

International Student Health Insurance Plan WUSC / EUMC



**Client # 225
Policy # 20376**

Jan 2009

INTERNATIONAL STUDENT INSURANCE PLAN

This brochure outlines your insurance benefits when you are studying in a program under the auspices of World University Services of Canada.

This pamphlet is a summary of the benefits available to you. Complete details are contained in the master contract issued to World University Services of Canada (WUSC) which governs at all time.

DEFINITIONS

"Accident" means an occurrence due to external, violent, sudden, fortuitous causes beyond the Insured Student's or Dependents' control. This must occur while the insurance is in force.

"Dependent" means the spouse and children of the Insured Student.

"Dependent Children" means all unmarried children of the Insured Student under the age of 21 years or under the age of 25 years when studying full-time, who are dependent on the Insured Student for their sole means of support and who are living with the Insured Student in Canada.

"Eligible Student" means any student, including post-secondary, undergraduate, post-graduate or post-doctoral, registered or associated with a Canadian University or College, and under the administration of World University Services of Canada.

"Hospital" means an institution operated pursuant to law for care and treatment of sick and injured persons with organized facilities for diagnosis, major surgery and 24 hour nursing services, other than an institution which makes no charge that an Insured Student or Insured Dependent is required to pay. This does not include a convalescent or nursing home, or home for the aged, health spa or facility for the treatment of alcoholism, drug addiction or mental illness.

"Injury" means bodily injury caused by an accident occurring while the policy is in force as to the Insured Student or Insured Dependent whose injury is the basis of claim and resulting, directly and independently of all other causes, in loss covered by the policy.

"Medical Association" means the Medical Association Society or College in Canada (whoever publishes the official Schedule of Fees) of the province or territory where such services or treatment occurred. If the province or territory does not publish an official Schedule of Fees, benefits payable under the policy will be in accordance with the Medical Association Fee Schedule of the province closest to where the services or treatment occurred.

"Sickness" means sickness or disease which requires treatment while the policy is in force as to the Insured Student or Insured Dependent causing loss to the Insured Student or Insured Dependent whose sickness or disease is the basis of claim.

"Spouse" means the legal spouse of the Insured Student living with the Insured Student in Canada, provided there is no separation in effect, or an individual who has been living with the Insured Student for a period of at least one year, in Canada, and who has been designated as the spouse of the Insured Student in the World University Services of Canada's records for insurance purposes, up to the spouse's 65th birthday.

Wherever a reference to the masculine gender appears, it shall also be construed to include the feminine gender.

LIFE INSURANCE

This benefit is applicable to eligible Students only

When an Insured Student suffers loss of life from any cause, the Insurer will pay a benefit of \$10,000 upon receipt of satisfactory proof that the Insured Student died while the insurance was in force.

BENEFICIARY

The beneficiary for each Insured Student shall be those persons designated by the Insured Student and filed with the WUSC National Office. If no such designation has been filed, the beneficiary shall be the Estate of the Insured Student.

ACCIDENTAL DEATH AND DISMEMBERMENT

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the Insurer will pay for loss of:

Life.....	\$10,000
Both hands.....	\$30,000
Both feet.....	\$30,000
Entire sight of both eyes.....	\$30,000
One hand <i>and</i> one foot.....	\$30,000
One hand and the entire sight of one eye.....	\$30,000
One foot and the entire sight of one eye.....	\$30,000
Speech <i>and</i> hearing in both ears.....	\$30,000
One arm.....	\$23,000
One leg.....	\$23,000
One hand.....	\$15,000
One foot.....	\$15,000
Entire sight of one eye.....	\$15,000
Speech <i>or</i> hearing in both ears.....	\$15,000
Thumb and index finger on same hand.....	\$5,000
Any one finger.....	\$500
Quadriplegia (complete paralysis of both upper and lower limbs).....	\$30,000
Paraplegia (complete paralysis of both lower limbs).....	\$15,000
Hemiplegia (complete paralysis of both upper and lower limbs of one side of body).....	\$15,000

BENEFICIARY

The beneficiary for loss of life of an Insured Student shall be those persons designated by the Insured Student and filed by the WUSC National Office. If no such designation has been filed, the beneficiary shall be the Estate of the Insured Student. The beneficiary for loss of life of a Dependent shall be the Insured Student. All other indemnities will be payable to the Insured Student.

