Your group insurance plan

MCGILL'S ASSOCIATION OF CONTINUING EDUCATION STUDENTS (MACES)

Policy No. Q1217

All eligible students – Quebec and Non-Quebec residents and International students without provincial Medicare plan

Desjardins
Insurance
Life • Health • Retirement

Your Group Insurance Plan

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Policy No. Q1217

All eligible students – Quebec and Non-Quebec residents and International students without provincial Medicare plan

Desjardins Financial Security Life Assurance Company
1 866 647-5013

To obtain your certificate number, visit www.studentcare.ca

This document is a summary of your Group Insurance Policy.

This electronic version of the booklet has been updated on September 1, 2022. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

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CLASSES

Class	Category
001	All eligible students – Quebec residents
002	All eligible students – Non-Quebec residents
003	International students without provincial Medicare plan

GENERAL GUIDELINES

Eligibility Requirements:

The Student must be a member of the McGill's Association of Continuing Education Students (MACES) and be registered for at least 3 credits.

The Student who participates at an Exchange Program or at an internship outside his province of residence remains insured with the current Group Insurance Plan, provided that he is insured under a government health and hospitalization plans for expenses incurred outside his province of residence.

Commencement of Student Insurance:

The participation to the insurance is automatic upon registration at the educational institution.

Insurance plan premiums are part of the refundable fees.

The Student is automatically insured with a single coverage for the benefits listed below for the entire eriod of coverage.

- Student Accidental Death and Dismemberment Benefit **(Classes 001 and 002)**
- Extended Health Care Benefit **(Classes 001 and 002)**
- Dental Benefit **(Classes 001, 002 and 003)**

For more information concerning the benefits, please refer to the Benefit overview.

Commencement of Dependents Insurance:

When the student chooses a family, single-parent or couple coverage type, the insurance for his dependents becomes effective from the beginning of the period of coverage.

Termination of Student Insurance:

The Insurance of the Student will terminate on the earliest of the following dates:

1) the end of the period of coverage,
2) the date specified in the Benefit overview,
3) the date of termination of the policy.

Termination of Dependents Insurance:

The Dependent insurance will terminate on the earliest of the following dates:

1) the date the insurance of the Student terminates,
2) the date the Dependent is no longer considered a dependent, or
3) the end of the period for which required premiums for Dependent insurance were paid on behalf of the Student.

Period of Coverage:

Autumn term: September 1st to December 31st or September 1st to August 31st.

Winter term: January 1st to August 31st.

Benefits:

The Student can choose among the benefits below. However, the Extended Health Care Benefit must be taken in combination with the Accidental Death and Dismemberment Benefit. These two benefits are not offered separately.

- Student Accidental Death and Dismemberment Benefit **(Classes 001 and 002)**
- Dependent Accidental Death and Dismemberment Benefit * **(Classes 001 and 002)**
- Extended Health Care Benefit **(Classes 001 and 002)**
- Dental Benefit **(Classes 001, 002 and 003)**

* The Student must have chosen a coverage type covering one or more dependents to be eligible for that benefit.

For more information concerning the

benefits, please refer to the Benefit overview.

Coverage types:

The Student can choose among the coverage types below. The Student will automatically get a single coverage until the end of the Period of coverage if not choice is made.

- Single: Student only
- Family: Student, spouse and children
- Single-parent: Student and children
- Couple: Student and spouse

The coverage type chosen will remain in effect until the end of the Period of coverage.

The Coverage Type does not have to be the same for all benefits.

The coverage type can be changed due to a life event provided a request is submitted to Studentcare within 31 days of the event.

A life event is defined as:

- marriage, new common-law spouse,
- birth or adoption of a Child,
- a Dependent Child returns to school.

Opt out

The Student has the right to opt out of the Group Insurance Plan annually within the change of coverage period. After that period, the student will no longer have the right to opt out of his Group Insurance Plan.

A Student requesting an annual opt out will not be covered by the Group Insurance Plan for the entire period of coverage.

Change of coverage period:

The change of coverage period is at the beginning of the period of coverage and is determined by the policyholder.

The student will no longer have the right to opt out of his Group Insurance Plan after that period.

To obtain the exact dates of the Change of coverage period, the student must visit www.studentcare.ca.

Procedure for modifications:

The Student must visit www.studentcare.ca to:

- Modify his benefits;
- Change his coverage type; and
- Opt out of the Group Insurance Plan

The Student can make changes only within the Change of coverage period .

Similar insurance and coverage validation:

The Extended Health Care insurance does not replace the coverage provided by the Quebec drug insurance plan or any other private insurance plan.

The Student must validate if he is covered by another insurance plan offering similar benefits to this plan. This plan could be offered by either his employer, his parents or his spouse. If this is the case, he may benefit from a co-ordination of benefits.

BENEFIT OVERVIEW

STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

CLASSES 001 AND 002

Nota: The Student who applies to the Health Insurance Benefit of the Group Insurance plan is automatically insured for the Accidental Death and Dismemberment Benefit.

Amount of Insurance: $2,000

Benefit Termination

Age Limit: On August 31st of each year or on the date on which the Student ceases to be insured, whichever occurs first.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

CLASSES 001 AND 002

Nota: The Student who applies to the Health Insurance Benefit of the Group Insurance plan is automatically insured for the Accidental Death and Dismemberment Benefit.

Amount of Insurance:	Spouse: $2,000 Each Child: $2,000
Commencement of Newborn Children Insurance:	24 hours after birth

Benefit Termination

Age Limit:	On August 31st of each year or on the date on which the Student ceases to be insured, whichever occurs first.

EXTENDED HEALTH CARE BENEFIT

CLASSES 001 AND 002

Deductible Amount

All Expenses including Drugs:	Nil

Percentage of Reimbursement

Oral contraceptives and antidepressants listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ):	80%
Oral contraceptives and antidepressants not listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ):	1) Generic drugs: 80% of the lowest priced equivalent drug available on the market 2) Brand name drugs: • 80% of the brand name drug if no equivalent drug is available on the market • 80% of the lowest priced equivalent drug available on the market
Other Expenses:	100%

Limits for Eligible Expenses

Drugs:	Reasonable and Customary Charges Up to a payable amount of $2,000 per Insured Person each Period of coverage
Vaccines:	Up to $150 per Insured Person each Period of coverage

Short-Term Hospitalization Expenses:

The cost of a semi-private room for each day of Hospitalization with no limit as to the number of days.

Long-term Hospitalization Expenses:

- **Convalescent / Rehabilitation Centre:**

The cost of a semi-private room for each day of Hospitalization with a limit of 100 days per Insured Person, per illness.

Nursing Care:

Payable amount of $10,000 per Insured Person each Period of coverage.

Paramedical Services:

Payable amount of $30 per visit, up to a payable maximum of $400 for each discipline per Insured Person each Period of coverage.

