c) a member or staff member of the student association shown on the cover of this booklet.

### For your Dependents

To be eligible for coverage you must be:

- a) covered under this plan; and;
- b) each dependent must be covered under a provincial health insurance plan.

### Coverage Effective Date

Your coverage begins on the date you become eligible for coverage, have satisfied the eligibility requirements and you are enrolled under the plan.

Your plan sponsor is solely responsible for submitting all required forms to GSC as of the Effective Date of this plan or as of the first date that you become eligible.

### Termination

Your coverage will end on the earliest of the following dates:

- a) the date you are no longer a member or staff member of the student association shown on the cover of this booklet;
- b) the end of the period for which rates have been paid to GSC for your coverage;
- c) the date the group contract terminates.

Dependent coverage will end on the earliest of the following dates:

- a) the date your coverage terminates;
- b) the date your dependent is no longer an eligible dependent;
- c) the end of the calendar year in which your dependent child attains the specified age limit;
- d) the end of the period for which rates have been paid for dependent coverage;
- e) the date the group contract terminates.

### Dependent Children Continuation of Coverage

Any child whose coverage would end because they have reached the specified age limit may qualify for continued coverage, subject to the following conditions:

- a) your child became dependent upon you by reason of a mental or physical disability prior to reaching this age; and
- b) your child has been continuously so disabled since that time.

### Group Conversion – GSC Health Assist LINK Program

The GSC Health Assist LINK program offers guaranteed coverage (no medical questionnaire) for you and your family for day-to-day medical, dental and travel expenses, as well as unforeseen health expenses.

This program may be your solution if you, your spouse or your dependent children are losing or have lost group health and/or dental benefits within the last 60 days and are looking for coverage.

Click [here](#) to apply, or contact Prosum Health Benefits Inc. at 1.855.751.6590 for assistance.

## DESCRIPTION OF BENEFITS

### HEALTH BENEFIT PLAN

The benefits shown below will be eligible, up to the amount shown in the Schedule of Benefits, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury.

#### Prescription Drugs

Prescription drug benefits, up to the amount shown in the Schedule of Benefits, that:

- a) are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law; and
- b) legally require a prescription and has a Drug Identification Number (DIN); and
- c) are paid on a Pay Direct basis.

If approved by GSC, this plan includes drugs with a Drug Identification Number (DIN) that do not legally require a prescription, including insulin and all other approved injectables, as well as related supplies such as diabetic syringes, needles and testing agents.

Certain drugs may require prior approval. Your Pharmacist is aware of the drugs that fall into this category.

In no event will the amount dispensed exceed a 3 month supply (6 months if a vacation supply is required) of a prescription at any one time and not more than a 13-month supply in any 12 consecutive months.

#### Generic drug substitution

Reimbursement will be made for the cost of the lowest priced equivalent drug based on specific provincial regulations, unless your medical or dental practitioner has written that there is to be no substitution of the prescribed drug or medicine.

#### **NOTE:**

Drug Benefit over age 65: The Drug Benefit co-pay and the deductible (where applicable) in your province of residence **are** eligible benefits.

Quebec residents only: Your student drug plan does not replace the RAMQ (The Regie de l'assurance maladie du Quebec) provincial plan, you are required to enrol for RAMQ.

Eligible benefits do not include and no amount will be paid for:

- a) Smoking cessation products and drugs for the treatment of obesity, erectile dysfunction and infertility;
- b) Vaccines;
- c) Vitamins that do not legally require a prescription;
- d) Products which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required;
- e) Ingredients or products which have not been approved by Health Canada for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage;
- f) Mixtures, compounded by a pharmacist, that do not conform to GSC's current Compound Policy.

## Extended Health Services

1. **Hospital Accommodation:** Reimbursement, as shown in the Schedule of Benefits, of reasonable and customary charges in the area where received, for accommodation in a public general hospital, provided your provincial health insurance plan has accepted or agreed to pay the ward or standard rate.
2. **Hearing Care:** Reimbursement for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, up to the amount shown in the Schedule of Benefits. No amount will be paid for batteries.
3. **Medical Items and Services:** When prescribed by a legally qualified medical practitioner, unless specified otherwise below, reimbursement for reasonable and customary charges, up to the amount, where applicable, as shown in the Schedule of Benefits for:
  - a) Aids for daily living: such as hospital style beds, including rails and mattresses; bedpans; standard commodes; decubitus (bedridden) supplies; I.V. stands; portable patient lifts; trapezes; urinals;
  - b) Footwear, when prescribed by your attending physician, nurse practitioner, podiatrist or chiropodist and dispensed by your podiatrist, chiropodist, chiropractor, orthotist, or pedorthist:
    - i) custom made foot orthotics or adjustments to custom made foot orthotics
    - ii) custom made boots or shoes, adjustments to orthopedic shoes, or footwear as an integral part of a brace, (subject to a medical pre-authorization);
  - c) Braces, casts;
  - d) Diabetic equipment, such as blood glucose monitors and lancets;
  - e) Medical services, such as diagnostic tests, X-rays and laboratory tests;
  - f) Incontinence/Ostomy equipment, such as catheter supplies and ostomy supplies;
  - g) Mobility aids, such as canes, crutches, walkers and wheelchairs (including wheelchair batteries);
  - h) Standard prosthetics, such as an arm, hand, leg, foot, breast, eye and larynx;
  - i) Optometric eye examinations for visual acuity performed by a licensed optometrist, ophthalmologist or physician (available only in those provinces where eye examinations are not covered by the provincial health insurance plan);
  - j) Respiratory/Cardiology equipment, such as compressors, inhalant devices, tracheotomy supplies and oxygen;
  - k) Compression stockings.