Important:

Written proof, satisfactory to the Company, of the right of the Covered Person to benefits under Accidental Death and Dismemberment must be received by the Company within 90 days after the loss.

BASIC HEALTH INSURANCE

The following benefits are applicable to eligible Students and their Dependents (provided the family premium is paid) who do not have coverage under a Canadian provincial health insurance plan.

HOSPITAL BENEFITS

When injury or sickness, of the Insured Student or Dependent results in (a) confinement in a hospital, the Plan Administrator will pay standard ward accommodation to a maximum of 2.5 times the inter-provincial daily rate (b) treatment as an outpatient by a hospital, the Plan Administrator will pay the reasonable and customary hospital expense incurred for such treatment.

Drugs prescribed and administered by an attending physician while in hospital are included under this section.

IMPORTANT: Pre-Authorization

Charges for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted in advance to the Plan Administrator for approval.

In case of confinement in a hospital or emergency surgery, including outpatient surgery, the Plan Administrator must be notified no later than the next business day following the date of admission.

OTHER HEALTH BENEFITS

When, by reason of injury or sickness, an Insured Student or Dependent incurs an eligible expense as described below, the Plan Administrator will reimburse the Insured Student such expenses subject to all limitations, exclusions, deductible amounts and other provisions of the policy:

- a) one annual health examination;
- b) services of physicians, surgeons and anesthetists, will be payable based on amounts specified in the schedule of fees published by the Medical Association of the Student's province of residence;
- c) x-rays and laboratory examinations which are required for diagnostic purposes;
- d) expenses incurred for blood plasma, whole blood or oxygen, including the administration thereof;

- e) expenses of a licensed optometrist or ophthalmologist for test or examination to determine if purchase or replacement of spectacles or contact lenses is required, subject to not more than *one test or examination per Insured Student or Dependent every twelve months.*
- f) expenses incurred for services of a registered psychiatrist;
- g) expenses of well-baby care for a period of 6 months after the birth of a child;
- h) expenses for the use of home renal dialysis or home hyper-alimentation equipment including supplies and medications, available from a Canadian hospital and prescribed by a staff doctor at that hospital; *prior approval is required;*
- i) expenses for professional home care health services when needs cannot be met on an out-patient basis, when authorized by a doctor *and approved by the Plan Administrator;*
- j) expenses for and treatment of cleft lips and palates, to the same level as the Provincial Medical or Hospital coverage; and the expense of certain specialized aids and supplies required by disabled persons; *prior approval is required;*
- k) expenses for standard ward accommodation for confinement in a nursing home when the Insured Student or Dependent requires regular medical supervision as well as nursing and personal care on a 24 hour-a-day basis to the same levels and under the same conditions as the Provincial Medical or Hospital coverage; *prior approval is required;*
- l) expenses of a legally qualified chiropractor, chiropodist, speech therapist, naturopath, osteopath, podiatrist, subject to a maximum of \$500 per Insured Student or Dependent for any one injury or sickness;
- m) expenses of a legally qualified physiotherapist up to a maximum of \$1830 per calendar year, \$60.00 maximum per visit ;
- n) services by the Canadian Red Cross Society, Special Nursing Care, or the Victorian Order of Nurses, the Plan Administrator will pay the reasonable and customary expenses incurred in accordance with the terms, conditions and allowances of the Provincial Medical or Hospital Plan of the province in which the Insured is residing and attending College or University. In the event such Provincial Medical or Hospital Plan does not provide such services, payment will be made on the basis of the Ontario Health Insurance Plan.; *prior approval is required;*

- o) expenses for dental surgery performed by a dental surgeon when hospitalization is judged medically necessary, to the same level and under the same conditions as the Provincial Medical or Hospital coverage; *prior approval is required;*
- p) permanent prostheses (artificial limbs and eyes); *prior approval is required;*
- q) rental of a wheelchair or manual hospital-type bed; *prior approval is required;*
- r) expenses for crutches, splints, trusses, braces;
- s) on the referral of a physician, treatment by a psychologist, subject to a maximum of \$500 per injury or sickness;
- t) registered nurses' fees to the level of coverage provided by the provincial health plan – *prior approval is required.*

PRESCRIPTION DRUGS

**The lifetime maximum amount payable is
\$5,000 per Insured Student or Dependent**

Benefits are not payable for that part of any one prescription for drugs or medicines which is in excess of a three month (90 day) supply, unless prior approval has been given by the Plan Administrator.