- Chiropractor
- Osteopath
- Physiotherapist or physiatrist*
- Sports Therapist
- Podiatrist or Chiropodist *
- Psychologist, Social Worker, Psychotherapist, Registered Clinical Counsellor, Licensed Psychological Associate or Guidance Counsellor *
- Speech Therapist

Payable amount of $20 per visit, up to a combined payable maximum of $400 per Insured Person each Period of coverage.

- Acupuncturist
- Dietician
- Massage Therapist (Requires prior Medical Recommendation)
- Naturopath

* The maximum amount applies to all specialists of this discipline.

Eyeglasses and Lenses:	Payable amount of $100 per Insured Person once in any 24 month period.
Laser eye surgery:	Payable amount of $150 per Insured Person each Period of coverage.
Eye exams:	Payable amount of $60 per Insured Person once in any 24 month period.
Benefit Termination	On August 31st of each year or on the date on which the Student ceases to be an insured, whichever occurs first.

DENTAL CARE BENEFIT

ALL CLASSES

Fee Guide Year:	Current year
Deductible Amount:	Nil
Percentage of Reimbursement	
Preventive Services, Basic Services, Endodontics and Periodontics:	50%
Maximum Benefit	
Combined Dental Services:	Combined maximum of $600 per Insured Person each Period of coverage.
Frequency:	For recall oral examination, polishing, fluoride treatment and oral hygiene instruction: 12 months
Limitations:	Reimbursement of fees for composite restorations performed on posterior teeth are limited to the fees for amalgam restorations.
Benefit Termination	On August 31st of each year or on the date on which the Student ceases to be Insured, whichever occurs first.

DEFINITIONS

Wherever used in the policy:

Accident means any event due to sudden and unforeseeable external causes that inflicts bodily injuries that are certified by a Physician, directly and independently of any other cause. It does not mean any form of disease, or degenerative process, an inguinal, femoral, umbilical or incisional hernia, or any infection other than an infection of a visible, external cut or wound accidentally sustained.

Change of coverage period means the period during which the Student can modify or opt out of his coverage. That period is predetermined by the policyholder and falls at the beginning of the period of coverage. The student will no longer have the right to opt out or modify his Group Insurance Plan after that period. The student must visit www.studentcare.ca to opt out or modify his Group Insurance Plan.

Child means a person who:

1) is under 22 years of Age, and over whom the Student or the Spouse of the Student exercises parental authority or exercised parental authority until he reached the Age of majority; or

2) has no spouse, is 25 years old or under and is, or is deemed to be, a full-time student at an accredited educational institution, and over whom the Student or the Spouse of the Student would exercise parental authority if he were a minor; or

3) has reached the Age of majority, has no spouse, and is suffering from a "functional impairment" that must have existed when the status of the person fit the definition of either 1) or 2) above. In addition, in order to be considered a "person suffering from a functional impairment," this person must be living with the Student or the Spouse of the Student who would exercise parental authority over him as if he were a minor.

It is understood that a functional impairment will be defined as stipulated under the regulations of any provincial legislation, when covered under such regulations.

Dependent means a Spouse or Child who is domiciled in Canada. However, if a Dependent is domiciled outside Canada, such Dependent may be deemed to be domiciled in Canada provided such individual is covered under a provincial medical plan and prior written approval is obtained from the Insurer.

Hospital means any institution designated as a Hospital by law, recognized by the insurer and providing 24 hours per day:

1) medical and surgical treatment for sick or injured individuals, and

2) nursing care.

Without limitation, this term does not include a nursing home, home for the aged or chronically ill, a rest home, Convalescent/rehabilitation Centre or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Illness means any health deterioration or bodily disorder certified by a Physician. For the purposes of the policy, organ donations and related complications are also considered illnesses.

Immediate Family means a person who is the Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Student.

Insured Person means the Student or one of his insured Dependents, as the case may be.

Insurer means Desjardins Financial Security Life Assurance Company.

Period of coverage means the period from September 1st to December 31st or September 1st to August 31st of the following year for Autumn term and the period from January 1st to August 31st for Winter term.

Physician means a legally qualified medical practitioner lawfully entitled to practice medicine in the place where he provides the medical services.

Policyholder means the company or group indicated on the application and specified on the cover page of the policy.

Province of residence means

3) for a Canadian Student:

   a) the usual province of residence in which the Student is covered under government health and hospital insurance plans; or

   b) the temporary province of residence in which the Student is living during a school year and during which he is covered under government health and hospital insurance plans from another province;

4) for non-Canadian Student: the province of residence in which the Student is living during a school year and in which he is covered under government health and hospital insurance plans, or equivalent plan approved by the Insurer. However, for dental care benefit, the Student does not have to be covered under a government health and hospital insurance plans.

Spouse means an eligible person who is domiciled in Canada and who at the time of the event giving rise to a claim:

1) is legally married to or living in a civil union with the Student; or

2) has been living with the Student in a conjugal relationship for at least 12 months and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship; or

3) is living in a conjugal relationship with the Student who is the natural parent of the Spouse's Child and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship.

However, if two individuals fit the definition of Spouse, the Insurer will recognize only one Spouse for all benefits under the same plan in the following order:

1) the eligible Spouse whom the Student last designated as such in writing to the Insurer, subject to approval of any evidence of insurability required under the policy; or

2) the Spouse to whom the Student is legally married or with whom the Student is living in a civil union.

At any one time, only one person may be insured as a Spouse of the Student.

Student means the person registered as a member of the McGill’s Association of Continuing Education (MACES).

CLAIMS

NOTICE AND PROOF OF CLAIM

All claims must be submitted to the Insurer along with any receipts within 12 months of the date the expense was incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 90 days after the date on which coverage terminates.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim, provided that the notice and proof of the claim are sent as soon as reasonably possible. However, no payment will be made if the notice and proof of claim are sent more than 12 months after the expenses were incurred.

Every action or proceeding against the Insurer 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 legislation of the province of residence of the Student.

BENEFICIARY

With regard to life insurance only and subject to legal provisions, a Student may designate or revoke, at any time, one or several beneficiaries of the insurance on written notice to the Head Office of the Insurer. The rights of a beneficiary who dies before the Student revert to the latter.

The Insurer assumes no responsibility with respect to the validity of any beneficiary designation or revocation.

The death benefit payable when a Dependent dies is paid to the Student, if alive. If the Student is deceased, the death benefit is paid as follows:

1) in the event of the Spouse's death:

   to the Spouse's legal heirs;

2) in the event of the death of the Student’s Dependent Child:

   a) to the Spouse, if alive, or

   b) if the Spouse is deceased, to the legal heirs of the Dependent Child.

CLAIMS

Claims under the policy must be submitted to the Insurer on the appropriate form.

Any living benefits will be paid to the Student unless otherwise indicated in the policy.

Within 90 days of a death, the beneficiary or the Student must submit to the Insurer proof of death, including a death certificate, proof of the Age, and Earnings of the Student or the insured Dependent, as well as any other information deemed useful by the Insurer.

