



Your group insurance plan



VANIER COLLEGE STUDENTS' ASSOCIATION

Policy No. Q1801

Regular students



Desjardins

Insurance

Life • Health • Retirement

Your Group Insurance Plan

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Regular students

**Desjardins Financial Security Life Assurance Company
1 866 647-5013**

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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CONTACT US

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.

HEALTH ASSISTANCE

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

This telephone service provides the Covered 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 Covered Person 's regular health care provider, 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 Covered Person may contact HEALTH ASSISTANCE at any time.

Calls from

Dial

Anywhere in Canada

1 877 875-2632

GENERAL INQUIRIES

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

To obtain any other information, visit the “Contact us” section of DFS’s website at www.desjardinslifeinsurance.com.

YOU SHOULD KNOW

WHAT HAPPENS WITH THE DRUGS COVERAGE AT AGE 65?

At 65 years of age, the Student is automatically covered under the provincial health plan of his province of residence for drugs and other products included in this plan's list. Where allowed by law, he may opt out of his provincial health plan and remain covered under the Extended Health Care benefit of the group benefit plan.

Within 31 days of his 65th birthday, the Student must notify DFS, in writing, of his choice:

- continue coverage under the group benefit plan and the required premium will be determined by DFS,
- **or**
- choose his provincial health care plan. He will then no longer be covered for drugs and other products on his provincial health plan's list. This election is irrevocable.

IMPORTANT: Dependents cannot continue their coverage under the Extended Health Care Benefit unless the Student remains covered.

ACCESS TO THE POLICY

Upon request to DFS, 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 three 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

DEFINITIONS

Wherever these terms are used in the policy, they are interpreted in agreement with the following. They apply to the entire policy unless otherwise specified.

Accident

A sudden and unexpected external event causing bodily injuries directly and independently of all other causes. An Accident does not include any form of disease, degenerative process, hernia (inguinal, femoral, umbilical or incisional) and any infection except when caused by a visible, external cut or wound accidentally sustained. A Physician must verify the bodily injuries.

Change of Coverage Period

The period during which the student may opt out or modify his coverage. The Change of Coverage Period is determined by the policyholder and occurs at the beginning of the Period of coverage. The student will not longer have the right opt out of the Group Insurance Plan after that period. The student must visit www.studentcare.ca to opt out or modify his Group Insurance Plan.

Child

A person residing in Canada who, at the time of the event that results in a claim, has no spouse and is dependent upon the Student or the Student's Spouse for financial support and maintenance. A Child must be the Student's or the Spouse's natural or adopted child, and:

- 1) be under 22 years of age,
- 2) be under 26 years of age and a full-time dependent student at an accredited educational institution, or
- 3) have reached the age of majority and be incapacitated due to a mental or physical disability on the date he was eligible as either 1) or 2) above.

The Child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent upon the Student or the Student's Spouse for financial support and maintenance due to a mental or physical disability. In addition, he must be living with the Student or the Spouse who exercises parental authority or have legal guardianship as if the Child were a minor.

Covered Person
The Student or their Dependent.
Day surgery
Outpatient surgery that allows an individual to return home on the same day as the surgical procedure is performed by a Physician. The procedure must require local or general anaesthesia. This does not include minor surgery performed in the office of a Physician.
Deductible
The amount of eligible expenses that a Covered Person must pay before reimbursement is made.
Dentist
A person licensed to practice dentistry by the appropriate authority in the jurisdiction where the services are provided.
Dependent
A Spouse or Child who resides in Canada. However, if a Dependent resides outside Canada he will be deemed to reside in Canada provided he is covered under a provincial medical plan and prior written approval is obtained from DFS.
Elements (forces of nature)
Natural disasters such as an earthquake, storm, flood, landslide or any other disaster of a similar nature.
Equivalent Drug
A brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

Hemiplegia
The total and irrecoverable paralysis of upper and lower limbs on the same side of the body.
Hospital
Any institution designated as a Hospital by law, recognized by DFS and providing 24 hours per day:
<ol style="list-style-type: none"> 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.
Hospitalization
To be admitted to a Hospital as an Inpatient, or any Hospital stay for Day Surgery.
Illness
Any health deterioration or bodily disorder verified by a Physician. Organ donations and related complications are also considered illnesses.
Immediate Family Member
Spouse, son, daughter, father, mother, brother, sister, step-father, step-mother, step-son, step-daughter, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, of the Student.
Immediate Relative
The Covered Person's spouse, son, daughter, father, mother, brother or sister.
Insurer
Desjardins Financial Security Life Assurance Company, hereafter, DFS, with its head office at 200 rue des Commandeurs, Lévis (Quebec) G6V 6R2.

Loss

- 1) For an arm, the complete severance through or above the elbow.
- 2) For a finger, the complete severance of 2 entire phalanges of one finger.
- 3) For a foot, the complete severance through or above the ankle joint but below the knee joint.
- 4) For a hand, the complete severance through or above the wrist but below the elbow joint.
- 5) For hearing, the complete and irrecoverable loss of hearing in one ear diagnosed by a duly qualified otolaryngologist and corresponding to an auditory threshold of greater than 90 decibels.
- 6) For a leg, the complete severance through or above the knee joint.
- 7) For sight, the total and irrecoverable loss of sight of one eye diagnosed by a duly qualified ophthalmologist, corresponding to a corrected visual acuity of 20/200 or less, or to a field of vision of less than 20 degrees.
- 8) For speech, the total, permanent and irreversible loss of the ability to speak due to injury or disease for a continuous period of 6 months. The diagnosis must be made by a licensed Physician.
- 9) For a thumb, the complete severance of one entire phalanx of the thumb.
- 10) For a toe, the complete severance of one entire phalanx of the big toe and all phalanges of the other toes.