Some items may require pre-authorization. To confirm eligibility prior to purchasing or renting equipment, submit a Pre-Authorization Form to GSC.

## Limitations

- a) The rental price of durable medical equipment will not exceed the purchase price. GSC's decision to purchase or rent will be based on the legally qualified medical practitioner's estimate of the duration of need as established by the original prescription. Rental authorization may be granted for the prescribed duration. Equipment that has been refurbished by the supplier for resale is not an eligible benefit;
- b) Durable medical equipment must be appropriate for use in the home, able to withstand repeated use and generally not useful in the absence of illness or injury;
- c) When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for the covered person to effectively operate the equipment. Items that are not primarily medical in nature or that are for comfort and convenience are not eligible.

4. **Emergency Transportation:** Reimbursement for professional land or air ambulance to the nearest hospital equipped to provide the required treatment, when medically required as the result of an injury, illness or acute physical disability, up to the amount shown in the Schedule of Benefits.
5. **Professional Services:** Reimbursement for the services of the practitioners included, up to the amount shown in the Schedule of Benefits, when the practitioner rendering the service is licensed by their provincial regulatory agency or a registered member of a professional association and that association is recognized by GSC. Please contact the GSC Customer Service Centre to confirm practitioner eligibility.

**NOTE:**

- Podiatry services are not eligible until your provincial health insurance plan annual maximums have been exhausted

6. **Accidental Dental:** Reimbursement for the services of a licensed dental practitioner for dental care to natural teeth when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident must occur while the coverage is in force. When natural teeth have been damaged eligible services are limited to one set of artificial teeth. You must notify GSC immediately following the accident and the treatment must commence within 180 days of the accident.

GSC will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter GSC's liability.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.



## Health Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
  - a) intentionally self-inflicted injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) is administered in a hospital or is required to be administered in a hospital in accordance with Health Canada's approved indication for use;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs benefit;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
6. Services or supplies that:
  - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
  - b) are legally prohibited by the government from coverage;
  - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
  - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
  - e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
  - f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
  - g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
  - h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
  - i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;

- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are for medical or surgical audio and visual treatment;
- m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- n) are delivery and transportation charges;
- o) are for Insulin pumps and supplies (unless otherwise covered under the plan);
- p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
- q) are batteries, unless specifically included as an eligible benefit;
- r) are a duplicate prosthetic device or appliance;
- s) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- t) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- u) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as a result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
- v) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
- w) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
- x) relates to treatment of injuries arising from a motor vehicle accident;  
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if—
  - i) the service or supplies being claimed is not eligible; or
  - ii) the financial commitment is complete;A letter from your automobile insurance carrier will be required;
- y) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

## DENTAL BENEFIT PLAN

The benefits shown below will be eligible, if based on the licensed dental practitioner's reasonable and customary charge in accordance with the Fee Guide and the maximum shown in the Schedule of Benefits.

### Basic Services

1. Basic Diagnostic and Preventive Services:
  - complete oral examinations once every 5 years
  - emergency and specific oral examinations
  - panoramic X-rays once every 2 years
  - full series X-rays once every 5 years
  - bitewing X-rays once every 9 months
  - recall examinations once every 9 months
  - cleaning of teeth (up to 1 unit of polishing plus up to 1 unit of scaling) once per recall period
  - oral hygiene instruction once every 12 months
  - denture cleaning once per recall period
  - pit and fissure sealants on molars only, once per tooth per lifetime
  - space maintainers
2. Basic Restorative Services:
  - amalgam, tooth coloured filling restorations, and temporary sedative fillings
  - inlay restorations – these are considered basic restorations and will be paid to the equivalent non-bonded amalgam
3. Basic oral surgery:
  - extractions of teeth and/or residual roots
4. General anaesthesia, deep sedation, and intravenous sedation in conjunction with eligible oral surgery only

### Comprehensive Basic Services

1. Standard denture services:
  - denture repairs and/or tooth/teeth additions
  - standard relining and rebasing of dentures, once every 3 years, only after 6 months have elapsed from the installation of a denture
  - denture adjustments
  - soft tissue conditioning linings for the gums to promote healing
2. Comprehensive oral surgery:
  - surgical exposure, repositioning, transplantation or enucleation of teeth
  - remodeling and recontouring - shaping or restructuring of bone or gum
  - excision - removal of cysts and tumors
  - incision - drainage and/or exploration of soft or hard tissue
  - fractures including the treatment of the dislocation and/or fracture of the lower or upper jaw and repair of soft tissue lacerations
  - maxillofacial deformities - frenectomy - surgery on the fold of the tissue connecting the lip to the gum or the tongue to the floor of the mouth

3. Periodontal treatment of diseased bone and gums including:
  - periodontal scaling and/or root planing 8 time units per benefit year
  - occlusal equilibration - selective grinding of tooth surfaces to adjust a bite 2 time units every 12 months

The fees for periodontal treatment are based on units of time (15 minutes per unit) and/or number of teeth in a surgical site in accordance with the General Practitioners Fee Guide.

