



Your group insurance plan



**REGROUPEMENT DES ÉTUDIANTES ET DES
ÉTUDIANTS DE MAÎTRISE, DE DIPLÔME ET DE
DOCTORAT DE L'UNIVERSITÉ DE SHERBROOKE
(REMDUS)**

Policy No. Q1616

All students

Your Group Insurance Plan

**REGROUPEMENT DES ÉTUDIANTES ET DES
ÉTUDIANTS DE MAÎTRISE, DE DIPLÔME ET DE
DOCTORAT DE L'UNIVERSITÉ DE SHERBROOKE
(REMDUS)**

Policy No. Q1616

All students

This document is an integral part of the Insurance certificate. It is a summary of your Group Insurance Policy effective September 1, 2019. Only the Group Insurance Policy may be used to settle legal matters.

Effective date of revised plan: September 1, 2021

TABLE OF CONTENTS

DEFINITIONS	1
GENERAL PROVISIONS	7
ELIGIBILITY	8
ENTITLEMENT TO BENEFITS	9
APPLICATION	10
COMMENCEMENT OF COVERAGE	13
TERMINATION OF BENEFITS AND COVERAGE	14
CLAIMS	16
EXTENDED HEALTH CARE BENEFIT	19
DENTAL CARE BENEFIT	35
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	45
YOU SHOULD KNOW	49

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 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.
Evidence of Insurability
Any statement of an individual's physical health or to other factual information that could have a bearing on the acceptance of the risk. Only Evidence of Insurability forms approved for use by DFS are acceptable.
Hemiplegia
The total and irrecoverable paralysis of upper and lower limbs on the same side of the body.

Hospital
<p>Any institution designated as a Hospital by law, recognized by DFS and providing 24 hours per day:</p> <ol style="list-style-type: none"> 1) medical and surgical treatment for sick or injured individuals, and 2) nursing care. <p>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.</p>
Hospitalization
<p>To be admitted to a Hospital as an Inpatient, or any Hospital stay for Day Surgery.</p>
Illness
<p>Any health deterioration or bodily disorder verified by a Physician. Organ donations and related complications are also considered illnesses.</p>
Immediate Family Member
<p>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.</p>
Immediate Relative
<p>The Covered Person's spouse, son, daughter, father, mother, brother or sister.</p>
Inpatient
<p>A person admitted to and assigned a bed in a Hospital Inpatient area.</p>
Insurer
<p>Desjardins Financial Security Life Assurance Company, hereafter, DFS, with its head office at 200 rue des Commandeurs, Lévis (Quebec) G6V 6R2.</p>

Loss
<ol style="list-style-type: none"> 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 period extending from September 1 st to August 31 st of the following year for the autumn session and from January 1 st to August 31 st for the winter session.
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

The charges generally paid for a like service or supply and limited to the lowest of:

- 1) the usual charge in the area where the services or supplies are provided, or
- 2) the suggested fee of the applicable governing body,

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.

Spouse

A person residing in Canada who, at the time of the event that results in a claim:

- 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.

If 2 individuals fit the definition of Spouse, DFS will recognize only one Spouse as eligible. Recognition is in the following order:

- 1) the Spouse whom the Student last designated as such to DFS in writing, 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

Regular student: The student who is a member of the Regroupement des étudiante et étudiants de maîtrise, de diplôme et de doctorat de l'Université de Sherbrooke (REMDUS) who is covered by the Régie de l'assurance maladie du Québec (RAMQ) or by any other provincial plan.

International student: A student who is a member of the Regroupement des étudiante et étudiants de maîtrise, de diplôme et de doctorat de l'Université de Sherbrooke (REMDUS) who is not covered by the Régie de l'assurance maladie du Québec (RAMQ) or by any other provincial plan, excluding host students and international scholarship students.