Loss of Use

The total and irrecoverable loss of use of a limb that continues uninterrupted for at least 12 months.

Medical Emergency

Any acute and unexpected illness or injury requiring immediate medical treatment.

Orthosis

A rigid orthopaedic appliance or apparatus used to maintain a part of the body in the correct position.

Paraplegia
The total and irrecoverable paralysis of both lower limbs.
Period of coverage
The 12-month period following September 1 st of each year for fall term and January 1 st to August 31 st for winter term.
Physician
A qualified medical practitioner who is legally licensed to practice medicine by the jurisdiction in which he operates.
Policyholder
The company or organization specified on the cover page of the policy.
Province of Residence
<ol style="list-style-type: none"> 1) for a Canadian Student: <ol style="list-style-type: none"> 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; 2) 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.

Quadriplegia
The total and irrecoverable paralysis of both upper and lower limbs.
Reasonable and Customary Charges
<p>The charges generally paid for a like service or supply and limited to the lowest of:</p> <ol style="list-style-type: none"> 1) the usual charge in the area where the services or supplies are provided, or 2) the suggested fee of the applicable governing body, <p>on the date the expenses were incurred. For expenses incurred outside Canada, Reasonable and Customary Charges are those applicable in the province where the Student resides.</p>
Spouse
<p>A person residing in Canada who, at the time of the event that results in a claim:</p> <ol style="list-style-type: none"> 1) is legally married to or living in a civil union with the Student, 2) is 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 for 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 for a breakdown in the relationship. <p>If 2 individuals fit the definition of Spouse, DFS will recognize only one Spouse as eligible. Recognition is in the following order:</p> <ol style="list-style-type: none"> 1) the Spouse whom the Student last designated as such, 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.
Student
The person residing in Canada who is a member of Vanier College Students' Association

GENERAL PROVISIONS

APPLICABLE LAWS AND JURISDICTION

Any provision under the policy that is not compliant with applicable laws is presumed void. Even if a provision prohibited by law is included in the policy, all other provisions of the policy will still remain in force.

The policy, its interpretation, execution, application, validity and effects are subject to the applicable Canadian or provincial laws that govern, partially or totally, all of its provisions.

Any dispute resulting from its conclusion, interpretation or execution will be exclusively submitted to the competent court in the Canadian province agreed upon between the parties.

INCONTESTABILITY

If the coverage of a person is in force for a period of 2 years while that person is alive, DFS cannot contest the validity of this coverage based on any written statement given unless it refers to age or is fraudulent.

MISSTATEMENT OF AGE

If the age of any individual has been misstated, any benefits payable are based upon the actual age of the individual at the time of the event that results in a claim.

CURRENCY

All payments under the policy, whether to or by DFS, are made in the lawful currency of Canada.

NUMBER AND GENDER

Where the context clearly requires, words in the singular include the plural and words referring to any one gender include any other gender.

ELIGIBILITY

STUDENT ELIGIBILITY

A Student is eligible for coverage from the beginning of the Period of coverage as long as he is a member of Vanier College Students' Association.

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.

DEPENDENT ELIGIBILITY

If a 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.

APPLICATION

The policy contains a **Beneficiary provision that removes or restricts the right of the Student to designate persons to whom or for whose amounts are to be payable for some benefits.**

COVERAGE APPLICATION

The participation to the insurance is automatic upon registration at Vanier College Students' Association.

Insurance plan premiums are part of the refundable fees.

The Student is automatically insured with a single coverage and will be covered for the entire Period of coverage.

If the Student chooses a family, single-parent or couple coverage type, the coverage for his dependents becomes effective from the beginning of the Period of coverage.

PROCEDURES FOR MODIFICATIONS

The Student must visit www.studentcare.ca to :

- 1) Opt out of the Group Insurance Plan; or
- 2) Modify his coverage

The student can make changes only within the Change of Coverage period.

OPTING 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. The Student will automatically be registered for the following Period of coverage.

SIMILAR INSURANCE AND COVERAGE VALIDATION

The Extended Health Care insurance does not replace the coverage provided by the *Régie de l'assurance maladie du Québec (RAMQ)* 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.

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 no choice is made.

Coverage Types	Covered Persons
Single	Student only
Family	Student, Spouse and Children
Single-parent	Student and Children
Couple	Student and Spouse

The Coverage type does not have to be the same for all benefits and will remain in effect until the end of the Period of coverage.

The Coverage Type can be changed due to a life event. DFS must be notified within 31 days of the event.

A life event is defined as:

- 1) marriage, new common-law spouse, separation or divorce,
- 2) birth or adoption of a Child, or
- 3) a Dependent Child returns to school.

BENEFICIARY

DFS will recognize the beneficiary(ies) designated by the Student under the Employer's group insurance plan immediately prior to the Effective Date of the policy, unless DFS requires beneficiary(ies) to be designated again.