When, by reason of injury and within 30 days from the date of the accident or by reason of sickness of the Insured Student or Dependent incurs expenses for prescription drugs or medicines prescribed in writing by a legally qualified physician or surgeon, the Plan Administrator will pay the cost of such prescription drugs or medicines excluding:

- a) fertility drugs;
- b) male pattern baldness remedies;
- c) smoke cessation or anti-smoke remedies including nicorette gum, patches or similar products; and
- d) medicines which are available without a prescription.

Drugs or medicines must be prescribed and purchased for use during the term of this insurance.

Oral Contraceptives required for use during the term of this insurance are a covered expense under this provision, up to a maximum of \$10 per month.

DENTAL ACCIDENT EXPENSE REIMBURSEMENT

Charges incurred by a Covered Person for care or services by a dentist to repair or replace whole or sound teeth damaged as a result of a direct, external accidental blow to the mouth (and not by an object intentionally placed in the mouth) which occurs while coverage is in force under this policy.

Benefits will be paid in accordance with the Dental Association Suggested Fee Guide for General Practitioners in force in the Covered Person's province of residence at the time of treatment.

Treatment must commence within 30 days following the date of the accident, and must be completed within 156 weeks following the date of the accident, but in no event beyond \$1,000 with respect to any one accident. No payment will be made for charges incurred after the termination date of this policy, or after the termination date of the person's coverage under this policy.

Implants, implant-related or supported services are not covered. Capped or crowned teeth will be considered whole or sound teeth.

A written estimate must be obtained from the attending dentist, containing details of the accident, pre-accident condition of the teeth, planned treatment and cost.

Approval must be obtained from the Plan Administrator prior to commencement of treatment (except for such emergency treatment as is immediately required to alleviate pain).

EMERGENCY SERVICES OUTSIDE THE INSURED'S PROVINCE OF RESIDENCE OR CANADA

Emergency hospitalization and medical care outside the insured's province of residence or Canada are covered to the same levels and under the same conditions as the Provincial Health Care Plan in the insured's province of residence. However, when a Covered person is on an approved leave of absence, such emergency services outside the insured's province of residence or Canada are covered for a maximum of 212 days in any 12 month period.

MATERNITY EXPENSE INDEMNITY

In the event of a pregnancy (including complications arising from such pregnancy) or childbirth (including caesarean section or abdominal operation of uterine pregnancy), the Plan Administrator will provide reimbursement for the reasonable and customary expenses incurred, including nursery hospital expenses subject to all limitations, exclusions, deductible amounts and other provisions of the policy.

AMBULANCE EXPENSE REIMBURSEMENT

When, by reason of bodily injury or sickness an Insured Student or Dependent requires immediate medical attention, the Plan Administrator will pay the reasonable and customary charges for a licensed ambulance service; or, when recommended by a legally qualified physician or surgeon, for air ambulance to the nearest facility equipped to provide the required treatment, in either case to a maximum amount of \$1000 per occurrence per Insured Student or Dependent.

REPATRIATION BENEFIT

If a Covered Person is diagnosed as terminally ill (within 12 months or less to live) and the medical condition is stable, or if a Covered Person dies, or if the medical condition is deemed severe enough to warrant continuing medical care and / or treatment as determined by the W.U.S.C. Plan Administrator, the Company will pay the actual cost of returning the Covered Person or the remains by the most direct route to the air terminal nearest the Covered Person's residence in the home country.

Eligible expenses are covered to a maximum of \$20,000 provided such expenses are considered reasonable by the W.U.S.C. Plan Administrator compared to the customary charges for such services. Eligible expenses include economy airfare for the Covered Person (or stretcher, if required) and return airfare for a qualified medical attendant (if recommended by the attending physician), including, if required overnight hotel and meal expenses for the medical attendant.

In case of death, expenses include preparation and transportation of the remains, cost of the casket and specialized equipment, all subject to a \$2,000 maximum within the overall \$20,000 maximum.