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

COVERED CLASSES

Class	Description
001	Regular students
002	International students

STUDENT ELIGIBILITY

Class 001:

A Student who belongs to a covered class is eligible for coverage from the beginning of the Period of coverage as long as he is a member of Regroupement des étudiantes et des étudiants de maîtrise, de diplôme et de doctorat de l'Université de Sherbrooke (REMDUS).

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.

Class 002:

The student is eligible from the beginning of the Period of coverage as long as the registration form is submitted during the Change of Coverage Period.

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.

ENTITLEMENT TO BENEFITS

When the eligibility requirements are met, Students in the classes below are entitled to the benefits as listed.

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.

BENEFITS	COVERED CLASSES
Extended Health Care Benefit	001
Dental Care Benefit	All
Accidental Death and Dismemberment Benefit	001

APPLICATION

COVERAGE APPLICATION

Class 001:

The participation to the insurance is automatic upon registration at Regroupement des étudiantes et des étudiants de maîtrise, de diplôme et de doctorat de l'Université de Sherbrooke (REMDUS). 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.

Class 002:

The participation to the insurance is automatic, students entitled to the benefits must register to Regroupement des étudiantes et des étudiants de maîtrise, de diplôme et de doctorat de l'Université de Sherbrooke (REMDUS).

PROCEDURES FOR MODIFICATIONS

The Student must visit www.studentcare.ca to :

- 1) Opt out of the Group Insurance Plan;
- 2) Modify his coverage;
- 3) For international students, apply for coverage; or
- 4) Registration of dependents.

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.

The Student has the right to opt out of the Group Insurance Plan annually or permanently (following the first year of coverage), 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 a permanent opt out of the Group Insurance Plan will not be covered by the Group Insurance Plan for the entire duration of his registration with the policyholder. The Student may enroll again for another period of coverage by visiting www.aseq.ca www.studentcare.ca.

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 same Coverage Type must be applied to all benefits.

The Coverage Type can be changed due to a life event provided a request is submitted to DFS 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) loss or gain of the Spouse's coverage, for a reason other than personal choice,
- 4) death of a Dependent,
- 5) termination of a Dependent's eligibility because of their age, or
- 6) 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. 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 12 months of the date the expense is incurred.
Dental Care Benefit	All claims, with receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.
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.

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.

PAYMENTS

All amounts are paid to the Student unless otherwise indicated in the policy.

Death claims

Payment is paid within 30 days of receipt of proof of claim satisfactory to DFS. The amount payable on the Student's death is paid to the beneficiary.

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.

For further information concerning the coordination of benefits, the Student may contact Studentcare at (514) 687-6987 and (873) 389-0437.

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**Class 001****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, injection contraceptives, contraceptives patches, antidepressants and neurostimulants)
Oral contraceptives, injection contraceptives, contraceptives patches, antidepressants and neurostimulants listed in the Liste des médicaments of the Régie de l'assurance maladie du Québec (RAMQ)	100% of 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, injection contraceptives, contraceptive patches, antidepressants and neurostimulants 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
Paramedical services	100%
All other expenses	100%

Overall Maximum Benefit
Payable Amount per Covered Person
\$10,000 per Period of coverage excluding preventive vaccines, drugs, eye exams, services of a private teacher and hospitalisation expenses

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 CANADA

Eligible Expenses are those listed below and incurred:

- 1) in the Student's province of residence, and
- 2) within Canada, but 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, injection contraceptives, contraceptives patches, antidepressants and neurostimulants with a DIN (Drug Identification Number) when dispensed by a pharmacist.
- 2) Prior Authorization Drugs (applies only to oral contraceptives, injection contraceptives, contraceptives patches, antidepressants 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
<p><u>Hospital</u></p> <p>Charges for confinement in a Hospital for each day of acute care Hospitalization</p>	<p>The difference between the cost of a ward and a semi-private room</p> <p>Additional daily allowance of \$50 up to a maximum of 30 days per Period of Hospitalization</p>
<p><u>Convalescent/Rehabilitation Centre</u></p> <p>Charges for confinement in a Convalescent or Rehabilitation Centre, for any period of confinement that begins within 14 days of discharge from a Hospital</p> <p>Successive periods of confinement are considered the same period of confinement if they:</p> <ul style="list-style-type: none"> • result from the same Illness or Accident, and • are separated by less than 60 consecutive days during which the Covered Person is not hospitalized. 	<p>The cost of a semi-private room up to 100 days per period of confinement</p>