Subject to applicable laws, the Student may designate or revoke, at any time, one or several beneficiaries. 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. The rights of a beneficiary who dies before the Student revert to the latter. In the absence of a designated beneficiary, the amounts payable are paid according to applicable laws.

The amounts payable when a Dependent dies are paid to the Student, if alive. If the Student has died, the amounts are paid according to applicable laws.

DFS assumes no responsibility for the validity of any beneficiary designation or revocation.

COMMENCEMENT OF COVERAGE

COMMENCEMENT OF STUDENT COVERAGE

Coverage for the Student is automatically effective from the beginning of the Period of coverage.

COMMENCEMENT OF DEPENDENT COVERAGE

Coverage for a Dependent is effective on the date the Student is first eligible for Dependent coverage, provided application is made during the Change of Coverage Period.

If a Student already has Dependent coverage on the date he acquires a new Dependent, the coverage of that Dependent is effective on the date he becomes a Dependent, except for benefits requiring Evidence of Insurability. However, the Accidental Death and Dismemberment Benefit for a newborn Child is effective 24 hours from birth, subject to all other terms and conditions of the policy provisions, including those above.

If a Dependent (other than a newborn Child) is confined to a Hospital on the date his coverage would otherwise become effective, his coverage begins on the day immediately following his discharge from the Hospital.

MODIFICATION OF BENEFITS AN COVERAGE

The Student must visit www.studentcare.ca to modify his benefits, change his coverage type or to opt out of the Group Insurance Plan. The Student can make changes only within the Change of coverage period.

TERMINATION OF BENEFITS AND COVERAGE

BENEFIT TERMINATION

Each Benefit terminates on the date specified below.

BENEFIT	TERMINATION DATE
Extended Health Care Benefit	The last day of the Period of coverage or the date on which the student is no longer covered, whichever occurs first.
Dental Care Benefit	The last day of the Period of coverage or the date on which the student is no longer covered, whichever occurs first.
Accidental Death and Dismemberment Benefit	The last day of the Period of coverage or the date on which the student is no longer covered, whichever occurs first.

TERMINATION OF STUDENT COVERAGE

Except as specifically noted elsewhere in the policy, the coverage of the Student terminates on the earliest of:

- 1) the date he no longer qualifies as an eligible Student,
- 2) the end of the period for which the premiums are paid on his behalf,
- 3) the end of the Period of coverage;
- 4) the date the policy terminates.

TERMINATION OF DEPENDENT COVERAGE

Except as specifically noted elsewhere in the policy, the coverage for a Dependent terminates on the earliest of:

- 1) the date the Student's coverage terminates, unless the Dependent is eligible for survivor benefits,
- 2) the date the individual no longer qualifies as a Dependent, or
- 3) the date the premiums are not paid on behalf of the Student for Dependent coverage.

FRAUD

In case of fraud, DFS reserves the right to terminate the Student's coverage.

CLAIMS

NOTICE AND PROOF OF CLAIM

Notice and proof of any claim must be received by DFS within the time limit specified for each Benefit:

BENEFIT	TIME LIMIT
Extended Health Care Benefit	All claims, with receipts included, must be submitted to DFS within 90 days following the end of the Period of coverage.
Dental Care Benefit	All claims, with receipts included, must be submitted to DFS within 90 days following the end of the Period of coverage.
Accidental Death and Dismemberment Benefit	<ul style="list-style-type: none">• Notice of claim must be submitted to DFS within 30 days of the date of the Accident, and• the written proof of claim must be submitted within 90 days of the date of the Accident.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim if the notice and proof of the claim are sent as soon as reasonably possible. However, no payment is made if the notice and proof of claim are sent more than 12 months after the date the expenses are incurred or the date of the event that results in a claim.

If the policy terminates, no payment is made unless the notice and proof of claim is submitted to DFS within 90 days of the date of termination of the policy.

Every action or proceeding against DFS for the recovery of insurance money payable is barred absolutely unless commenced within the time set out in the Insurance Act or other legislation of the province where the Student resides.

SUBMISSION OF CLAIMS

Claims must be submitted to DFS on the appropriate form. When necessary, DFS may also require any other information it deems useful. All amounts are paid to the Student unless otherwise indicated in the policy.

Drugs and other Health Care Expenses

If the direct payment method is used for drug expenses, the Student is not required to submit a claim to DFS.

For all other medical expenses, the Student is not required to submit a claim to DFS if the professional or service provider uses the Electronic Data Interchange (EDI).

Dental Care

The Student is not required to submit a claim to DFS if the Dentist uses the Electronic Data Interchange (EDI).

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

Death

Before settling any claim, DFS requires satisfactory written proof of:

- 1) death, including a medical report or death certificate, the cause and circumstances of the death,
- 2) eligibility of the deceased at the time of death,
- 3) date of birth of the deceased, and
- 4) right of the claimant to receive the proceeds.

DFS may also require any other information it deems useful.

In the case of a disappearance, DFS will pay the claim on presentation of a declaratory judgment of death.

CO-ORDINATION OF BENEFITS

The Student health and dental expenses, and those of his family, may be covered by more than one Group Insurance Plan. If this applies, the Student may be able to claim up to 100% of the expenses he incurred by submitting separate claims to each plan. In the insurance industry, we call this the coordination of benefits.

MEDICAL EXAMINATIONS

From time to time, DFS is entitled to have a claimant examined by a health professional of its choice.