### **Alternate Treatment**

The group benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

### **Predetermination**

Before your treatment begins, if the total cost of any proposed treatment is expected to exceed \$300, it is recommended that you submit an estimate completed by your dental practitioner.

### **Limitations**

1. Laboratory services must be completed in conjunction with other services and will be limited to the co-pay of such services. Laboratory services that are in excess of 40% of the dentist's fee in the applicable Fee Guide shown in the Schedule of Benefits will be reduced accordingly; co-pay is then applied;
2. Reimbursement will be made according to standard and/or basic services, supplies or treatment. Related expenses beyond the standard and/or basic services, supplies or treatment will remain your responsibility;
3. Reimbursement will be pro-rated and reduced accordingly, when time spent by the dentist is less than the average time assigned to a dental service procedure code in the applicable Fee Guide shown in the Schedule of Benefits;
4. Common surfaces on the same tooth/same day will be assessed as one surface. If individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period;
5. When more than one surgical procedure is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement, as the fee for each procedure is based on complete, comprehensive treatment, and is deemed part of the multiple services factor;
6. The multiple services factor occurs when a minimum of 6 or more restorations (fillings) or multiple periodontal services are performed at the same appointment and the full fee guide price is charged for each restoration or periodontal service, the first service will be paid in full and all remaining services will be reduced by 20%;
7. Root planing is not eligible if done at the same time as gingival curettage;
8. In the event of a dental accident, claims should be submitted under the health benefits plan before submitting them under the dental plan.

## Dental Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
  - a) intentionally self-inflicted injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any dental service that is not contained in the procedure codes developed and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided;
6. Implants;
7. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion;
8. Appliances related to treatment of myofascial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines;
9. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces;
10. Service and charges for sleep dentistry;
11. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction;
12. Any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) is administered in a hospital or is required to be administered in a hospital in accordance with Health Canada's approved indication for use;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Health Benefit Plan Prescription Drugs benefit;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;

13. Services or supplies that:

- a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
- b) are legally prohibited by the government from coverage;
- c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage; or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
- d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
- e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
- f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
- g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
- h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
- i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are delivery and transportation charges;
- m) are a duplicate prosthetic device or appliance;
- n) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- o) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- p) relates to treatment of injuries arising from a motor vehicle accident;  
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–
  - i) the service or supplies being claimed is not eligible; or
  - ii) the financial commitment is complete;A letter from your automobile insurance carrier will be required;
- q) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

## CLAIM INFORMATION

### Inquiries

For detailed inquiries, contact your Benefits Administrator or contact us:

- ♦ Call our Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item or service and GSC’s pre-authorization requirements, or
- ♦ Visit our website at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) to e-mail your question

### Pre-authorization

For **pre-authorization** forward a pre-authorization form OR a physician’s prescription indicating the diagnosis and what is prescribed.

### Submitting Claims

All claims submitted to GSC require your GSC Identification number. Your GSC Identification Number is your student number with the prefix “**SAC**” – e.g. **SAC111222333**.

For **claims reimbursement** forward an original itemized paid receipt (**cash receipts or credit card receipts alone are not acceptable**) including:

- Covered person’s name, address and GSC Identification Number
- Provider’s name and address
- Date of service
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required
- For Hearing Care, a copy of audiogram and details of provincial funding, if applicable
- For Hospital, admission and discharge dates; daily accommodation charges; number of days in preferred accommodation

For certain claims, we may require additional confirmation of payment so we recommend you keep a copy of some other identifiable confirmation of payment, such as a cancelled cheque (copy is acceptable if both sides of the cheque are provided), an authorized electronic credit card receipt and/or statement, direct payment /debit receipt or bank statements.

For dental claims, forward a dental claim form, completed by both the plan member and the dentist. If your claim is the result of an accident, a Dental Accident Report Form and your dental X-rays must be submitted to GSC for prior approval. Failure to comply may result in non-payment.

When GSC is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

All claims must be received by GSC no later than 12 months from the date the eligible benefit was incurred.

### Submit all Claim Forms to: Green Shield Canada

Attn: Drug Department	PO Box 1652	Windsor, ON	N9A 7G5
Attn: Medical Items	PO Box 1623	Windsor, ON	N9A 7B3
Attn: Professional Services	PO Box 1699	Windsor, ON	N9A 7G6
Attn: Hospital Department	PO Box 1615	Windsor, ON	N9A 7J3
Attn: Dental Department	PO Box 1608	Windsor, ON	N9A 7G1

## **Reimbursement**

Reimbursement will be made by one of the following methods:

- a) Direct deposit to your personal bank account, when requested;
- b) A reimbursement cheque; or
- c) Direct payment to the provider of services, where applicable.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian funds for both providers and plan members.