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"> • acupuncturist 	<p>\$20 per visit, up to a maximum of \$400 per Period of coverage</p>
<ul style="list-style-type: none"> • chiropractor 	<p>\$40 per visit, up to a maximum of \$600 per Period of coverage, including x-rays</p>
<ul style="list-style-type: none"> • dietician or nutritionist 	<p>\$20 per visit, up to a combined amount of \$400 per Period of coverage</p>
<ul style="list-style-type: none"> • kinesiologist 	<p>\$20 per visit, up to a maximum of \$400 per Period of coverage</p>
<ul style="list-style-type: none"> • massage therapist (Medical recommendation required), ortho-therapist or physical rehabilitation therapist 	<p>\$20 per visit, up to a combined amount of \$400 per Period of coverage</p>
<ul style="list-style-type: none"> • naturopath 	<p>\$20 per visit, up to a maximum of \$400 per Period of coverage</p>
<ul style="list-style-type: none"> • osteopath 	<p>\$20 per visit, up to a maximum of \$400 per Period of coverage, including x-rays</p>
<ul style="list-style-type: none"> • physiotherapist 	<p>\$50 per visit, up to a maximum of \$750 per Period of coverage</p>
<ul style="list-style-type: none"> • podiatrist or chiropodist 	<p>\$20 per visit, up to a combined amount of \$400 per Period of coverage, including x-rays</p>

<ul style="list-style-type: none"> psychologist, social worker psychotherapist 	\$50 per visit, up to a combined amount of \$500 per Period of coverage
<p><u>Home Nursing Care</u></p> <p>Nursing services given at home by a registered nurse or a licensed practical nurse, provided the services are within the competence of that nurse. 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.</p>	\$10,000 per Period of coverage

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>\$10 per hour up to a maximum of \$300 per accident and sickness.</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	Purchase or rental, at the option of DFS
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>One in any 60 month period, 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> <ul style="list-style-type: none"> • One pair per Period of coverage, up to \$200

Foot orthoses	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. Reasonable and Customary Charges
Rigid or semi-rigid braces for limbs, trusses or casts	Purchase and repair
Spinal braces	Purchase and repair
PROSTHESES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Hearing aids	\$250 in any 2 Period of coverage, including initial batteries
Breast prostheses	When required due to a mastectomy, up to the cost of external prostheses and purchase of mastectomy brassieres.
Artificial limbs and myoelectric prosthetics	<ul style="list-style-type: none"> • 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
Artificial eyes	Purchase and repair
OTHER MEDICAL EQUIPMENT OR SUPPLIES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Glucose monitors	\$700 lifetime
Insulin pump supplies	Purchase

Support stockings	Purchase of support stockings at least 20 mm/Hg Reasonable and Customary Charges
Intrauterine devices, diaphragms or contraceptive rings	Purchase
Catheters	Purchase
Ostomy supplies	Purchase
Paraplegics supplies	Purchase
Tube feeding supplies	Purchase
Tracheotomy supplies	Purchase
Opaque glasses	Purchase, provided they are required during radiotherapy or psoriasis treatments
Compressive garments other than support stockings	Purchase
Medicated dressings	Purchase
Stump-socks	10 per Period of coverage
Apnea monitors	Purchase or rental, at the option of DFS
Oxygen and equipment required for its administration	Purchase or rental, at the option of DFS
Lymphoedema pumps	Purchase
Chest percussion accessories	Purchase
Enuresis sensors	Purchase or rental, at the option of DFS