SUBROGATION

When reimbursement for expenses incurred for which another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Student. DFS may bring action in the name of the Student to enforce these rights.

RIGHT OF RECOVERY

Payments made by DFS in excess of the maximum amount that should have been paid are recoverable by DFS, limited to that excess amount. It will be recovered from any individuals or entity to or for whom the payments were made.

EXTENDED HEALTH CARE BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
Eligible Expenses	Amount
All expenses	None
Percentage of Reimbursement	
Eligible Expenses	Percentage
Drugs listed in the Liste des médicaments of the Régie de l'assurance maladie du Québec (RAMQ)	Not covered (except for oral contraceptives, antidépresseurs, auto-injecteurs to administer epinephrine in case of allergic reaction and hormone therapy)
Oral contraceptives, antidépresseurs, auto-injecteurs to administer epinephrine in case of allergic reaction and hormone therapy listed in 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 a provincial drug plan or by an individual or Group Insurance Plan
Oral contraceptives, antidépresseurs, auto-injecteurs to administer epinephrine in case of allergic reaction and hormone therapy not listed in the Liste des médicaments of the Régie de l'assurance maladie du Québec (RAMQ)	<ol style="list-style-type: none"> 1) Generic drugs: 100% of the lowest priced equivalent drug available on the market 2) Brand name drugs: 100% of the brand name drug if no equivalent drug is available on the market or 100% of the lowest priced equivalent drug available on the market
All other expenses	100%

Overall Maximum Benefit
Payable Amount per Covered Person
\$5,000 per Period of coverage

BENEFIT PAYMENT

For all Eligible Expenses, DFS will reimburse the portion of the Reasonable and Customary Charges in excess of the Deductible, subject to the Percentage of Reimbursement.

To be eligible, the expenses must be medically necessary for the treatment of the Covered Person and incurred as a result of an Illness, a pregnancy or an Accident, and cover care that:

- 1) is prescribed by a Physician or other health professional as authorized by law, before the expense is incurred,
- 2) is recognized throughout the medical field as appropriate and consistent with the diagnosis, and
- 3) cannot be omitted without endangering the person's health or the quality of medical care.

The incurred date for any Eligible Expense is the date the service is provided or the item is supplied.

ELIGIBLE EXPENSES

IN OR OUTSIDE CANADA

Eligible Expenses are those listed below and incurred:

- 1) in the Student's province of residence, and
- 2) outside the Student's province of residence, if not related to a Medical Emergency.

MARK-UP AND DISPENSING FEE	
Limits for Eligible Drug Expenses	
Mark-up	Reasonable and Customary Charges
Dispensing fee	Reasonable and Customary Charges

DRUGS

- 1) Oral contraceptives, antidepressants, auto-injectors to administer epinephrine in case of allergic reaction and hormone therapy with a DIN (Drug Identification Number) when dispensed by a pharmacist.
- 2) Prior Authorization Drugs (applies only to oral contraceptives, antidepressants, auto-injectors to administer epinephrine in case of allergic reaction, hormone therapy and preventive vaccines)

Prior authorization by DFS is required for certain drugs listed on DFS's website. A prior authorization form completed by the Physician must be submitted to DFS in order to determine whether the prescribed drug meets the prior authorization criteria established by DFS. 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 an approved 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.

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

Other Eligible Drug Expenses	Maximum Payable Amount per Covered Person
Preventive vaccines	\$150 per Period of coverage

HOSPITALIZATION

Eligible Expenses	Maximum Payable Amount per Covered Person
<u>Hospital</u> Charges for confinement in a Hospital for each day of acute care Hospitalization	The difference between the cost of a ward and a semi-private room Additional daily allowance of \$50 applicable to private room charges only, up to a maximum of 30 days per Period of confinement

HEALTH PROFESSIONALS	
Eligible Expenses	Maximum Payable Amount per Covered Person
<p><u>Paramedical Services</u></p> <p>Services of the following professionals if they are practicing within their recognized field and are members in good standing of their professional governing body that is recognized by DFS. Medical recommendation is not required unless specified.</p>	<p>For each type of professional, the maximum is limited to one visit per day</p>
<ul style="list-style-type: none"> audiologist 	<p>\$30 per visit, up to \$300 per Period of coverage</p>
<ul style="list-style-type: none"> chiropractor 	<p>\$30 per visit, up to \$300 per Period of coverage, including one x-ray per Period of coverage</p>
<ul style="list-style-type: none"> massage therapist, orthotherapist or kinesiotherapist (Medical recommendation required) 	<p>\$30 per visit, up to a combined amount of \$300 per Period of coverage</p>
<ul style="list-style-type: none"> physiotherapist or physical rehabilitation therapist 	<p>\$30 per visit, up to a combined amount of \$300 per Period of coverage</p>
<ul style="list-style-type: none"> speech therapist 	<p>\$30 per visit, up to \$300 per Period of coverage</p>

PRIVATE TEACHER (FOR STUDENT ONLY)	
Eligible Expenses	Maximum Payable Amount per Covered Person
Services of a private teacher	<p>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.</p> <p>\$25 per hour up to a maximum of \$1,000 per Period of coverage.</p>