## **Direct Payment to the Provider of Service (where applicable)**

Provide your GSC Identification number to your provider and, after you pay any applicable co-payment, they may bill GSC directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

## **Subrogation**

GSC retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that GSC has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by GSC, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.



## DENTAL DISCOUNT NETWORK ARRANGEMENT

In partnership with the National Student Health Network, GSC provides access to the Student Dental Discount Network. The intent of this network is to provide our student plan members access to high quality dental services at an affordable cost.

Features of this great value-added service and how it works:

1. This national program includes more than 800 dental provider locations from coast to coast.
2. Once a dental provider elects to participate in the network, they are added to a list of GSC's participating dental providers. This list is currently available at [greenshield.ca/StudentCentre](https://greenshield.ca/StudentCentre).
3. You may visit a dentist from the list of participating dental providers, or you may ask your existing dentist to join this network; the advantage to your dentist of joining the network is the potential of an increase in business. Your dentist can call our Customer Service Centre at 1.888.711.1119 for more information.
4. The discount offer applies to most dental procedures and *may* be up to 30%.
5. Our system will automatically calculate the applicable discount when you visit a dental provider in this network. The applicable discount is dependent on your particular college or university's plan design, and will be subtracted from your co-pay, or share of the cost.
6. Eligible dental claims are processed electronically; therefore, **you must first be enrolled on GSC's system in order to be eligible for the discount**. GSC will pay your dentist directly; you only have to pay the dentist your share of the cost (if any) for services provided.
7. You will receive professional dental services while incurring lower out-of-pocket expenses and maintain ongoing oral health.

Visit [greenshield.ca/StudentCentre](https://greenshield.ca/StudentCentre) or call the Customer Service Centre at 1.888.711.1119 for more information.

### **Co-ordination of Benefits (COB)**

If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s). Use the following guidelines to identify the primary and secondary plans:

#### **GSC Plan Member**

This GSC student plan is always your primary plan. If you are the plan member under two group plans, priority goes in the following order:

- The plan where you are a full-time plan member
- The plan where you are a part-time plan member
- The plan where you are a retiree

#### **Spouse**

If your spouse is a plan member under another benefit plan, this GSC coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

#### **Children**

When dependent children are covered under both your GSC plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
  - The benefit plan of the parent who has custody of the dependent child
  - The plan of the spouse of the parent who has custody of the dependent child
  - The plan of the parent who does not have custody of the dependent child
  - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

**DISCLAIMER**

**The Travel Benefits are provided by Blue Cross Life Insurance Company of Canada.**

# TRAVEL HEALTH BENEFITS

Blue Cross Life Insurance Company of Canada Agreement Number 97180

*Emergency Travel Insurance for Active Group Plan Members and Their Dependents.*

Blue Cross Life Insurance Company of Canada ("We", "Us", "Our", or "Blue Cross")  
*Agreement Limit: \$5,000,000 CAD*

This plan covers *emergency medical treatment* of a medical condition that is acute and considered life threatening or if left unattended could deteriorate resulting in serious and irreparable harm. To be eligible, these expenses must be approved by Blue Cross and incurred while travelling outside of *your* province or territory of residence. *Emergency medical treatment* is covered until such time as Blue Cross deems the *emergency* to be over or the patient is medically stable to return to Canada.

Expenses for *emergency hospital* and/or medical services and travel assistance benefits are eligible when incurred for the necessary *emergency medical treatment* of an illness or injury occurring within the first 120 days of travel outside *your province or territory of residence*. If the University has approved *your* participation in an exchange program or extended travel period for any other valid academic reason, coverage will continue for the entire duration of the approved academic program

or exchange, including the 120 days immediately prior to and immediately following the approved program, providing the entire period of travel has been approved in advance by the agreement holder and *you* and *your* dependents continue to meet the Eligibility for Coverage requirements as stated below.

**Please note:** for the purposes of coverage under this plan *your* province or territory of residence will be considered to be the province or territory where *you* are living while enrolled at a participating college or university if this is not *your* permanent province or territory of residence in Canada, or if *you* are a foreign student on a valid student visa.

The information provided herein is a summary of the terms and conditions detailed in the Agreement. All benefits are subject in every respect to the terms of the Agreement, which alone constitutes the agreement under which payments are made.

Expenses for Interruption of *your* Trip or Delay of *your* Trip must be pre-approved and organized by Canassistance and our claims administrator, Manitoba Blue Cross.

**Warning:**

*You* must contact Canassistance before seeking *emergency medical treatment*. Failure to call before seeking treatment can result in a 30% reduction to *your* eligible claim payment, or no reimbursement for the expenses *you* have already incurred. If *you* are physically unable to call, someone else (family member, friend, *hospital*, *physician's* office staff) may call on *your* behalf. In addition, the medical advisors of Canassistance and our claims administrator, Manitoba Blue Cross must approve all medical procedures (including cardiac procedures, CAT scans and cardiac catheterization) in advance.

## **Eligibility for Coverage**

To be a covered plan member for travel insurance benefits under this plan *you* must:

- have met and continue to meet the terms and conditions of the student health plan of which *you* are a member.  
*You, your spouse and your dependent children* must:
- have active provincial/territorial government health insurance plan coverage, or have equivalent coverage
- be under 65 years of age, or the ages specified by the agreement holder's group plan for *you, your spouse, and your dependent children*, providing *you* and *your* spouse are under age 65.