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 in any 60 month period
Traction apparatus	Purchase or rental, at the option of DFS
Standing aids	Purchase or rental, at the option of DFS
Other therapeutic equipment and their supplies: <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 Additional equipment may be included, as determined by DFS.	Purchase or rental, at the option of DFS \$10,000 lifetime combined for any or all of this equipment and their supplies

DIAGNOSTIC SERVICES	
Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Imaging techniques Diagnostic laboratory tests	For diagnostic purposes

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 2 years 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	\$60 per Period of coverage
Eyeglasses and contact lenses	Purchase and replacement Eyeglasses and contact lenses must be prescribed by an ophthalmologist or optometrist and dispensed by an ophthalmologist, optometrist or optician, for vision correction. Combined amount of \$150 in any period of 24 months
Eyeglasses or contact lenses following non-refractive surgery (including cataract surgery)	\$200 per surgery
Eyeglasses replacement or repairs if accidentally damaged:	\$100 per Period of coverage
Laser surgery	\$150 per Period of coverage

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling 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 regular health care provider of the Covered 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 Covered Person may contact HEALTH ASSISTANCE at any time.

Calls from

Dial

Anywhere in Canada

1 877 875-2632

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 60-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 if the stay is primarily for custodial care,
- 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) sunglasses or safety glasses,
- 26) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes, or
- 27) 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) anaesthetics,
- 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, injection contraceptives, contraceptive patches, antidepressants and neurostimulants;
- 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

All Classes

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	60%
Basic Services	50%
Major Restorative Services	20%
Maximum Benefit	
Eligible Expenses	Amount
Preventive, Basic and Major Restorative Services	Combined maximum of \$1,000 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.

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 is governed by the Provincial Dental Association Fee Guide for General Practitioners of the Province where the services are provided, 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.

ELIGIBLE EXPENSES

IN CANADA

PREVENTIVE SERVICES	
Eligible Expenses	Limitations and/or Maximum per Covered Person
Examinations	
• Complete oral examination	One in any 24-month period
• Preventive or recall examination	One in any 12-month period
• Emergency examination	

• Specific examination	One in any 6-month period
• Periodontal examination	One in any 60-month period
• Examination of stomatognathic system dysfunctions	One in any 60-month period
• Prosthodontic examination	One in any 24-month period
• Specific orthodontic examination	
Radiographs (X-rays)	
• Complete series of radiographs or panoramic radiographs	Once in any 24-month period
• Intraoral and extraoral films and radiographs to diagnose a symptom or examine progress of a particular course of treatment	
• Photography	
Lab Tests and Examinations	
• Microbiological testing	
• Biopsies	
• Pulp vitality tests	
• Unmounted diagnostic casts	
Consultations	
• Consultation with a patient	On a day other than the date of an examination
Preventive Services	
• Oral hygiene instruction	Once in any 12-month period
• Polishing	Once in any 12-month period

<ul style="list-style-type: none"> Light scaling for preventive purposes rather than therapeutic 	2 units in any 12-month period
<ul style="list-style-type: none"> Topical fluoride application 	Once in any 12-month period
<ul style="list-style-type: none"> Finishing restorations, including disking and recontouring of natural teeth to improve function 	
<ul style="list-style-type: none"> Pit and fissure sealants 	For Children under age 16
<ul style="list-style-type: none"> Interproximal disking 	
<ul style="list-style-type: none"> Space maintainers 	For missing primary teeth and only for Children under age 16
Oral Surgery	
<ul style="list-style-type: none"> Extractions 	

BASIC SERVICES	
Eligible Expenses	Limitations and/or Maximum per Covered Person
Restorations	
<ul style="list-style-type: none"> Amalgam restorations (metal fillings) 	
<ul style="list-style-type: none"> Composite restorations (white fillings) 	
<ul style="list-style-type: none"> Retentive pins for amalgam and composite restorations 	
<ul style="list-style-type: none"> Preformed stainless steel and polycarbonate crowns 	On primary teeth and only for Children under age 16
<ul style="list-style-type: none"> Caries / trauma / pain control procedures (on a day other than when a restoration is performed) 	