CO-ORDINATION OF BENEFITS

Your health and dental expenses, and those of your family, may be covered by more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the expenses you incur by submitting separate claims to each plan. In the insurance industry, we call this the coordination of benefits.

STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DEFINITIONS

As used in this Benefit

Elements means a natural disaster such as an earthquake, storm, flooding, landslide or any other disaster of the same nature.

Hemiplegia means the total, irrecoverable and permanent paralysis of upper and lower limbs on the same side of the body.

Loss of Arm means the complete severance through or above the elbow.

Loss of Finger means the complete severance of two entire phalanges of one finger.

Loss of Foot means the complete severance through or above the ankle joint but below the knee joint.

Loss of Hand means the complete severance through or above the wrist but below the elbow joint.

Loss of Hearing, Sight or Speech means the total and irrecoverable loss of hearing, sight or speech that is certified by a licensed Physician of recognized standing and certified by the Royal College of Physicians and Surgeons of Canada or the Professional Corporation of Physicians of Quebec.

Loss of Leg means the complete severance through or above the knee joint.

Loss of Thumb means the complete severance of one entire phalanx of the thumb.

Loss of Toe means the complete severance of one entire phalanx of the big toe, and all phalanges of the other toes.

Loss of Use means the total and irrecoverable loss of use of a limb following a continuous period of complete disablement of such limb of not less than 12 months.

Motor Vehicle means a passenger car, station wagon, minivan or multipurpose vehicle similar to a jeep or a pickup truck.

Paraplegia means the total, irrecoverable and permanent paralysis of both lower limbs.

Quadriplegia means the total, irrecoverable and permanent paralysis of both upper and lower limbs.

Seat Belt means the straps that are part of the occupant restraint system.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that

1) a Student suffered one of the specified losses below within 365 days of an Accident causing bodily injuries; and

2) the loss was the direct result of the Accident, independent of any other cause; and

3) the Accident occurred while the Student was insured under this Benefit;

4) the Insurer will pay the amount applicable to any such loss in accordance with the following Schedule of Losses and other applicable policy provisions.

SCHEDULE OF LOSSES

The amount payable shown below is a percentage of the amount specified in the Benefit overview.

Loss of	Amount Payable
Life	100%
Hearing in Both Ears and Speech	100%
Sight of Both Eyes	100%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
Hearing in Both Ears or Speech	67%
Sight of One Eye	67%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
At least Four Fingers of the Same Hand	33%
Hearing in One Ear	25%
All Toes of One Foot	25%

Loss of Use of	Amount Payable
Both Arms or Both Hands	100%
Both Legs or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
Hemiplegia, Paraplegia, Quadriplegia	200%

DISAPPEARANCE

If a Student, while insured under this Benefit, disappears as a result of an Accident involving the sinking or disappearance of a conveyance in which he was riding and if his body is not found within 365 days of such Accident, it will be presumed, unless there is evidence to the contrary, that the Student suffered a loss of life as a result of a bodily injury caused by the Accident.

EXPOSURE

If a Student, while insured under this Benefit, suffers a loss due to unavoidable exposure to the Elements, the loss will be deemed to result from an Accident.

EXCLUSIONS AND RESTRICTIONS

1) No payment will be made for a loss resulting directly or indirectly, solely or partly from any of the following:

   a) suicide or intentionally self-inflicted injury, while sane or insane;

   b) an Illness that does not result from an Accident but that appears at the time of the Accident;

   c) dental or medical treatment, a surgical procedure or the administration of anaesthesia;

   d) war, whether the war be declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion;

   e) travel or flight aboard any aircraft except solely as a passenger (and not as a pilot or crew member) in an aircraft that

      i. has a certificate of airworthiness or flight permit issued under the Aeronautics Act (Canada) or under the laws of the country where the aircraft is registered, and all the conditions under which the certificate or permit was issued have been complied with; and

ii. is used for the sole purpose of transportation and not for aviation training or practice, or for experimental or test purposes;

f) committing, or attempting to commit a criminal offence.

2) For multiple losses to the same limb due to any one Accident, only one loss, corresponding to the most significant loss, will be paid. For all losses due to any one Accident, the aggregate amount payable will not exceed 100% of the Amount of Insurance specified in the Benefit overview, except in the case of Hemiplegia, Paraplegia and Quadriplegia, where the total amount payable will not exceed 200% of the Amount of Insurance specified in the Benefit overview.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

Before settling any death claim, the Insurer will require written satisfactory proof of the occurrence, cause and circumstances of the death, the eligibility of the deceased at the time of death, the date of birth of the deceased, and the right of the claimant to receive the proceeds.

Subject to applicable legislation, the Insurer may request an autopsy in order to assess its liability in connection with a death claim.

Any other claim must be submitted to the Insurer within 30 days of the Accident and written proof within 90 days of such Accident.

In the case of a disappearance, as specified under the DISAPPEARANCE provision of this Benefit, the Insurer will pay the claim on presentation of a declaratory judgment of death.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DEFINITIONS

As used in this Benefit

Elements means a natural disaster such as an earthquake, storm, flooding, landslide or any other disaster of the same nature.

Hemiplegia means the total, irrecoverable and permanent paralysis of upper and lower limbs on the same side of the body.

Loss of Arm means the complete severance through or above the elbow.

Loss of Finger means the complete loss of two entire phalanges of one finger.

Loss of Foot means the complete severance through or above the ankle joint but below the knee joint.

Loss of Hand means the complete severance through or above the wrist but below the elbow joint.

Loss of Hearing, Sight or Speech means the total and irrecoverable loss of hearing, sight or speech that is certified by a licensed Physician of recognized standing and certified by the Royal College of Physicians and Surgeons of Canada or the Professional Corporation of Physicians of Quebec.

Loss of Leg means the complete severance through or above the knee joint.

Loss of Thumb means the complete loss of one entire phalanx of the thumb.

Loss of Toe means the complete loss of one entire phalanx of the big toe, and all phalanges of the other toes.

Loss of Use means the total and irrecoverable loss of use of a limb following a continuous period of complete disablement of such limb of not less than 12 months.

Motor Vehicle means a passenger car, station wagon, minivan or multipurpose vehicle similar to a jeep or a pickup truck.

Paraplegia means the total, irrecoverable and permanent paralysis of both lower limbs.

Quadriplegia means the total, irrecoverable and permanent paralysis of both upper and lower limbs.

Seat Belt means the straps that are part of the occupant restraint system.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that

1) a Dependent suffered one of the specified losses below within 365 days of an Accident causing bodily injuries; and

2) the loss was the direct result of the Accident, independent of any other cause; and

3) the Accident occurred while the Dependent was insured under this Benefit;

4) the Insurer will pay the amount applicable to any such loss in accordance with the following Schedule of Losses and other applicable policy provisions.