N.B. *you* must verify *your, your spouse's and your dependent children's* eligibility for coverage prior to departure by contacting *your* student plan administrator.

## Termination of Coverage

All coverage terminates, including the coverage of *your spouse* and *your dependent children*, when:

- *you* no longer meet all of the conditions of Eligibility for Coverage.

The coverage of *your spouse* and *your dependent children* terminates when:

- they no longer meet all of the conditions of Eligibility for Coverage.

All coverage terminates when the agreement holder fails to submit the required subscriptions on *your* behalf.

## What is Covered

### **A. Emergency Medical Benefits**

In the event that *you* require *emergency medical treatment* as a result of injury or illness occurring during the *coverage period*, we will cover, when approved or authorized in advance by our claims administrator, Manitoba Blue Cross, *your reasonable and customary charges* for:

**Hospital Accommodation:** *Hospital* room and board costs, up to the semi-private room rate charged by the *hospital*.

**Physician Charges:** Services for *medical treatment* by a *physician*.

**Diagnostic Services:** Laboratory tests and x-rays when prescribed by the attending *physician* as part of the *emergency medical treatment*.

**Paramedical Services:** The services of a Paramedic to a maximum of \$250 per profession.

**Prescription Drugs:** The cost of prescription drugs when medically necessary for *emergency medical treatment*.

**Ambulance Services:** Licensed ground ambulance services when medically necessary to transport *you* to the nearest medical facility.

**Medical Appliances:** Minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when medically necessary.

**Private Duty Nurse:** The professional services of a registered private nurse.

**Emergency Air Transportation:** Air ambulance to the nearest appropriate medical facility or to a Canadian *hospital* for immediate *emergency medical treatment* including transport on a licensed airline with an attendant (where required).

**Transportation to Bedside:** Cost of a single round-trip economy airfare from Canada, plus up to \$150 per day for the cost of meals and commercial accommodation for one of the following *immediate family* members or a close personal friend, to be with *you* if *you* are travelling alone and hospitalized as the result of an *emergency*. To be payable, this benefit requires that *you* be hospitalized as an inpatient for more than three (3) consecutive days outside *your* province or territory of residence and that the attending *physician* provides written certification that *your* medical condition was serious enough to warrant the visit; or where legally necessary, identify *your* remains prior to their release.

**Return of Travelling Companion:** If *you* are returned under the *Emergency Air Transportation* benefit or the Return of Remains benefit, we will reimburse the cost of a single one-way economy airfare for a travelling companion to return to Canada.

**Treatment of Dental Accidents:** Up to \$2,000 for *emergency* dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth, provided the injury was caused by an external and accidental blow to the mouth or face. This Agreement does not cover chewing accidents.

**Relief of Acute Dental Pain:** Up to \$200 for *your emergency* treatment by a dentist for the relief of acute dental pain.

**Meals and Accommodation:** Up to \$200 per day, to an overall maximum of \$2,500 per trip for the cost of *your* commercial accommodation and meals (including the expenses of *your* dependents when accompanying *you*) and *your* trip is extended beyond the scheduled return date, due to the hospitalization of *you* or *your* dependents

**Vehicle Return:** Up to \$2,000 for the arrangements to return the vehicle (whether owned or rented) to *your* residence, or to the nearest appropriate rental agency, if *you* or *your* travelling companion are unable to do so due to illness or injury.

**Return of Remains:** In the event of *your* death due to an illness or injury this Agreement will provide up to \$7,500 towards the reasonable and necessary services required to transport the deceased's remains from the place of death to his city of residence in Canada, or for the burial or cremation of those remains at the place where the death occurred. The cost of a funeral, or burial casket or urn is not a covered expense.

## B. International Travel Assistance Services

**Travel Assistance Services:** We provide to *you* a toll free telephone number for access to a 24 hour worldwide assistance centre in the event of an *emergency*. Should an *emergency* occur during the 120 day travel period, the assistance centre will provide the following assistance services:

- i) referrals to a qualified *physician*, dentist, *paramedical practitioner* or *hospital*;
- ii) on-going monitoring of medical treatment if you, your spouse or dependent children are hospitalized;
- iii) payment assistance for hospital and/or medical expenses;
- iv) legal referrals;
- v) emergency cash transfer assistance (funds will come from you, your family or friends);
- vi) valuable document delivery assistance;
- vii) lost document/ticket assistance;
- viii) telephone interpretation services related to your medical emergency;
- ix) pre-trip assistance; and
- x) emergency message services where we will make at least 3 attempts in a 24 hour period to reach your requested party and provide you with an update on the results of our efforts to deliver your message.

The Travel Assistance Services described above do not provide for any payment from us to *you*.