Endodontics	
• Endodontic emergency and treatment of the pulp chamber	
• Root canal therapy	
• Periapical services	
• Miscellaneous endodontic services other than bleaching	
Periodontics	•
• Periodontal surgery	
• Post-operative visits	4 visits per Period of coverage
• Gingival curettage and root planing	Once in any 60-month period
• Scaling for therapeutic purposes	12 units per Period of coverage
• Adjustments to a bruxism appliance	Once per Period of coverage
• Occlusal equilibration	8 units in any 12-month period or One major and 3 minor in any 12-month period
Maintenance of Removable Dentures	
• Denture repair	
• Addition to an existing removable denture	
• Relining	
• Rebasing	

<ul style="list-style-type: none"> • Denture adjustments including minor adjustments when performed at least 3 months after the initial insertion 	Once in any 6-month period
Oral Surgery	
<ul style="list-style-type: none"> • Removal of residual roots 	
<ul style="list-style-type: none"> • Surgical exposure of teeth 	
<ul style="list-style-type: none"> • Alveolectomy, alveoplasty, gingivoplasty, stomatoplasty and osteoplasty 	
<ul style="list-style-type: none"> • Alveolar ridge reconstruction 	
<ul style="list-style-type: none"> • Extension of mucous folds 	
<ul style="list-style-type: none"> • Excisions 	
<ul style="list-style-type: none"> • Incisions 	
<ul style="list-style-type: none"> • Frenectomy 	
<ul style="list-style-type: none"> • Treatment of salivary glands 	
<ul style="list-style-type: none"> • Antral surgery (sinuses) 	
<ul style="list-style-type: none"> • Control of hemorrhage 	
<ul style="list-style-type: none"> • Post-surgical care 	
Anaesthesia	
<ul style="list-style-type: none"> • General anaesthesia, conscious or deep sedation 	When administered in conjunction with extractions

MAJOR RESTORATIVE SERVICES	
Initial	
Expenses incurred for an initial appliance are eligible if the appliance is necessary because at least one natural and functional tooth is extracted while the Covered Person is covered under this Benefit or a comparable coverage under the Policyholder's group benefit plan in effect immediately prior to the effective date of this Benefit.	
Replacement	
Replacement of an existing appliance by a permanent appliance is eligible if:	
<ol style="list-style-type: none"> 1) it is necessary because at least one natural tooth is extracted while the Covered Person is covered under this Benefit or a comparable coverage under the Policyholder's group benefit plan in effect immediately prior to the effective date of this Benefit, 2) the existing appliance is at least 5 years old, or 3) the existing appliance is temporary and is replaced by a permanent denture or bridge within 12 months of the date the temporary appliance is installed. Reimbursement for the permanent appliance is reduced by the amount DFS previously reimbursed for the temporary appliance. 4) A temporary appliance that is at least 12 months old is considered a permanent appliance for the purposes of this provision. 	
Eligible Expenses	Limitations and/or Maximum per Covered Person
Removable Dentures	
• Complete denture	
• Immediate complete denture	
• Complete or partial overdenture	
• Transitional denture	
• Partial denture including cast in chrome (gold excluded)	
• Partial denture remake	