COMMENCEMENT OF NEWBORN CHILDREN INSURANCE

Insurance for a newborn Child of a Student with insured Dependents will commence in accordance with the terms specified in the Benefit overview and the policy provisions, including those that pertain to the COMMENCEMENT OF DEPENDENT INSURANCE.

SCHEDULE OF LOSSES

The amount payable shown below is a percentage of the amount specified in the Benefit overview.

Loss of	Amount Payable
Life	100%
Hearing in Both Ears and Speech	100%
Sight of Both Eyes	100%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
Hearing in Both Ears or Speech	67%
Sight of One Eye	67%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%

Loss of	Amount Payable
At least Four Fingers of the Same Hand	33%
Hearing in One Ear	25%
All Toes of One Foot	25%

Loss of Use of	Amount Payable
Both Arms or Both Hands	100%
Both Legs or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
Hemiplegia, Paraplegia, Quadriplegia	200%

DISAPPEARANCE

If a Dependent, while insured under this Benefit, disappears as a result of an Accident involving the sinking or disappearance of a conveyance in which he was riding and if his body is not found within 365 days of such Accident, it will be presumed, unless there is evidence to the contrary, that the Dependent suffered a loss of life as a result of a bodily injury caused by the Accident.

EXPOSURE

If a Dependent, while insured under this Benefit, suffers a loss due to unavoidable exposure to the Elements, the loss will be deemed to result from an Accident.

EXCLUSIONS AND RESTRICTIONS

1) No payment will be made for a loss resulting directly or indirectly, solely or partly from any of the following:

   a) suicide or intentionally self-inflicted injury, while sane or insane;

   b) an Illness that does not result from an Accident but that appears at the time of the Accident;

   c) dental or medical treatment, a surgical procedure or the administration of anaesthesia;

d) war, whether the war be declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion;

e) travel or flight aboard any aircraft except solely as a passenger (and not as a pilot or crew member) in an aircraft that

i. has a certificate of airworthiness or flight permit issued under the Aeronautics Act (Canada) or under the laws of the country where the aircraft is registered, and all the conditions under which the certificate or permit was issued have been complied with; and

ii. is used for the sole purpose of transportation and not for aviation training or practice, or for experimental or test purposes;

f) committing, or attempting to commit a criminal offence.

2) For multiple losses to the same limb due to any one Accident, only one loss, corresponding to the most significant loss, will be paid. For all losses due to any one Accident, the aggregate amount payable will not exceed 100% of the Amount of Insurance specified in the Benefit overview, except in the case of Hemiplegia, Paraplegia and Quadriplegia, where the total amount payable will not exceed 200% of the Amount of Insurance specified in the Benefit overview.

BENEFIT TERMINATION

This Benefit terminates on the date the Student attains the Age Limit specified in the Benefit overview or on the earliest of the dates indicated in the TERMINATION OF DEPENDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

Before settling any death claim, the Insurer will require written satisfactory proof of the occurrence, cause and circumstances of the death, the eligibility of the deceased at the time of death, the date of birth of the deceased, and the right of the claimant to receive the proceeds.

Subject to applicable legislation, the Insurer may request an autopsy in order to assess its liability in connection with a death claim.

Any other claim must be submitted to the Insurer within 30 days of the Accident and written proof within 90 days of such Accident.

In the case of a disappearance, as specified under the DISAPPEARANCE provision of this Benefit, the Insurer will pay the claim on presentation of a declaratory judgment of death.

EXTENDED HEALTH CARE BENEFIT

DEFINITIONS

As used in this Benefit

Convalescent/Rehabilitation Centre means any facility or institution in Canada which is licensed as a convalescent hospital by the licensing body having jurisdiction for the care and treatment of sick and injured persons who require supervision of either a Physician or a registered nurse. This institution must provide nursing care 24 hours a day by a registered nurse and maintain a daily record of each patient under the care of a Physician. However, it does not include a nursing home, home for the aged, or the chronically ill, home for the mentally ill, rest home, or an institution for the care and treatment of alcoholism or drug addiction.

Day Surgery means any surgery performed by a Physician that requires local or general anaesthesia, with the exception of any minor surgery performed in the office of the Physician.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Drugs available on prescription means drugs prescribed by a Physician or a dental surgeon. This will also include certain drugs requiring a prescription when prescribed by other health practitioners where permitted to do so by provincial law.

Equivalent drug means a brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

Hospitalization means

to be admitted to a Hospital as an In-patient for more than 18 consecutive hours; or

any Hospital stay in order to receive Day Surgery.

In-patient means a person admitted to and assigned a bed in a Hospital In-patient area on the order of a Physician.

Medical Emergency means any acute and unexpected condition, Illness or injury requiring immediate medical treatment.

Medical Recommendation means the order to provide medication or care given by a Physician, dental surgeon or a podiatrist duly authorized to do so in the normal performance of his profession.

Orthesis means any orthopaedic appliance constructed of rigid material, such as metal or plastic, used to maintain a part of the body in the correct position. Elastic supports are not included in this category.

Period Of Hospitalization means any continuous period of Hospitalization in a Canadian Hospital or successive periods of Hospitalization resulting from the same Illness or Accident and separated by less than 60 consecutive days during which the Insured Person was not hospitalized. If, during a given period, Hospitalization results from an Illness or Accident entirely unrelated to the Illness or Accident that resulted in the previous Hospitalization, this Hospitalization will be treated as a new Period Of Hospitalization.

Prosthesis means an appliance used to replace all, or part, of a limb or organ.

Reasonable and Customary Charges means the charges generally paid in the area where the services or supplies are provided for a like service or supply and limited to the prevailing charge in the area for the like service or supply. A like service or supply is one of the same nature and duration that requires the same skill and is performed by a provider of similar training and experience.

Sound Tooth means a natural tooth that is not afflicted with any pathology either itself or in the adjacent structures. In addition, a tooth that has been treated or repaired and restored to normal function will be considered sound.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that a Student, or one of his Dependents, while insured under this Benefit, incurred Eligible Expenses, the Insurer will reimburse the portion of expenses in excess of the Deductible, where applicable, subject to the applicable Percentage of Reimbursement and the limits specified in the Benefit overview, and in accordance with the other applicable provisions of this Benefit and the policy.

To be eligible, the expenses must have been incurred as a result of Illness, pregnancy or an Accident, and cover care:

1) which is medically necessary to treat the Insured Person;

2) which is generally provided for an Illness or injury of similar type or seriousness; and

3) which, unless otherwise indicated, was on the prior recommendation of the attending Physician.

In addition, the Eligible Expenses will be limited to the reasonable and customary charges generally paid in the area where the services are provided.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided.

COMMENCEMENT OF DEPENDENT INSURANCE

If a Dependent is hospitalized on the day his insurance would normally become effective, the effective date of insurance is delayed, and his insurance will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Student, with Dependents who are already covered, will become insured at birth.