## C. Trip Cancellation

In the event that *you* must cancel *your* trip before the scheduled departure date, we will reimburse *you* up to an overall maximum of \$1,500 for the forfeited, published, non-refundable trip payments or deposits incurred as a result of cancellation penalties for which no credits or refunds were issued by the supplier, when cancellation is due to:

1. The **Medical Condition or Death** of *you* or a member of *your immediate family*, or any injury or unforeseen illness occurring to *you* and a *physician* recommends in writing against travel, or the hospitalization as an inpatient of *you* or a member of *your immediate family* and the physical examination by a *physician* must take place on the earlier of, the 72 hours immediately prior to the time the cancellation is made or on the scheduled departure date.
2. **Pregnancy and Adoption** of *you* if the pregnancy was diagnosed after booking the trip and the scheduled departure date falls within nine (9) weeks of the expected date of delivery, or the legal adoption of a child when the actual date the child is to be placed in *your* care occurs during the trip and this date was not known at the time of booking.
3. A **Terrorist Act** committed by an organized terrorist group (recognized as such by the Canadian Government), occurs at the intended location of *your* trip within 30 days of *your* departure date.
4. *You* are directly involved in a **Traffic Accident** while en route to a departure for a trip.

## D. Trip Interruption and Trip Delay

In the event that *you* must **Interrupt your Trip** due to the medical *emergency* or death of *you* or an *immediate family member* (whether or not they are travelling with *you*), or due to an act of terrorism committed by an organized terrorist group (recognized as such by the Canadian Government) occurring at *your* trip location, we will cover the cost, up to an overall maximum of \$5,000 for one way economy fare on a commercial flight via the most cost effective route to return *you* to *your* city and province or territory of residence in Canada. This also includes *your spouse* and *your Dependent children* when travelling with *you* and *you* have member plus Dependent coverage. When interrupting *your* trip due to illness, the attending *physician* must recommend in writing that *you* should interrupt *your* trip and return home immediately. **Delay your Trip** we will cover the cost, up to an overall maximum of \$5,000, for one way economy fare on a commercial flight via the most cost effective route if *you* are unable to return on *your* original scheduled flight due to the illness or injury of *you* or *your immediate family member*. The illness or accidental injury must require the care and attendance of a *physician* and the *physician* must recommend in writing that *your* return be delayed. In the event of an eligible trip interruption/delay we will also reimburse *you* for the *reasonable and customary charges* for **Meals and Accommodation** up to a total of \$200 per day, to an overall maximum of \$2,500 per trip for the cost of *your* commercial accommodation and meals (including the expenses of *your Dependents* when accompanying *you*).

The total combined amount payable for all benefits covered under this Agreement shall not exceed \$5,000,000.

## **Definitions**

**Dependent Children** means the unmarried children (natural or legally adopted) or stepchildren of the insured student who qualify as a Dependent under the Canadian Income Tax Act and also are:

- i) under 22 years of age; or
- ii) under 26 years of age if attending full-time at an accredited Canadian institute of learning; or
- iii) mentally or physically disabled with valid coverage under a Canadian provincial or territorial government health care plan.

**Emergency** means an unexpected occurrence (illness or injury) requiring immediate medical care. This includes *medical treatment* (non-elective) for immediate relief of severe pain, suffering or disease which cannot be delayed until the member or insured Dependent is medically able to return to his province or territory of residence.

**Hospital** means an establishment duly licensed as such and is operated for the care and treatment of inpatients (excluding palliative care, rehabilitation, addiction treatment, convalescent care, rest or nursing home or health spa).

**Immediate Family Member** means a *spouse*, parent, child (including all natural or adopted), sibling, step-parent, step-child, grandparent or grandchild of *you* or *your spouse*.

**Medical Treatment** means the medically necessary advice, care, surgery (non-elective) or services provided for disease, illness, bodily injury, or acute psychosis that occurs during *your* trip. The treatment must be provided by, a licensed *physician*, dentist, *paramedical practitioner* and/or *hospital* and cannot reasonably be delayed until *you* return to *your* province or territory of residence without endangering *your* health. It does not include check-ups, regular treatment of a chronic condition, or cases where there are no specific symptoms.

**Paramedical Practitioner** means a physiotherapist, chiropractor, chiropractor, podiatrist or osteopath licensed to practice within the scope of such license at the location where the *medical treatment* is provided.

**Physician** means a person (not related to you by blood or marriage) who is licensed to prescribe drugs and administer *medical treatment* (within the scope of such license) at the location where the *medical treatment* is provided (excluding a naturopath, a herbalist or a homeopath).

**Reasonable and Customary Charges** means those charges in an amount consistently made by other vendors/providers for a given service in the same geographic area.

**Spouse** means the person who is legally married or in a legal civil union with *you*; or the person who is now and has been living with *you* in a conjugal relationship for a period of at least 1 year and who is publicly represented as *your spouse* or *your domestic partner* in the community in which *you* reside. For the purpose of this coverage *you* may have only one *spouse*.

**You and your** refers to those eligible person(s) for whom the agreement holder is submitting subscriptions. This may include the covered member, the covered member's *spouse* and their *dependent children* who are eligible and are covered under this Agreement.