If such Covered Person refuses to be repatriated, coverage will not be renewed and any further expenses payable under this plan will be limited to the overall \$20,000 maximum.

MAXIMUM PAYMENT

The maximum payable by the Plan Administrator for the above benefits, excluding Life Insurance, is \$1,000,000 for any Student or Dependent in any 12 consecutive months.

EXTENDED HEALTH INSURANCE

The Benefits described below are for eligible members who are insured under a Canadian Provincial Health Insurance Program in the province in which they reside.

This plan provides coverage for eligible Students and their Dependents (provided the family premium is paid).

MEDICAL EXPENSE REIMBURSEMENT

Reimbursement under this section is subject to a maximum of \$5,000 with respect to any one accident or sickness.

When by reason of bodily injury and within 30 days from the date of the accident or by reason of sickness, and while under the regular care and attendance of a legally qualified physician or surgeon of medicine, the Insured requires:

- a) treatment administered by a podiatrist, speech therapist, physiotherapist, chiropodist, chiropractor. Reimbursement is subject to a maximum of \$ 500 per Insured for all practitioners combined, for any one injury or sickness.
- b) expense for crutches, splints, trusses, braces;
- c) permanent prostheses (artificial limbs and eyes); *prior approval is required by the Plan Administrator;*
- d) rental of a wheelchair or hospital-type bed; *prior approval is required by the Plan Administrator;*
- e) on referral of a physician, treatment by a psychologist, subject to a maximum of \$500 per sickness or injury.

Reimbursement under this section shall not duplicate payment provided by any other part of the policy (other than benefits payable under the Accidental Death & Dismemberment).

DENTAL ACCIDENT EXPENSE REIMBURSEMENT

Charges incurred by a Covered Person for care or services by a dentist to repair or replace whole or sound teeth damaged as a result of a direct, external accidental blow to the mouth (and not by an object intentionally placed in the mouth) which occurs while coverage is in force under this policy.

Benefits will be paid in accordance with the Dental Association Suggested Fee Guide for General Practitioners in force in the Covered Person's province of residence at the time of treatment.

Treatment must commence within 30 days following the date of the accident, and must be completed within 156 weeks following the date of the accident, but in no event beyond \$1,000 with respect to any one accident. No payment will be made for charges incurred after the termination date of this policy, or after the termination date of the person's coverage under this policy.

Implants, implant-related or supported services are not covered. Capped or crowned teeth will be considered whole or sound teeth.

A written estimate must be obtained from the attending dentist, containing details of the accident, pre-accident condition of the teeth, planned treatment and cost.

Approval must be obtained from the Plan Administrator prior to commencement of treatment (except for such emergency treatment as is immediately required to alleviate pain).

PRESCRIPTION DRUGS

The lifetime maximum amount payable is \$5,000 per Insured Student or Dependent.

Benefits are not payable for that part of any one prescription for drugs or medicines which is in excess of a three month (90 day) supply, unless prior approval has been given by the Plan Administrator.

When, by reason of injury and within 30 days from the date of the accident or by reason of sickness the Insured Student or Dependent incurs expenses for prescription drugs or medicines prescribed in writing by a legally qualified physician or surgeon, the Plan Administrator will pay the cost of such prescription drugs or medicines excluding:

- ◆ fertility drugs;
- ◆ male pattern baldness remedies;
- ◆ smoke cessation or anti-smoke remedies including nicorette gum, patches or similar products; and
- ◆ medicines which are available without a prescription.

Drugs or medicines must be prescribed and purchased for use during the term of this insurance.

Oral Contraceptives required for use during the term of this insurance are a covered expense under this provision, up to a maximum of \$10 per month.

AMBULANCE EXPENSE REIMBURSEMENT

When, by reason of bodily injury or sickness an Insured Student or Dependent requires immediate medical attention, the Plan Administrator will pay the reasonable and customary charges for a licensed ambulance service; or, when recommended by a legally qualified physician or surgeon, for air ambulance to the nearest facility equipped to provide the required treatment, in either case to a maximum amount of \$1000 per Insured Student or Dependent.

REPATRIATION BENEFIT

If a Covered Person is diagnosed as terminally ill (within 12 months or less to live) and the medical condition is stable, or if a Covered Person dies, or if the medical condition is deemed severe enough to warrant continuing medical care and / or treatment as determined by the W.U.S.C. Plan Administrator, the Company will pay the actual cost of returning the Covered Person or the remains by the most direct route to the air terminal nearest the Covered Person's residence in the home country.