AMBULANCE
<p>Transporting the Covered Person by a licensed ground ambulance:</p> <ol style="list-style-type: none"> 1) in the event of a Medical Emergency, from the place of the Accident or Illness to the nearest Hospital where adequate treatment is available, and 2) from the Hospital to the place of residence of the Covered Person, when his health condition does not allow any other means of transportation. <p>Also eligible is transportation of the Covered Person by a licensed air ambulance to the nearest Hospital where adequate treatment is available when required due to a Medical Emergency.</p>

MEDICAL EQUIPMENT OR SUPPLIES	
MOBILITY AIDS	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Walkers, canes or crutches	<p>Purchase or rental, at the option of DFS</p> <p>Reasonable and Customary Charges</p>

Wheelchairs	<p>Purchase and repair, or rental, at the option of DFS, up to the cost of a non-motorized wheelchair, unless the Covered Person's health condition requires a motorized wheelchair</p> <p>Reasonable and Customary Charges, plus initial batteries for an eligible motorized wheelchair</p>
ORTHOPAEDIC SUPPLIES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
<p>Orthopaedic shoes:</p> <ul style="list-style-type: none"> • Custom-made shoes • Open-toed shoes • In-flare or out-flare shoes • Shoes required for Denis Browne braces • Modified or adjusted stock item footwear or prefabricated shoes • Modifications or adjustments to stock item footwear or prefabricated shoes 	<p>Manufactured and billed by a centre recognized by DFS. In addition, the shoes and the modifications or adjustments to prefabricated shoes must be made by an orthotist who is a member in good standing of his professional governing body that is recognized by DFS.</p> <p>\$200 per Period of coverage</p>
Foot orthoses	<p>Manufactured and billed by a centre recognized by DFS. In addition, the orthoses, must be made by an orthotist who is a member in good standing of his professional governing body that is recognized by DFS.</p> <p>Reasonable and Customary Charges</p>
Rigid or semi-rigid braces for limbs, trusses or casts	<p>Purchase and repair</p> <p>Reasonable and Customary Charges</p>
Spinal braces	<p>Purchase and repair</p> <p>Reasonable and Customary Charges</p>

PROSTHESES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Hearing aids	\$500 every 5 Periods of coverage, including initial batteries
Wigs	When required for temporary hair loss due to alopecia, chemotherapy or radiotherapy \$200 lifetime
Breast prostheses	When required due to a mastectomy, up to <ul style="list-style-type: none"> • the cost of an external prosthesis, and • 2 mastectomy brassieres per Period of coverage
Artificial limbs and myoelectric prosthetics	Purchase, repair and replacement when it is required due to a physiological change Reasonable and Customary Charges
Artificial eyes	Purchase and repair Reasonable and Customary Charges

OTHER MEDICAL EQUIPMENT OR SUPPLIES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Glucose monitors	One monitor in any 36-month period
Insulin pump supplies	Purchase Reasonable and Customary Charges \$150 lifetime
Support stockings	Purchase of support stockings at least 20 mm/Hg Reasonable and Customary Charges
TENS nerve stimulators and their supplies	Purchase or rental, at the option of DFS \$700 lifetime
Catheters	Purchase Reasonable and Customary Charges
Ostomy supplies	Purchase Reasonable and Customary Charges
Paraplegics supplies	Purchase Reasonable and Customary Charges
Tube feeding supplies	Purchase Reasonable and Customary Charges
Tracheotomy supplies	Purchase Reasonable and Customary Charges
Opaque glasses	Purchase, provided they are required during radiotherapy or psoriasis treatments Reasonable and Customary Charges

Compressive garments other than support stockings	Purchase Reasonable and Customary Charges
Medicated dressings	Purchase Reasonable and Customary Charges
Stump-socks	Reasonable and Customary Charges
Apnea monitors	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Oxygen and equipment required for its administration	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Lymphoedema pumps	Purchase Reasonable and Customary Charges
Chest percussion accessories	Purchase Reasonable and Customary Charges
Enuresis sensors	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Hospital beds	Purchase and repair, or rental, at the option of DFS, up to the cost of a non-electric hospital bed, unless the Covered Person's health condition requires an electric bed One lifetime

Traction apparatus	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Standing aids	Purchase or rental, at the option of DFS Reasonable and Customary Charges
<p>Other therapeutic equipment and their supplies:</p> <ul style="list-style-type: none"> • aerosol therapy equipment • insulin pumps • non-union bone stimulators • positive pressure airway ventilator machines (CPAP) or mandibular advancement splints <p>Additional equipment may be included, as determined by DFS.</p>	Purchase or rental, at the option of DFS Reasonable and Customary Charges

DIAGNOSTIC SERVICES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Imaging techniques Diagnostic laboratory tests Prenatal screening tests	For diagnostic purposes, up to \$500 per Period of coverage

DENTAL TREATMENT DUE TO AN ACCIDENT

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
<p>The services of a Dentist required to repair or replace sound teeth as a result of an accidental blow to the mouth</p> <p>A sound tooth is a natural tooth not affected by any pathology in itself or any adjacent structures. A natural tooth treated or repaired and restored to normal function is considered sound.</p>	<p>The accidental blow must occur while the Covered Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit.</p> <p>Within 12 months of the Accident:</p> <ul style="list-style-type: none">• dental care must be rendered, or• a treatment plan satisfactory to DFS must be submitted. <p>No benefit is paid for services provided more than 24 months after the date of the Accident.</p> <p>Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners where the Student resides.</p>