## **Conditions and Limitations**

1. All dollar amounts are stated in Canadian funds.
2. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this coverage.
3. *You* must contact Canassistance before seeking *emergency medical treatment*. Failure to call can result in a reduction to the amount reimbursed or no reimbursement for the expenses *you* have already incurred.
4. *You* must submit claims to our Administrator, Manitoba Blue Cross, at PO Box 1046, Winnipeg, MB, R3C 2X7, within 90 days from date of occurrence. For *your* claim to be valid, *you* must provide all of the documents we require to support *your* claim, including proof of *your* departure date from Canada or the province/territory where *you* are currently attending school if this is other than *your* normal province/territory of residence.
5. We may void *your* coverage in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any circumstance or fact that is material.

6. You must repay to us amounts paid or authorized for payment on *your* behalf, if we determine the amount is not payable under this coverage.
7. We may require a *physician(s)* of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it.
8. If *you* incur expenses covered under this plan because of a third party, we may take legal action against that party at our expense. We have full rights of subrogation and *you* agree to allow us to fully assert our right to subrogation and to cooperate fully with us by delivering such documents. *You* agree to do nothing that would prejudice our rights to recover funds from any source.
9. None of Blue Cross, Manitoba Blue Cross or Canassistance are responsible for the availability, quality or outcome of any *medical treatment*, medical transportation, or your failure to obtain *medical treatment*.
10. All benefits payable under this plan are in excess of similar coverage benefits payable by another plan. If *you* are eligible for benefits (similar to those provided hereunder) from more than one carrier, the total benefits paid to *you* by all carriers cannot exceed *your* actual covered expenses.
11. If *your* employer's extended Health plan has a lifetime maximum coverage of more than \$50,000, we will co-ordinate payment only in excess of \$50,000 in accordance with the Canadian Life and Health Insurance Association's coordinating coverage guidelines.
12. If a covered loss incurred is either directly, or indirectly, the result of an "Act of Terrorism", payment of such loss is subject to the following terms and conditions:
  - i) Interruption of Trip benefits will be paid to a maximum of 100% of the sum insured. Losses will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered by the airlines, tour or travel operators, cruise or travel suppliers, even if the alternative or replacement arrangements are declined by *you* and not used;
  - ii) All other benefits insured under this Agreement will be paid at 100% of the sum insured;
  - iii) If the total amount claimed under this Agreement in respect of the same incident, or series of incidents occurring within a 72 hour period exceeds \$10,000,000, the amount payable will be prorated among all eligible claimants. The amount paid will not exceed \$10,000,000 in the aggregate.

## **Exclusions**

This Agreement does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. *Medical treatment* or services normally covered or reimbursable under *your* Government Health Insurance Plan or any other specific insurance *you* have.
2. *Medical treatment* or services received in *your* province or territory of residence, or in *your* home country if *you* are a foreign student studying in Canada.
3. Any trip booked, commenced or continued against the advice of *your physician* or after being diagnosed with a terminal illness.
4. The death or illness (or complications thereof) of *you*, if the death or illness occurred as a result of the outbreak of a communicable disease recognized as an epidemic or pandemic by the World Health Organization or any expenses incurred due to a quarantine imposed by any governmental health organization due to an outbreak of a communicable disease, when the trip was booked after an advisory notice was issued by either the Canadian Government or the World Health Organization warning against travel to that location and *you* failed to follow that advisory.
5. Any medical condition that prior to departure, medical evidence suggests a reasonable expectation that *medical treatment* or hospitalization would be required while travelling.
6. *Medical treatment*, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering, or that *you* elect to have provided outside of *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such *medical treatment*. The wait time to receive *medical treatment* has no bearing on the application of this exclusion.



7. *Medical treatment* or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice or referral of a *physician*.
8. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Manitoba Blue Cross prior to being performed except in extreme circumstances where such surgery is performed immediately on an *emergency* basis.
9. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies, unless authorized in advance by Manitoba Blue Cross.
10. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, *medical treatment* or care of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitative care, non-compliance with any prescribed medical therapy or treatment or *medical treatment* of an acute illness or injury after the initial *emergency* has ended (as determined by the medical team of our claims administrator, Manitoba Blue Cross).
11. *Medical treatment* of a recurrence or complication of any medical condition following *medical treatment* during the trip where our claims administrator, Manitoba Blue Cross determined and recommended that *you* should return to *your* province or territory of residence and *you* chose not to do so.
12. *Emergency* air transportation unless approved and arranged in advance by our claims administrator, Manitoba Blue Cross and Canassistance.
13. Treatment not performed by or under the supervision of a physician, licensed dentist, or the appropriate paramedical practitioner.
14. Medical treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine (9) weeks before or after the expected delivery date, or at any time for a pregnancy deemed as high risk by a physician, or induced abortion.
15. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
16. Travel to a country, region or city for which the Canadian government has issued a travel advisory.
17. Act of terrorism, or by any counter-terrorism measure of a government or any other entity, except for injuries sustained as a direct result from fire or explosion, or as otherwise provided for under Trip Cancellation or Trip Interruption.
18. Committing or attempting to commit an illegal or criminal act.
19. Intentional self-injury; suicide or attempted suicide; non-compliance with a prescribed treatment or medical therapy; misuse of medication.
20. Service in the armed forces of any country, whether on active duty or in a reserve capacity, police services or any other paramilitary organization.
21. Loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
22. The replacement of an existing prescription, whether by reason of loss unless otherwise specified elsewhere in this Agreement; renewal or due to inadequate supply; or the purchase of drugs and medications (including vitamins, meal replacements, and mineral supplements) which are commonly available without a prescription; or which are not legally registered and approved in Canada; or which are not required as a result of an emergency.
23. Upgrading charges for airline transportation unless approved in advance by our claims administrator, Manitoba Blue Cross and Canassistance.
24. Dental service related to crowns and root canals or the repair or replacement of dentures (full or partial) lost or damaged.