Eligible expenses are covered to a maximum of \$20,000 provided such expenses are considered reasonable by the W.U.S.C. Plan Administrator compared to the customary charges for such services. Eligible expenses include economy airfare for the Covered Person (or stretcher, if required) and return airfare for a qualified medical attendant (if recommended by the attending physician), including, if required overnight hotel and meal expenses for the medical attendant.

In case of death, expenses include preparation and transportation of the remains, cost of the casket and specialized equipment, all subject to a \$2,000 maximum within the overall \$20,000 maximum.

If such Covered Person refuses to be repatriated, coverage will not be renewed and any further expenses payable under this plan will be limited to the overall \$20,000 maximum.

EXCLUSIONS AND LIMITATIONS

Injury or sickness, the cause of which originates prior to the effective date of insurance of the Insured Student or Dependent, is not insured hereunder if application for this insurance is made by the Insured Student more than 31 days after becoming eligible for insurance hereunder.

The policy does not cover loss resulting from:

- 1) services or treatment while the policy is not in force;
- 2) expenses of repairing, supplying or replacing eyeglasses, contact lenses or prescriptions therefore;
- 3) cosmetic surgery, unless medically required;
- 4) expense of dental treatment, nor for the cost of replacement or repair of artificial teeth, dentures, or dental appliances, other than as provided;
- 5) preventive medicines or vaccines;
- 6) expenses in connection with or in any way associated with war, invasion, acts of foreign enemies, warlike operations, civil war, rebellion, revolution, insurrection, civil commotion amounting to an uprising, hijacking, hostilities or any act of terrorism (as defined in the master policy);
- 7) services or treatment provided by any Workplace Safety and Insurance Board or other legislation;
- 8) services or treatment which are paid by, covered under, or which contravene any plan of any government or political subdivision or law;
- 9) expense of orthoses (orthotics, orthopedic appliances) other than as specifically provided;
- 10) massage therapy;
- 11) third party requests (e.g. immigration exams).

When more than one policy of this form issued by the Insurer is in force with respect to the Insured Student or Dependent at time of claim, only one such policy, the earliest by effective date, shall apply.

DENTAL INSURANCE

**The maximum amount payable is \$500
per Insured Student or Dependent per calendar year.**

Effective January 1, 2005, Dental benefits will be paid in accordance with the Dental Association Suggested Fee Guide for General Practitioners in effect in the province where treatment is rendered.

The following is a general descriptions of the eligible services covered under your Preventive Dental Plan

PRE-DETERMINATION OF BENEFITS

Where a course of treatment is expected to cost more than \$300, a written estimate should be obtained from the attending Dentist, outlining the procedures and itemized charges, including x-rays if and when required, the estimate will then be reviewed and the Covered Person will be advised as to the amount of benefit payable.

Note: Treatment must be completed within 12 months of approval.

DIAGNOSTIC SERVICES

Examinations

- ◆ Complete oral examination (once every 3 years)
- ◆ Recall oral examination (once every 6 months)
- ◆ Specific oral examination (twice every 12 months)
- ◆ Emergency examination

Radiographic Examinations (x-rays)

- ◆ Complete series of intra-oral films or panoramic film (only one of these services is eligible, every 3 years)
- ◆ Periapical films
- ◆ Occlusal films
- ◆ Bitewing films (once every 6 months)
- ◆ Extra-oral films
- ◆ Sinus examination
- ◆ Sialography

Tests and Laboratory Examinations

- ◆ Microbiological test for determination of pathologic agents (once every 12 months)
- ◆ Biopsy, soft-hard tissue
- ◆ Cytological test

Consultations

- ◆ Consultation with patient (2 units of time every 12 months)
- ◆ Consultation with another dentist

PREVENTIVE SERVICES

- ◆ Polishing (one unit of time every 6 months)
- ◆ Scaling (10 units of time every 12 months as an overall maximum for scaling and root planing)
- ◆ Fluoride treatment (once every 6 months)
- ◆ Oral hygiene instruction (once every 3 years)
- ◆ Pit and fissure sealants for a Child under age 14 – permanent molars and bicuspid only (including 1 replacement per tooth)
- ◆ Interproximal discing of teeth
- ◆ Space maintainers for a Child under age 14