VISION CARE	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Eye exam	\$30 per Period of coverage
Eyeglasses and contact lenses	<p>Purchase and replacement</p> <p>Eyeglasses and contact lenses must be prescribed by an ophthalmologist or optometrist and dispensed by an ophthalmologist, optometrist or optician, for vision correction.</p> <p>Combined amount of \$75 in any period of 24 months.</p>
Contact lenses (special condition)	<p>Contact lenses to restore the visual acuity of the best eye to at least 20/40 when eyeglasses cannot get this result, up to:</p> <p>\$250 in any period of:</p> <ul style="list-style-type: none"> • 24 months for adults, • 12 months for Children under age 18.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

DFS reserves the right to apply certain restrictions, limitations and exclusions namely to services, products or drugs that:

- 1) are used to treat specific conditions other than those for which they are approved by Health Canada,
- 2) are taken in a higher dose, greater quantity or at a frequency that exceeds DFS's criteria of good clinical practice, or
- 3) do not meet DFS's prior authorization criteria as of the date the expense is incurred.

Additional Restrictions Applicable to Drugs

Maintenance drugs are limited to a 100-day supply. All other drugs and products are limited to a 34-day supply.

Limitations

Eligible Expenses are subject to the limitations and maximums specified in this benefit.

Alternate Benefit Clause

For each Eligible Expense for which several products are available on the market, reimbursement is limited to the lowest cost alternative product that represents reasonable treatment.

Additional Limitations Applicable to Drugs

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

General Exclusions

No reimbursement is made for:

- 1) services or treatments 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,
- 2) services, treatments or supplies that a person received without charge or that may be reimbursed under any provincial or federal law, whether or not the person is covered under those laws,
- 3) Eligible Expenses which result directly or indirectly from the following:
 - a) cosmetic treatment other than what provided for under this Benefit,
 - b) committing or attempting to commit a criminal offence, including operating a vehicle while impaired as set out under the Criminal Code of Canada,

- c) any cause that payment is provided for under any Workers' Compensation Act or similar legislation or under any other government plan,
- d) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,
- 4) services, treatments or supplies which are experimental,
- 5) services, treatments or supplies provided to the Covered Person by an Immediate Relative,
- 6) hospital stay if the stay is primarily for the participation in a therapeutic program, a therapy or a cure,
- 7) confinement in a Convalescent or Rehabilitation Centre,
- 8) confinement in a Chronic Care Centre,
- 9) home nursing care services rendered solely for custodial care, supervision, companionship or psychotherapy,
- 10) robotic walking aid apparatus,
- 11) extra-depth shoes and off-the-shelf shoes that are regular stock,
- 12) charges for any surgically implanted item,
- 13) supports such as "Obus form" or similar devices,
- 14) physical exercise class or program of any kind,
- 15) therapeutic bath of any kind,
- 16) fasting therapy and related charges,
- 17) appliances, supplies and equipment conceived or customized for participation in sporting activities,
- 18) diagnostic services received in a hospital and expenses incurred for genetic testing,
- 19) dental services that are not due to an Accident or that are necessary because of food or an object placed purposely or accidentally in the mouth,

- 20) dental services and supplies for full mouth reconstructions, vertical dimension correction or any other temporomandibular joint dysfunction,
- 21) incontinence supplies,
- 22) expenses incurred for detoxification,
- 23) expenses incurred for fertility treatment,
- 24) expenses incurred for the treatment of sexual dysfunction,
- 25) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes, or
- 26) services, treatments or supplies not included in the list of Eligible Expenses.

Additional Exclusions Applicable to Drugs

No reimbursement is made for:

- 1) Drugs except those provided for under this Benefit;
- 2) drugs or products that are on DFS's list of excluded drugs or products. This list is available on DFS'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,
- 3) drugs or products that are or should be administered in a hospital or hospital setting, as determined by DFS. 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, DFS uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination,
- 4) contraceptives other than hormonal contraceptives,
- 5) sclerotherapy,

- 6) drugs used to treat obesity,
- 7) smoking cessation aids,
- 8) expenses used to cover the provincial drug insurance plan deductible and co-insurance amount, for Students covered under their provincial plan. This exclusion does not apply to oral contraceptives, antidepressants, auto-injectors to administer epinephrine in case of allergic reaction and hormone therapy,
- 9) the following, whether prescribed or not:
 - a) shampoos and other scalp care products, including hair growth products,
 - b) aesthetic products, sunscreens, soap and any other hygiene products,
 - c) natural products and homeopathic products,
 - d) disinfectants and non-medicated dressings,
 - e) any infant milk formulas,
 - f) dietary supplements,
 - g) vitamins and minerals.

DENTAL CARE BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
Eligible Expenses	Amount
All Eligible Expenses	None
Percentage of Reimbursement	
Eligible Expenses	Percentage
Preventive Services	50%
Basic Services	60%
Maximum Benefit	
Eligible Expenses	Amount
Preventive and Basic Services	Combined maximum of \$500 per Period of coverage per Covered Person

BENEFIT PAYMENT

For all Eligible Expenses DFS will reimburse the portion of the charges in excess of the Deductible subject to the Percentage of Reimbursement and the applicable Fee Guide.

To be eligible, the services must be necessary and recommended by a Dentist and performed by:

- 1) a Dentist,
- 2) a dental hygienist when the services are within the scope of his license, or
- 3) a licensed denturist.