<ul style="list-style-type: none"> • Remount with occlusal equilibration 	
<ul style="list-style-type: none"> • Therapeutic tissue conditioning 	
Fixed Prosthodontics	
<ul style="list-style-type: none"> • Abutments and pontics 	
<ul style="list-style-type: none"> • Repairs 	
<ul style="list-style-type: none"> • Bridge removal 	
<ul style="list-style-type: none"> • Recementation 	
Other Restorations	
<ul style="list-style-type: none"> • Veneers, inlays, onlays, crowns 	<ul style="list-style-type: none"> • Eligible if the tooth is fractured and cannot be restored by amalgam or composite. • The cost of a temporary crown is not eligible as a separate charge. It is included in the overall charge for the permanent crown. • Replacement of an existing veneer, inlay, onlay or crown is allowed if the restoration is at least 5 years old. • Reimbursement for crowns of molars is limited to the cost of metal crown
<ul style="list-style-type: none"> • Repair 	
<ul style="list-style-type: none"> • Retentive pins, posts and cores 	
<ul style="list-style-type: none"> • Recementation 	
<ul style="list-style-type: none"> • Removal of an inlay, onlay or crown 	

OUTSIDE CANADA

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

- 1) for emergency treatment only, and
- 2) included in the list of Eligible Expenses in Canada.

Reimbursement of Eligible Expenses is governed by the Dental Association Fee Guide for General Practitioners of the Province where the Student resides for the calendar year during which the services are provided.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

Limitations

- 1) Any amount that exceeds the maximum indicated in the appropriate Fee Guide cannot be reimbursed.
- 2) The maximum reimbursement for lab fees is limited to the lesser of:
 - a) the Reasonable and Customary Charges for lab fees in the locality where services are provided, or
 - b) 60% of the amount for the corresponding procedure in the Fee Guide.

Alternate Benefit Clause

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

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 Dentist and the Covered Person.

General Exclusions

No reimbursement is made for:

- 1) any dental treatment provided outside Canada,
- 2) 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,
- 3) 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,

- 4) any dental treatment not approved by the Canadian Dental Association or that is considered experimental,
- 5) charges made by a Dentist for broken appointments, claim forms or telephone advice,
- 6) 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,
- 7) any dental treatment for cosmetic purposes, when the form and function of the teeth are satisfactory and no pathological condition exists,
- 8) nutritional counselling,
- 9) any dental services or supplies, including X-rays, provided for:
 - a) full mouth reconstruction,
 - b) vertical dimension correction,
 - c) the correction of temporomandibular joint dysfunction, or
 - d) permanent splinting of teeth,
- 10) bleaching,
- 11) expenses incurred for implants,
- 12) anaesthesia administered by acupuncture, by hypnosis or electronically,
- 13) services, treatments or supplies not included in the list of Eligible Expenses.

Additional Exclusions for Major Restorative Services

No reimbursement is made for:

- 1) expenses incurred to replace lost, mislaid or stolen dentures and appliances,
- 2) prosthetics with precision attachments or stress breakers,
- 3) precision attachments and telescoping crown units for fixed bridgework,
- 4) preformed stainless steel or polycarbonate crowns, and
- 5) transfer coping for crowns.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Class 001

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
\$4,000	\$4,000	\$4,000

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.

YOU SHOULD KNOW

For any question about Eligible Expenses, please contact **Studentcare** at (514) 687-6987 and (873) 389-0437.

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.

PROCEDURE TO FOLLOW IN CASE OF DISSATISFACTION

You must first contact Studentcare at (514) 687-6987 and (873) 389-0437 or send an e-mail to [**complaints@studentcare.ca**](mailto:complaints@studentcare.ca).

If you are not satisfied with the response you received, you can file a complaint with the Dispute Resolution Officer of Desjardins Financial Security Life Assurance Company. The role of the Officer is to evaluate the merit of the decisions and practices of our company when one of its customers believes he has not obtained the service to which he is 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**](mailto:disputeofficer@dfs.ca)

By phone at: 1 877 838-8185

For further information on the procedure to follow in case of dissatisfaction or complaint, or to obtain our complaint form, we invite you to visit the "Contact us" section of our website at [**www.desjardinslifeinsurance.com**](http://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 refers to Desjardins Financial Security Life Assurance Company. DESJARDINS, DESJARDINS INSURANCE and related trademarks are trademarks of the Fédération des caisses Desjardins du Québec used under licence by Desjardins Financial Security Life Assurance Company.

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