ENDODONTIC SERVICES

- ◆ Pulpotomy
- ◆ Pulpectomy
- ◆ Root canal therapy (Retreatment is eligible once 5 years have elapsed from the date of the original root canal treatment)
- ◆ Apexification
- ◆ Reinsertion of dentogenic media
- ◆ Apicoectomy/apical curettage
- ◆ Retrofilling
- ◆ Root amputation
- ◆ Hemisection
- ◆ Intentional removal, apical filling and replantation
- ◆ Perforations/resorptive defect, pulp chamber repair or root repair
- ◆ Isolation of endodontic tooth
- ◆ Chemical bleaching of endodontically-treated tooth
- ◆ Smoothing of fractured tooth surfaces
- ◆ Open and drain (separate emergency procedure)
- ◆ Replantation, avulsed tooth
- ◆ Repositioning of traumatically displaced teeth

PERIODONTAL SERVICES

(DIAGNOSIS AND TREATMENT OF GUM TISSUE)

(Only one surgical periodontal service per sextant will be eligible in any 12-month period)

- ◆ Application of displacement dressing
- ◆ Oral manifestations, oral mucosal disorders
- ◆ Desensitization
- ◆ Surgical curettage
- ◆ Gingivoplasty
- ◆ Gingivectomy
- ◆ Flap approach with osteoplasty/osteotomy
- ◆ Flap approach with curettage
- ◆ Soft tissue grafts
- ◆ Free connective tissue grafts
- ◆ Osseous grafts
- ◆ Distal wedge procedure
- ◆ Post-surgical treatment
- ◆ Periodontal abscess or pericoronitis
- ◆ Vestibuloplasty

ADJUNCTIVE PERIODONTAL SERVICES

- ◆ Provisional splinting or ligation
- ◆ Removal of fixed periodontal splints
- ◆ Occlusal equilibration (4 units of time every 12 months)
- ◆ Root planing (10 units of time every 12 months as an overall maximum for root planing and scaling)
- ◆ Periodontal appliances, including bruxism appliances (one per arch every 24 months)
- ◆ Adjustments, maintenance, repair to periodontal appliances (6 units of time every 12 months)

RESTORATIVE SERVICES

- ◆ Caries/trauma/pain control
- ◆ Amalgam restorations
- ◆ Retentive pins
- ◆ Stainless steel/plastic full coverage preformed restorations for primary teeth
- ◆ Tooth-coloured restorations, acid etch/non-acid etch technique

DENTURE REPAIRS, REBASING, RELINING

- ◆ Minor denture adjustments more than three months following insertion of dentures
- ◆ Denture repairs/additions
- ◆ Denture relining and rebasing
- ◆ Denture tissue conditioning
- ◆ Resetting of teeth

SURGICAL SERVICES

- ◆ Removal of erupted tooth
- ◆ Removal of impacted tooth
- ◆ Removal of residual root
- ◆ Surgical exposure of tooth
- ◆ Alveoloplasty, only when performed separately from an extraction
- ◆ Excision, removal of bone
- ◆ Reduction of bone, tuberosity
- ◆ Gingivoplasty and/or stomatoplasty
- ◆ Surgical excisions (cysts and tumours)
- ◆ Surgical incision and drainage
- ◆ Fractures
- ◆ Uncomplicated laceration repair
- ◆ Frenectomy
- ◆ Sialolithotomy
- ◆ Antral surgery
- ◆ Hemorrhage control
- ◆ Post-surgical care

ADJUNCTIVE GENERAL SERVICES

Anesthesia

- ◆ General anesthesia or deep sedation, only in conjunction with oral surgery
- ◆ Inhalation technique/Intravenous sedation
- ◆ Intra-muscular injections of sedative drug (one unit)

Professional Visits

Unscheduled office/institutional appointment

In-office and commercial laboratory charges applicable to eligible dental services will be an Eligible Expense under this Plan and will be payable at the same reimbursement percentage as the related dental service.