The incurred date of any Eligible Expense is the date the service is provided or the appliance is obtained. For the following, the date the expense is incurred is deemed:

- 1) the date of insertion of the appliance for a bridge, crown, denture or any other appliance, and
- 2) the date of the final treatment for root canal therapy.

PREDETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for a Covered Person is expected to exceed \$500, the Student should submit a detailed treatment plan to DFS before treatment starts. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates and the cost of the treatment.

No reimbursement is made for charges incurred after the date the Student's coverage terminates, even if a predetermination was filed and benefits were determined by DFS prior to the termination date.

FEE GUIDE

Reimbursement of Eligible Expenses incurred in Canada is governed by the Provincial Dental Association Fee Guide for General Practitioners, dental hygienists or denturists of the Province where the services are provided, and recognized by DFS, for the calendar year during which the services are provided.

Reimbursement of Eligible Expenses incurred outside Canada is governed by the Provincial Dental Association Fee Guide for General Practitioners of the province where the Student resides and recognized by DFS, for the calendar year during which the services are provided.

In the absence of a fee guide recognized by DFS or if the fee guide is not recognized by DFS for the year expenses are incurred, Eligible Expenses are limited to the Reasonable and Customary Charges. Additional expenses related to Eligible Expenses for which no amount is set in the fee guide are limited to the Reasonable and Customary Charges. The Eligible Expenses for lab fees are limited to 50% of the amount for the corresponding procedure in the applicable Fee Guide.

ELIGIBLE EXPENSES

IN CANADA

PREVENTIVE SERVICES	
Eligible Expenses	Limitations and/or Maximum per Covered Person
Examinations	•
• Complete oral examination	One in any 36-month period
• Preventive or recall oral examination	One in any 12-month period
• Emergency oral examination	
• Specific oral examination	2 per Period of coverage
Radiographs (X-rays)	
• Complete series of radiographs or a panoramic radiograph	Once in any 36-month period
• Intraoral radiographs (except bitewing films)	
• Bitewing films	One series of films in any 12-month period
• Extraoral radiographs	
• Cephalometric radiographs	
• Photography	

Lab Tests and Examinations	
• Microbiological testing	
• Biopsy	
• Pulp vitality test	
• Diagnostic casts	
Consultations	
• Consultation with a patient	
Preventive Services	
• Oral hygiene instruction	Once in any 12-month period
• Polishing	Once in any 12-month period
• Fluoride treatment	Once in any 12-month period
• Finishing restorations, including disking and recontouring of natural teeth to improve function	
• Pit and fissure sealants	For Children under age 16
• Interproximal disking	
• Space maintainer	In absence of primary teeth and only for children under age 16
• Control of oral habits appliance	

BASIC SERVICES	
Eligible Expenses	Limitations and/or Maximum per Covered Person
Restorations	
<ul style="list-style-type: none"> Amalgam restoration (metal fillings) 	
<ul style="list-style-type: none"> Composite restoration (white fillings) 	On anterior teeth and bicuspid only
<ul style="list-style-type: none"> Retentive pin for amalgam and composite restoration 	
<ul style="list-style-type: none"> Prefabricated restoration 	On primary teeth and only for persons under age 16
<ul style="list-style-type: none"> Caries / trauma / pain control procedures (as a separate procedure from a restoration) 	
Endodontics	
<ul style="list-style-type: none"> Endodontic emergency and treatment of the pulp chamber 	
<ul style="list-style-type: none"> Root canal therapy 	
<ul style="list-style-type: none"> Periapical service 	
<ul style="list-style-type: none"> Miscellaneous endodontic services other than bleaching 	

Periodontics	
<ul style="list-style-type: none"> Periodontal surgery 	
<ul style="list-style-type: none"> Post-operative visit 	4 visits per Period of coverage
<ul style="list-style-type: none"> Gingival curettage 	One whole mouth in any 60-month period
<ul style="list-style-type: none"> Scaling and root planing 	Combined maximum of 12 units per Period of coverage
<ul style="list-style-type: none"> Adjustments to a periodontal bruxism appliance 	Once per Period of coverage
<ul style="list-style-type: none"> Occlusal equilibration 	8 units in any 12-month period or One major and 3 minor in any 12-month period
Maintenance of Removable Dentures	
<ul style="list-style-type: none"> Repair or addition 	
<ul style="list-style-type: none"> Relining 	
<ul style="list-style-type: none"> Rebasing 	
<ul style="list-style-type: none"> Adjustment when performed at least 3 months after the initial insertion 	Once in any 6-month period

Oral Surgery	
• Extraction	
• Removal of residual roots	
• Surgical exposure of teeth without orthodontic attachment	
• Alveolectomy, alveoplasty, stomatoplasty, tuberoplasty and osteoplasty	
• Alveolar ridge reconstruction	
• Extension of mucous folds	
• Excisions in the oral cavity	
• Incisions in the oral cavity	
• Frenectomy	
• Treatment of salivary glands	
• Antral surgery (sinuses)	
• Control of hemorrhage	
• Post-surgical care	
General Services	
• General anaesthesia, conscious or deep sedation	When administered in conjunction with a dental Eligible Expense
• Provision of facilities, equipment and support services for general anaesthesia or deep sedation	When administered in conjunction with a dental Eligible Expense

OUTSIDE CANADA

For dental treatment rendered outside Canada to be eligible, the services must be:

- 1) not related to a Medical Emergency and
- 2) included in the list of Eligible Expenses in Canada.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

Limitations

- 1) Eligible Expenses are subject to the limitations and maximums specified in this benefit.
- 2) Any amount that exceeds the maximum indicated in the appropriate Fee Guide cannot be reimbursed.
- 3) Reimbursement for composite restorations on molars is limited to the reimbursement for an amalgam restoration.