This provision is not applicable when the Insured Person is domiciled in Quebec.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Student must pay in any Period of coverage before reimbursement will be made under this Benefit. The Deductible is specified in the Benefit overview.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the Benefit overview is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by the Insurer, in accordance with the provisions of this Benefit.

ELIGIBLE EXPENSES IN CANADA – EXTENDED HEALTH CARE

Eligible Expenses include charges for the following and must be incurred:

1) in the Student's province of residence; and

2) outside the Student's province of residence, but in Canada, for any reason other than a Medical Emergency.

HOSPITALIZATION EXPENSES

Hospital: Hospital charges for active treatment for each day of Hospitalization, with no limit as to the number of days, up to the maximum specified in the Benefit overview.

Convalescent/Rehabilitation Centre: semi-private accommodation and meals in a licensed Convalescent or Rehabilitation Centre, provided that the Insured Person was admitted within 14 days of discharge from a Hospital to which he was confined as an In-patient and that this stay was primarily required for rehabilitation and not custodial care, up to the maximum specified in the Benefit overview.

DRUGS

Only oral contraceptives and anti-depressants are covered under the Group Insurance Plan.

Oral contraceptives and anti-depressants listed on the Liste des médicaments of the *Régie de l'assurance maladie du Québec* (RAMQ): The difference between the amount eligible and the amount paid by the drug provincial plan of the *Régie de l'assurance maladie du Québec* (RAMQ), up to the maximum specified in the Benefit Overview.

Oral contraceptives and anti-depressants not listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ): The cost of the drug, up to the maximum specified in the Benefit Overview.

Injectible drugs and vaccines for preventing an Illness up to a payable amount of $150 per Insured Person per Period of coverage.

For an Insured Person aged 65 or over, domiciled in Quebec and covered under the Quebec drug insurance plan, the drugs described in paragraph 1) that are necessary for treatment in respect of an Illness or injury, that are not covered under the Quebec drug insurance plan, and that are available only on prescription and dispensed by a pharmacist, or by a Physician, if there is no pharmacist.

Eligible drug expenses that are used to cover the Deductible and Co-insurance under the Quebec drug insurance plan are also eligible, subject to the Deductible and Percentage of Reimbursement under this Benefit.

PRIOR AUTHORIZATION DRUGS

Prior authorization by the Insurer is required for certain drugs listed on the Insurer's website. A prior authorization form completed by the Physician must be submitted to the Insurer in order to determine whether the prescribed drug meets the prior authorization criteria established by the Insurer. The criteria are based, in particular, on clinical practice guidelines and recommendations issued by health technology assessment agencies and they include verification that:

a) the drug is prescribed for a therapeutic indication approved by Health Canada, and

b) the drug's effectiveness is satisfactory compared to its associated cost.

Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

The Insurer reserves the right to reimburse an equivalent or biosimilar drug when a less expensive equivalent or biosimilar drug is available on the market.

HEALTH PROFESSIONALS

Nursing Care: Services of a registered nurse, a licensed practical nurse or a registered nursing assistant are eligible, up to the payable amount specified in the Benefit overview per Insured Person, provided the patient is not confined in a Hospital and the services are medically necessary, are not rendered solely for custodial care, supervision or companionship and psychotherapy, and come within the competence of such nurse. In addition, the nurse must not be related to the Student or to any of his Dependents by birth or marriage, and must not ordinarily reside in his or his Dependent's home.

Paramedical Services: Services of the practitioner disciplines specified in the BENEFIT OVERVIEW, up to the maximum amount specified in the BENEFIT OVERVIEW, provided that the practitioner is operating within his recognized field. He must be a member in good standing of his professional association that must be recognized by the Insurer. For each discipline, the maximum is limited to one visit per day.

Imaging techniques ordered by a chiropractor, a podiatrist or an osteopath are payable up to one x-ray per specialist, per Insured Person each Period of coverage and are included in the payable amount for these specialists.

AMBULANCE

In the event of a Medical Emergency, or if the Insured Person must be transferred to another Hospital, transportation by a licensed ground ambulance

from the place of the Accident or Illness to the nearest Hospital where adequate medical treatment is available;

between Hospitals; and

from the Hospital to the place of residence of the Insured Person, when his condition warrants it.

Medical Emergency transportation by a licensed air ambulance to the nearest Hospital where adequate treatment is available, or to another Hospital when certified as medically necessary by the attending Physician.

MOBILITY AIDS

Wheelchair: Purchase and repair, or rental, at the discretion of the Insurer, up to the cost of a non-motorized wheelchair, unless the Insured Person's health condition requires a motorized wheelchair.

Walkers or crutches: Purchase or rental, at the discretion of the Insurer.

ORTHOPAEDIC SUPPLIES

Spinal brace: Purchase, but not repair.

Brace for a limb, truss and plaster: Purchase, but not the repair or replacement.

Hospital bed: Purchase and repair, or rental, at the option of the Insurer, up to the cost of a non-electric hospital bed, unless the Insured Person's health condition requires an electric bed.

Orthopaedic shoes: Purchase , up to a payable amount of $200 per Insured Person each Period of coverage. Orthopaedic shoes are defined as custom-molded shoes specifically designed for an individual to correct a foot defect, as well as open-toed shoes, in-flare or out-flare shoes, straight-laced shoes and shoes required for Denis Browne braces. For an Insured Person domiciled in Quebec, these appliances are eligible provided they are manufactured and billed by laboratories licensed under the Public Health Protection Act. The cost of modifications or adjustments to stock item footwear is also eligible; in-depth shoes and off-the-shelf shoes that are regular stock are excluded.

ORTHESIS AND PROSTHESIS

Podiatric Orthesis or arch support: Purchase, up to a payable amount of $200 per Insured Person each Period of coverage.

Artificial limb: Purchase, up to $10,000 per prosthesis. Repair, up to $10,000 per repair. Replacement when it is required due to a physiological change up to $10,000 per prosthesis. Myoelectric prosthesis are excluded.

Artificial eye: Purchase, including reimbursement for one polishing or one re-making of the artificial eye each Period of coverage, per Insured Person.

External breast Prosthesis: Purchase of an external breast Prosthesis when required because of a surgery that has been performed while the Insured Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, including the purchase of 2 surgical brassieres.

Hearing aids: Purchase on the written prescription of a licensed otolaryngologist, up to a payable amount of $250 per Insured Person each two Period of coverage.

Wigs: Purchase of wigs required as a result of chemotherapy, up to a lifetime payable amount of $200 per Insured Person.

THERAPEUTIC EQUIPMENT

Glucometer or reflectant meter: Purchase, or rental, upon medical recommendation.

Oxygen, and equipment required for its administration: Purchase or rental, at the discretion of the Insurer.

Apnea monitor: Purchase or rental, at the discretion of the Insurer.

Drainage pump and chest percussion accessories: Purchase.