25. *Medical treatment*, service or supply related to locating organ donors for transplants, or any treatment, service or supply regarding the use of artificial organs.
26. Participation in professional sports; any motorized speed contest; bungee catapulting, stunt jumping, reverse jumping, launching; parapenting, ice climbing and/or a flight accident except as a passenger in a commercially licensed aircraft.
27. SCUBA diving unless the covered person holds a basic SCUBA designation from a certified school or other licensing body, or you are accompanied by a dive master or are diving in water not deeper than 10 metres.
28. Hang gliding, or parachuting unless in tandem with a licensed or certified instructor.

## **Privacy**

We, Blue Cross and ASEQ (collectively "we" in this privacy section) respect *your* privacy and are committed to protecting it. However, by participating in this plan *you* have provided us with *your* consent to the collection, use and disclosure of *your* personal information, for the purposes of communicating with *you*, administering the terms of this Agreement, managing the business of Blue Cross; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law. To protect the confidentiality of the information *you* provide we will establish a file secured in the offices of Blue Cross, our claims administrator, Manitoba Blue Cross and Canassistance. We will restrict access to this file to those responsible for the administration of this plan and the processing and investigation of claims or to any other person *you* authorize, or as required or authorized by law.

## **Collecting and Using Your Information**

We will only collect and keep that necessary information we need to process and assess *your* claims. Limited personal information may be collected from and/or released to a third party. These parties include Canassistance, health care professionals and institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in this Agreement. Most information we collect will come directly or indirectly from *you*, *your* family, *your* employer and friends, references *you* provide to us, our representatives, *hospitals*, *physicians*, other health care providers, the government and its agencies (including provincial government health insurance plans), other insurance companies, travel suppliers, law enforcement agencies and private investigators.

We use this information only to evaluate and manage *your* health care, administer claims and negotiate payment on *your* behalf. We do not share this information with others, except that Manitoba Blue Cross, our Administrator, and Canassistance is provided with *your* information, as are those who are necessary to the services we provide and the investigation of claims under this plan, including other insurance companies/carriers, the government and its agencies (including provincial government health insurance plans) and other health care providers.

## **Access to Your Information**

*You* have a right to request to access or correct *your* personal information we have on file. To do so, *you* may contact the Privacy Officer at: [www.mb.bluecross.ca](http://www.mb.bluecross.ca).

*You may revoke consent at any time, however, if consent is withheld or revoked the coverage may be denied or rescinded.*

# TRAVEL HEALTH PASSPORT

## Travelling safe and secure

Blue Cross provides security to millions of travellers each year.

With Blue Cross' Travel Health Passport, you too can travel worry-free knowing you are protected in the event of a medical emergency.

When travelling outside your province of residence, you and your family are eligible for:

## Worldwide Medical Coverage

Comprehensive medical benefits with up to \$5 million per emergency.

## Trip Cancellation

Up to \$1,500 per trip for pre-paid, non-refundable trip expenses in case of a medical emergency.

## Trip interruption

Up to \$5,000 per trip in case of a medical emergency.

## Assistance Services

24-hour access to medical and legal referrals, pre-trip information, lost document assistance, and more.

## What should I do in a Medical Emergency?

Please contact CanAssistance toll-free at 1-866-601-2583 or collect at 0-204-775-2583 prior to seeking medical treatment so we can assess your situation, help you locate a suitable provider in your area, and open a medical case to monitor your care.




In a medical emergency where you are unable to reach CanAssistance, please seek treatment immediately at the nearest health facility, and have a travelling companion or health facility employee contact us on your behalf as soon as possible.

When you call, you will be asked to provide general information including your name, group policy number, nature of your emergency, and contact information. Our Assistance Coordinators will monitor your care until treatment is complete.

## Plan Details

We recommend that you review your detailed explanation of coverage prior to travelling. Details are available at [www.ihaveaplan.ca](http://www.ihaveaplan.ca).

✂ Detach your Travel Health Passport and bring it with you when you travel.

<p><b>TRAVEL HEALTH PASSPORT</b></p> <p></p> <p><b>BLUE CROSS</b></p> <p>Group Policy Number: 97180</p> <p>Contact <b>CanAssistance</b> Before Seeking Emergency Medical Treatment</p> <p>Canada &amp; United States (Toll-Free): 1-866-601-2583 Other Countries (Collect): 0-204-775-2583</p>	<p><b>EMERGENCY TRAVEL BENEFITS</b></p> <p> <b>BLUE CROSS</b></p> <p>Group Policy Number: 97180</p> <p>_____</p> <p>Student's signature</p> <p> <b>ihaveaplan.ca</b></p>
---	--