EXCLUSIONS

The policy does not pay benefits for expenses incurred for or in connection with:

- 1) any dental procedure which is not listed as an eligible service;
- 2) services or supplies performed or provided in connection with an ineligible service or supply;
- 3) temporomandibular joint-related problems;
- 4) permanent splinting;
- 5) dental care, services or supplies which are primarily for cosmetic purposes, as determined by the Plan Administrator;
- 6) services performed by a dental hygienist in an independent private practice;
- 7) conditions arising from war (whether or not war is declared), participation in any civil commotion, insurrection or riot, or while serving in the armed forces;
- 8) services or supplies to the extent to which the Covered Person is entitled to receive benefits or reimbursement under any Government Plan;
- 9) services or supplies which would be available without charge if this Insurance was not in effect.
- 10) self-inflicted injury;
- 11) committing, or attempting to commit, a criminal act under legislation in the jurisdiction where the act was attempted or committed;
- 12) completion of claim forms or other documentation, transfer of files or failing to keep a scheduled appointment;
- 13) implants and related services;
- 14) laboratory fees which exceed reasonable and customary charges, as determined by the Plan Administrator.

TERMINATION OF INSURANCE

The insurance of an Insured Student shall automatically terminate on the earliest of the following dates:

- ◆ the date the policy is terminated;
- ◆ the date specified as the termination date on the Student's certificate;
- ◆ the premium due date if WUSC or the Student fails to pay the required premium;
- ◆ for Life insurance, the date the Student is no longer a member of a sponsored group and under the administration of WUSC National Office;
- ◆ for all other benefits, on the first day of the month following the date the Student is no longer a member of a sponsored group and under the administration of WUSC National Office;
- ◆ Insurance of an Insured Dependent shall immediately terminate on the date the insurance of the Insured Student terminates or on the date the Insured Dependent ceases to qualify for insurance in accordance with the Definitions, whichever date comes first.

HOW TO CLAIM BENEFITS

A. Life

The WUSC National Office should be notified immediately of any loss and appropriate claim forms will be supplied.

B. Prescription Drug and Dental Benefits

Present your Cowan ESI card (white card) to your pharmacist and/or dentist who will be reimbursed directly by the Plan Administrator.

C. All other Benefits

Present your Cowan Certificate card (green card) to the health care provider. In most instances the health care provider or your University Health Service Centre will bill the Plan Administrator directly. For a listing of service providers who bill the Plan Administrator directly please visit the following website: www.cowangroup.ca.

Click on **Client Access** from the menu

Choose the option **Group Life and Health – Preferred Client Access Centre**.

Enter **your user id and password** (this will be supplied to you with your certificate card) in **capital letters**.
Click on **Submit**.

From the **Links** menu, click on **Health Care Provider Search Engine**.

If you have forgotten your password please contact the Plan Administrator's Call Center, see Contact section below.

In the event the health provider requires you to pay-up-front:

- 1) You must complete section 1, 2, and 3 of the Claim Form, make sure to include: your certificate number, name, current address and to whom payment should be made (you or the health provider).
- 2) The provider must complete Sections 4 and 5 of the Claim Form.
- 3) In the case where you have paid for the service, enclose the original receipt(s). Always retain a photocopy for your records.

D. Accidental Death and Dismemberment Insurance

Written proof, satisfactory to the Company, of the right of the Covered Person must be received by the Company within 90 days after the loss.

E. Prior to departure from Canada

To ensure prompt payment, submit a claim form for all expenses incurred to the Plan Administrator at least four (4) weeks prior to your departure. State clearly your departure date on the claim form.

F. Payment of Claims

All indemnities will be payable in Canadian funds.

G. Proof of Claim:

All Health and Dental claims must be received no later than **90 days after the end of the calendar year in which the claim was incurred**.

In the case of termination, all claims must be received no later than **90 days from the date of termination**.

CONTACT DETAILS

All claims must be mailed to the address below. If you or your health provider has any inquiries concerning coverage or the status of a claim, please do not hesitate to call:

Cowan

WUSC Plan Administrator
1420 Blair Place, Suite 700
Ottawa, (ON) K1J 9L8
Tel.: (613) 741-3313
Fax: (613) 741-7771
1-888-509-7797
Email: clients@cowangroup.ca

Hours of Operation Monday to Friday 8:00am to 7:00pm EST

In case of any discrepancy between this booklet and the policy, the policy shall prevail.