TENS nerve stimulators: Purchase or rental, at the discretion of the Insurer, up to a lifetime payable amount of $700 per Insured Person.

Other therapeutic equipment: Purchase or rental, at the discretion of the Insurer, provided such equipment is medically required and is intended to cure or treat the affliction. This category of equipment includes, for example, non-union bone stimulators, insulin pumps, aerosol therapy equipment and intermittent positive pressure breathing machines.

MEDICAL SUPPLIES

Colostomy, ileostomy or uretherostomy supplies: Purchase.

Elastic support stockings: Purchase of medium or firm (over 20 mm/Hg) support stockings dispensed in a pharmacy or a medical facility, up to a payable amount of $500 each Period of coverage, per Insured Person.

Supplies for paraplegics: Purchase, provided such supplies are required for the treatment and the care of a paraplegic Insured Person.

Catheter: Purchase.

Medical supplies for gavage: Purchase.

Medical supplies necessary following a tracheotomy: Purchase

Opaque glass necessary during radiotherapy or psoriasis treatments: Purchase

Compressive garments for the treatment of burns: Purchase.

Medicated dressings: Purchase.

DIAGNOSTIC SERVICES

Imaging techniques and diagnostic laboratory tests. Such procedures do not include services received in a Hospital. Pregnancy tests and magnetic resonance imaging (MRI) are not covered.

DENTAL TREATMENT DUE TO AN ACCIDENT

The services of a dentist required to repair and replace healthy teeth as a result of an accidental blow to the mouth received while the Insured Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, but not as a result of voluntarily or involuntarily putting food or any other object in his mouth up to a payable amount of $1,000 per Insured Person per accident. Dental services must be rendered within 12 months of the accident; otherwise, a treatment plan deemed satisfactory by the Insurer will be required before that deadline. No benefit is payable for services provided more than 2 years after the date of the accident. Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners where the Participant resides

VISION CARE

Eyeglasses or contact lenses and their replacement, provided they are prescribed in writing by a qualified ophthalmologist or a licensed optometrist and dispensed by a qualified ophthalmologist, a licensed optometrist or a qualified optician; or surgery to correct myopia, hypermetropia and astigmatism, up to the payable amount specified in the Benefit overview.

HOSPITAL ALLOWANCE

An hospital allowance, up to a payable amount of $75 per day and up to a maximum of 30 days per hospitalization period.

SERVICES OF PRIVATE TEACHER (for Student only)

The services of a private teacher, up to a payable amount of $10 per hour and a maximum of $300 per accident or illness. The benefit is payable at the first day of illness or accident if medically required while hospitalized or recovering at home for a period longer than 7 consecutive days.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling the Insured Person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the Insured Person with information on the following topics:

- health
- nutrition
- physical fitness
- availability of local resources
- immunization
- lifestyle
- child care

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the regular health care provider of the Insured Person, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the Student and of his Dependents.

The Insured Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1 877 875-2632

ELIGIBLE EXPENSES - OUTSIDE CANADA

If an Insured Person incurs Medical non-emergency expenses, Eligible Expenses will be reimbursed in accordance with the Benefit overview, provided they are eligible under this Benefit in the normal province of residence of the Insured Person in Canada and not payable by a government body or under another private insurance plan. If the normal residence is outside Canada, payment will be made as for Alberta residence.

RESTRICTIONS, EXCLUSIONS AND LIMITATIONS

1) Eligible Expenses are subject to the limitations and maximums indicated in the Benefit overview or this benefit.

2) No reimbursement will be made under this Benefit for the following:

   a) services or treatment that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount;

   b) services, treatment or supplies that a person receives without charge or that are reimbursed under a provincial or federal law. If a person is not covered under the laws in question, the Insurer will not reimburse the expenses that would normally be covered under the hospital or health insurance legislation in force in the Insured Person's province of residence;

c) services, treatment or supplies which are experimental in nature;

d) expenses incurred for any surgically implanted item;

e) services, treatment or supplies provided to the Student by the Employer;

f) wheelchairs adapted or designed for sports activities;

g) robotic walking aid apparatus;

h) monitoring devices such as stethoscopes, sphygmomanometers and similar equipment, and domestic appliances such as air purifiers, humidifiers, air conditioners, whirlpools and other similar equipment;

i) equipment such as "Obus form" type;

j) training, exercise programs, physical fitness programs using equipment or floor exercises, floating baths, mud baths, therapeutic baths, relaxation exercises, gym exercises, stretching and strengthening exercises, postural evaluations and ear candling;

k) diapers for incontinence;

l) dental services, except those provided for in this Benefit;

m) dental services and supplies for the purposes of full mouth reconstructions, for vertical dimension correction or for any other temporomandibular joint dysfunction;

n) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes;

o) services, treatment or supplies not included in the list of Eligible Expenses;

p) Eligible Expenses which result directly or indirectly from the following:

   i. cosmetic treatment;

   ii. committing, or attempting to commit a criminal offence;

   iii. any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

   iv. war, whether the war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion;

   xii. driving a motorized Vehicle while impaired by drugs, or with an alcohol level that exceeds the limit set under the Criminal Code of Canada; the Eligible Expenses incurred for detoxification treatment and, for an Insured Person domiciled in Quebec, the expenses incurred for the purchase of medication covered under the Quebec drug insurance plan are not subject to this exclusion;

q) services, treatment or supplies for the treatment of alcoholism and drug addiction;

r) services, treatment or supplies for fertility treatment;

s) sunglasses or safety glasses.

3) Exclusions applicable to drugs

No reimbursement will be made under this Benefit for the following:

a) all drugs except those provided for under this Benefit

b) products and drugs, including hormones and injections, used in the treatment of obesity;

c) contraceptives (prophylactics and contraceptive jellies and foams) except those provided for under this Benefit;

d) the following products, whether or not prescribed:

i) shampoos and other scalp care products, including hair growth products;

ii) beauty-care products;

iii) cosmetics;

iv) so-called "natural" products and homeopathic preparations;

v) sun-tan emulsions (sunscreens);

vi) soaps;

vii) over-the-counter laxatives;

viii) over-the-counter antacids;

ix) skin softeners;

x) disinfectants and ordinary dressings;

xi) mineral water;

xii) any infant milk formulas;

xiii) proteins and food supplements (i.e. products used to supplement or complement a diet);

e) sclerosing injections used in the treatment of varicosities, telangiectasia and minor dilation when this treatment is primarily for cosmetic and not therapeutic purposes;

f) products and drugs used in the treatment of sexual dysfunctions;

g) products or drugs used as smoking cessation aids;

h) products used in fertility treatment;

i) expenses incurred for services, products or drugs that are used to treat specific conditions other than those for which they are approved;

j) expenses incurred for services, products or drugs that are taken in a higher dose, greater quantity or at a frequency that exceeds the Insurer's established criteria.