Alternate Benefit Clause

When 2 or more courses of eligible dental treatment are available that adequately correct a dental condition, reimbursement is based on the cost of the least expensive eligible treatment that provides the Covered Person with adequate care.

For a crown or denture on implant, benefits are limited to the amount that would have been payable for a tooth supported crown or a non-implant related denture.

The concept of a suitable course of treatment can vary among dental professionals. This limitation is not meant to affect the treatment plan as agreed to by the professional and the Covered Person.

General Exclusions

No reimbursement is made for:

- 1) services or treatments 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,
- 2) services, treatments or supplies that a person received without charge or that may be reimbursed under any provincial or federal law, whether or not the Covered Person is covered under those laws,
- 3) any dental treatment not approved by the Canadian Dental Association or that is considered experimental,
- 4) charges made by a Dentist for broken appointments, claim forms or telephone advice,
- 5) Eligible Expenses that result directly or indirectly from:
 - a) committing or attempting to commit a criminal offence, as set out under the Criminal Code of Canada,
 - b) a cause that is the responsibility of a Workers' Compensation Act or similar legislation or any other government plan,
 - c) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,
- 6) any dental treatment for cosmetic purposes, when the form and function of the teeth are satisfactory and no pathological condition exists,
- 7) complete orthodontic examination and specific orthodontic examination,
- 8) audio-visual oral hygiene instruction,
- 9) nutritional counselling,

- 10) any dental services or supplies, including X-rays, provided for:
 - a) full mouth reconstruction,
 - b) vertical dimension correction, or
 - c) the correction of temporomandibular joint dysfunction
- 11) bleaching,
- 12) expenses incurred for implantology, except for dentures on implants,
- 13) patient motivation (psychological evaluation),
- 14) expenses incurred to replace lost, mislaid or stolen dentures and appliances,
- 15) anaesthesia administered by acupuncture, by hypnosis or electronically,
- 16) mouth guards and appliances conceived or customized for participation in sporting activities,
- 17) semi-precision or precision attachments,
- 18) myofunctional therapy, and
- 19) services, treatments or supplies not included in the list of Eligible Expenses.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that:

- 1) a Covered Person suffered one of the losses specified below within 365 days of an Accident,
- 2) the loss is the direct result of the Accident, independent of any other cause, and
- 3) the Accident and the loss occurred while the Person is covered under this Benefit,

DFS will pay the amount as specified in the Schedule of Losses and all other policy provisions.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Amount of Insurance		
Student	Spouse	Each Child
\$2,500	\$2,500	\$2,500
Reduction		
None		

SCHEDULE OF LOSSES

The amount payable is based on the percentage of the amount of insurance specified in the Summary of Benefits.

<u>Loss of</u>	<u>Percentage</u>
Life	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%

<u>Loss of</u>	<u>Percentage</u>
One Foot and Sight of One Eye	100%
Hearing in Both Ears and Speech	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Sight of One Eye	67%
Hearing in Both Ears or Speech	67%
Thumb and Index Finger of the Same Hand	33%
At least Four Fingers of the Same Hand	33%
All Toes of One Foot	25%
Hearing in One Ear	25%

<u>Loss of Use of</u>	<u>Percentage</u>
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 Covered Person disappears due to an Accident involving the sinking or disappearance of a conveyance in which he is riding and his body is not found within 365 days of the Accident, it is presumed that the Covered Person died due to the Accident unless there is evidence to the contrary.

EXPOSURE TO THE ELEMENTS (FORCES OF NATURE)

Loss due to unavoidable exposure to the Elements is considered an Accident.

LIMITATIONS AND EXCLUSIONS

Limitations

For multiple losses to the same limb from a single Accident, the maximum amount payable is the loss in the schedule with the highest percentage. Payment for all losses caused by a single Accident cannot exceed:

- 1) 200% of the Amount of Insurance for Hemiplegia, Paraplegia and Quadriplegia, or
- 2) 100% of the Amount of Insurance for other losses.

Exclusions

No payment is paid for a loss resulting in whole or in part, directly or indirectly from any of the following:

- 1) suicide or intentionally self-inflicted injury, while sane or insane,
- 2) an illness that does not result from an Accident, but that appears at the time of the Accident,
- 3) dental or medical treatment, a surgical procedure or the administration of anaesthesia,
- 4) war, whether declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion,

- 5) travel or flight aboard any aircraft as a pilot or crew member, and not solely as a passenger in an aircraft that:
 - a) is certified airworthy or has a flight permit issued under the appropriate authorities in Canada or under the laws of the country where the aircraft is registered, and all the conditions under which the certificate or permit is issued have been complied with, and
 - b) is used for the sole purpose of transportation and not for aviation training or practice, or for experimental or test purposes,
- 6) committing or attempting to commit a criminal offence, including operation while impaired, as set out under the Criminal Code of Canada.

Our commitment to you

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