Benefits may be limited or no reimbursement made for services or supplies available at a supplier of the preferred providers network but obtained from another supplier.

4) Exclusions applicable to drugs requiring prior authorization

The Insurer reserves the right to apply certain restrictions, exclusions and limitations namely to services, products or drugs that do not meet the Insurer's prior authorization criteria as of the date the expense is incurred.

5) Drug restrictions

a) The Insurer reserves the right to apply certain restrictions for the reimbursement of drugs for which a less expensive equivalent drug is available on the market;

b) Any one prescription for drugs or medicines must not be in excess of a 34 day supply and a 100 day supply in the case of maintenance drugs.

6) Additional Limitations Applicable to Drugs

For biologic drugs, the Insurer reserves the right to reimburse a less expensive biosimilar drug if available on the market.

7) Additional Exclusions Applicable to Drugs

No reimbursement is made for:

a) Drugs or products that are on the Insurer's list of excluded drugs or products. This list is available on the Insurer's website. In part, the list is based on the drug or product's effectiveness and cost, clinical practice guidelines and recommendations issued by health technology assessment agencies.

b) Drugs or products that are or should be administered in a hospital or hospital setting, as determined by the Insurer. This includes drugs or products that require special supervision during treatment due to the severity of the patient's condition, the complexity of the treatment or for safety reasons. In part, the Insurer uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CLAIMS section of the policy, and to the provisions below.

Total benefits payable under this Benefit and, if applicable, the STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT and the DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT if included under the policy cannot exceed the amount of Eligible Expenses incurred.

If expenses incurred by the Insured Person are eligible for payment under both this Benefit and, if applicable, the STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT and the DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT if included under the policy, such expenses will be payable under the ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS prior to any payment under this Benefit. As such, the liability of the Insurer under this Benefit will be limited to the unpaid balance of these Eligible Expenses.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

All claims must be submitted to the Insurer along with any receipts no later than 90 days after the end of the Period of coverage during which expenses were incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 90 days after the date on which coverage terminates.

DRUG CLAIMS

When incurring drug expenses, the Insured Person must show his payment card to the pharmacist. With this method of payment, which is referred to as "direct", the Insured Person only pays the pharmacist for the uninsured portion of the drug expenses incurred and, therefore, the Student is not required to submit a claim to the Insurer.

DENTAL CARE BENEFIT

DEFINITIONS

As used in this Benefit

Dental Hygienist means a person licensed by an accredited dental faculty to perform dental prophylaxis.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Fee Guide means the Dental Association Fee Guide for General Practitioners of the Province in which the service is provided to the Insured Person, for the Calendar Year mentioned in the BENEFIT OVERVIEW.

PAYMENT OF BENEFIT

On receipt of Proof of Claim satisfactory to the Insurer that an Insured Person, while covered under this Benefit, incurred Eligible Expenses which were necessary and which were for services recommended by a Dentist, the Insurer will reimburse the expenses in excess of the Deductible, if any, subject to the Percentage of Reimbursement and maximums specified in the Benefit overview, and in accordance with other applicable policy provisions.

To be eligible, the expenses must have been performed

1) by a Dentist; or

2) by a Dental Hygienist under the supervision of a Dentist; or

3) by a licensed denturist when such services are within the scope of his licence.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided. However, with respect to a bridge, crown or denture, the date of insertion of such appliance will be the date such expense was incurred, and with respect to root canal therapy, the date of the final treatment will be the date that expense was incurred.

COMMENCEMENT OF DEPENDENT INSURANCE

If a Dependent is hospitalized on the day his insurance would normally become effective, the effective date of insurance is delayed, and his insurance will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Student with Dependents who are already covered becomes insured at birth.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Student must pay in any Period of coverage before reimbursement will be made under this Benefit. The Deductible is specified in the Benefit overview.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the Benefit overview is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by the Insurer, in accordance with the provisions of this Benefit.

ELIGIBLE EXPENSES IN CANADA

PREVENTIVE SERVICES

EXAMINATIONS

- Complete oral examination, once every 36 months
- Recall oral examination, according to the frequency specified in the Benefit overview
- Specific oral examination, once every 6 months
- Emergency oral examination

RADIOGRAPHS (X-RAYS)

- Complete series of periapical films or panoramic radiographs, limited to one series in any 24 months
- Intra oral filmsand radiographs to diagnose a symptom or examine progress of a particular course of treatment
- Bitewing films, limited to a maximum of 4 films every 12 months
- Interpretation of radiographs from another source
- Photography
- Radiograph of the hand and wrist as a diagnostic aid for dental treatment

LAB TESTS AND EXAMINATIONS

- Bacteriologic cultures/smears to determine pathological agents
- Biopsies
- Pulp vitality tests
- Unmounted diagnostic casts

CASE PRESENTATION AND EXPLANATION

- Consultation with a patient (a day other than the examination date)

PREVENTIVE SERVICES

- Oral hygiene instruction, according to the frequency specified in the Benefit overview

- Polishing, according to the frequency specified in the Benefit overview
- Light scaling for preventive purposes and scaling for therapeutic purposes, limited to a maximum of 2 units every Period of coverage
- Topical application of fluoride, according to the frequency specified in the Benefit overview
- Finishing restorations
- Pit and fissure sealants, for Children under Age 16
- Interproximal discing
- Space maintainers for missing primary teeth, for Children under Age 16
- Prophylactic odontotomy/enameloplasty

BASIC SERVICES, ENDODONTICS AND PERIODONTICS

RESTORATIONS

- Amalgam (silver)
- Composite restorations in accordance with the LIMITATIONS provision of the Dental Care section in the Benefit overview
- Retentive pins for amalgam and composite restorations
- Preformed stainless steel and polycarbonate crowns, for Children under Age 16
- Caries / trauma / pain control, separate procedure from restoration

ENDODONTICS

- Treatment of disease of the pulp chamber and pulp canals (root canal therapy)

PERIODONTICS

Treatment of the soft tissue (gums) and bone supporting the teeth. However the following expenses are limited:

a) post-operative visits, 4 visits per period of coverage

b) curettage performed by a Dentist, once per period of 60 months

c) adjustments to periodontal appliance to control bruxism only, limited to one adjustment per period of coverage

d) occlusal equilibration, limited to 8 units per period of 12 months or one major and 3 minors per period of 12 months

MAINTENANCE OF REMOVABLE DENTURES

- Repair
- Structure addition (to an existing removable dentures)
- Relining
- Rebasing
- Adjustments to dentures, 3 months after insertion
- Denture adjustments including minor adjustments, once every 6 months.

ORAL SURGERY

- Extractions - uncomplicated and complex. Wisdom teeth extractions are limited to 2 per Period of coverage.
- Removal of residual roots
- Surgical exposure of teeth
- Alveoplasty, gingivoplasty, stomatoplasty and osteoplasty
- Alveolar ridge reconstruction
- Extension of mucous folds
- Excisions
- Incisions
- Frenectomy
- Miscellaneous surgical procedures

OTHER SERVICES

Only general anaesthesia and conscious sedation are covered. These expenses are eligible if they are administered in conjunction with extractions.

ELIGIBLE EXPENSES OUTSIDE CANADA

Payment will be made for dental treatment rendered while travelling outside Canada, but only to the extent that payment would have been made under this Benefit if such treatment had been rendered in the normal province of residence of the Insured Person. If the normal residence is outside Canada, payment will be made as for Ontario residence.

Reimbursement will not be made for any portion of the charge in excess of the suggested fee in the appropriate Fee Guide, as specified in the Benefit overview. When there are two or more courses of treatment available to adequately correct a dental condition, this plan will provide reimbursement for the treatment that incurs the lowest cost consistent with good dental care.

Reimbursement of lab fees will be limited to the reasonable and customary charge for such services in the area where the services are provided. However, in no event will the total reimbursement of lab fees exceed 60% of the suggested fee in the appropriate Fee Guide, as specified in the Benefit overview, for the particular dental treatment requiring the lab services.

Reimbursement of fees for composite restorations performed on posterior teeth may be limited to the fees for amalgam restorations as specified in the LIMITATIONS provision of the Dental Care section in the Benefit overview.

No reimbursement will be made under this Benefit for the following:

1) any dental treatment which is for cosmetic purposes when the form and function of the teeth are satisfactory and no pathological condition exists;

2) charges for nutritional counselling;

3) any dental services or supplies, including X-rays, provided for full mouth reconstruction, for vertical dimension correction, for the correction of temporomandibular joint dysfunction or for permanent splinting of teeth;

4) charges levied by a Dentist for broken appointments, completion of claim forms or advice by telephone;

5) expenses incurred for bacteriologic cultures/smears followed by a Chlorzoïn treatment;

6) expenses incurred for implants;

7) expenses incurred for duplicate diagnostic casts (unmounted);

8) expenses incurred for anaesthesia administered by acupuncture;

9) any dental treatment that is not yet approved by the Canadian Dental Association or that is for experimental purposes;

10) dental services, treatment or supplies that the individual received without charge or that a government health plan prohibits from being paid;

11) services, treatment or supplies provided to the Student by the Employer;

12) any dental treatment rendered outside Canada except as specifically provided under the ELIGIBLE EXPENSES OUTSIDE CANADA provision;

13) dental services and supplies not included in the list of Eligible Expenses;

14) Eligible Expenses that result directly or indirectly from the following:

    a) committing, or attempting to commit a criminal offence;

    b) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

    c) war, whether war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CLAIMS section of the policy.

PRE-DETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for an Insured Person is expected to exceed $500, the Student should submit a detailed treatment plan to the Insurer before treatment commences. The Insurer will then advise the Student of the amount of reimbursement for which the Insured Person is eligible in accordance with the provisions of the policy. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates, and the cost of such treatment.

The treatment plan submitted must be completed by the Dentist who first proposed the treatment, otherwise the Student will be required to submit a new treatment plan to the Insurer for re-assessment.

BENEFIT TERMINATION

This Benefit terminates on the date the Student reaches the Age Limit specified in the Benefit overview or on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

No benefits are payable for expenses incurred after the date the insurance of the Student terminates, even if a detailed treatment plan under the PRE-DETERMINATION OF BENEFIT provision was filed and benefits were determined by the Insurer prior to such termination date.

PROOF OF CLAIM

The Insured Person domiciled in Quebec must show his government health card and payment card to a Dentist participating in the payment card program to be reimbursed for dental expenses. A simple telephone call allows the Dentist to validate the payment card, confirm that the care provided or prescribed is covered, and obtain confirmation of the amount payable directly to the Dentist by the Insurer and the amount payable by the Insured Person. The Dentist submits the benefit claim to the service provider and gives a copy to the Insured Person who only pays the uninsured portion of the dental expenses incurred. In the case of a Dentist who is not participating in the payment card program, the Insured Person must pay all treatment charges and submit a benefit claim to the Insurer.

For an Insured Person domiciled outside Quebec or if the Dentist uses the Electronic Data Interchange (EDI), the Student is not required to submit a claim to the Insurer. EDI allows the Dentist to validate the Insured Person's eligibility, confirm that the care provided or prescribed is covered, and obtain confirmation of the amount payable directly to the Student, or the Dentist, by the Insurer, and the amount payable by the Insured Person. The Dentist submits the benefit claim through EDI and gives a copy of the confirmation to the Insured Person. If the Dentist does not use the Electronic Data Interchange (EDI), the Insured Person must submit a benefit claim to the Insurer.

All claims must be submitted to the Insurer along with any receipts every 90 day period, if the amount claimed justifies it, and within 12 months of the date the expenses were incurred.

All claims must be submitted to the Insurer along with any receipts no later than 90 days after the end of the Period of coverage during which expenses were incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 90 days after the date on which coverage terminates.

The Insurer reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

YOU SHOULD KNOW

HEALTH AND DENTAL INQUIRIES

There are 2 ways to reach us for any question about Eligible Expenses under the Extended Health Care Benefit or the Dental Care Benefit:

By e-mail at: Groupservice@dfs.ca

By phone at: 1 800 263-1810

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

GENERAL INQUIRIES

To obtain your certificate number, visit **www.studentcare.ca**.

To obtain any other information, visit the "Contact us" section of Desjardins Financial Security's website at **www.desjardinslifeinsurance.com**.

BENEFICIARY

This provision removes or restricts the right of the Student to designate persons to whom or for whose amounts are to be payable for some benefits:

Only the benefits that include a benefit payment in the event of the Student's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits.

ACCESS TO THE POLICY

Upon request to Desjardins Financial Security, the Student may obtain a copy of his application, his insurability report and the policy.

HOW TO FILE A COMPLAINT

If a Student is unhappy about something we've said or done, feels they've been wronged or wants us to take corrective action he can file a complaint with the Dispute Resolution Officer at Desjardins Financial Security. The role of the Officer is to evaluate the merit of the decisions and practices of the company when one of its customers believes he has not received the service to which he was entitled.

There are 3 ways to reach the Dispute Resolution Officer

In writing, at the following address:

Dispute Resolution Officer

Desjardins Financial Security

200, rue des Commandeurs

Lévis (Québec) G6V 6R2

By e-mail at: disputeofficer@dfs.ca

By phone at: 1 877 838-8185

For further information on the procedure to follow in case of complaint, or to obtain the complaint form, visit the “Contact us” section of Desjardins Financial Security’s website at **www.desjardinslifeinsurance.com**.

Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

desjardinslifeinsurance.com/planmember

Desjardins
Insurance
Life • Health • Retirement

200, rue des Commandeurs, Lévis (QC) G6V 6R2 / 1-866-647-5013
desjardinslifeinsurance.com

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