



Your Group Benefits Booklet

Concordia University International Students
Group no. 97008

MEDAVIE BLUE CROSS™

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Updated Effective Date: September 1, 2025

BENEFIT SUMMARY

This benefit summary must be read together with the benefit provisions that are described in the different sections of the booklet.

HEALTH BENEFIT

Overall maximum reimbursement per lifetime	**$1,500,000**

BASIC HEALTH CARE

Important Notice

Due to limitations in coverage, pre-authorization is always required for hospital confinement or surgery.

Unless otherwise stated, all benefit maximums indicated below are per benefit year.

	Maximum reimbursement
Hospital charges	the daily standard ward rate applied to Non-Canadians hospitalized in a Canadian hospital
	Maximum number of days per benefit year
• **active care (illness or injury)**	unlimited
• **psychiatric disorders**	30 days
• **pregnancy**	2 days if natural birth - longer if complications
• **out-patient clinic**	Unlimited
	Maximum reimbursement
Prescription drugs (regular list)	$30,000∗ per benefit year ∗ ($15,000 if related to a pre-existing condition)
Medical evacuation	$15,000
Physician's fees	up to 3 times the amount specified in the current Schedule of Fees of the RAMQ
Psychiatrist	up to 3 times the amount specified in the current Schedule of Fees of the RAMQ, maximum $12,500 per year
Abortion	up to 3 times the amount specified in the current Schedule of Fees of the RAMQ
Dental care in hospital	$250
Mammary prostheses	$200 per breast
Repatriation	$10,000
Cremation or burial	$5,000

HEALTH BENEFIT (cont'd)

Benefits payable under Extended Health Care are further limited to a maximum reimbursement of $10,000 per benefit year, combined with Paramedical Services.

EXTENDED HEALTH CARE	
Important Notice ***Unless otherwise stated, all benefit maximums indicated below are per benefit year.***	
	Maximum reimbursement
Convalescent care	the daily standard ward rate applied to Non-Canadians confined in a Canadian convalescent care facility
	Maximum number of days per benefit year
• **convalescent care following illness or injury**	60 days
• **psychiatric disorders**	30 days
	Maximum reimbursement
Ambulance service	unlimited
Nursing care	$5,000
Diagnostic tests	up to 3 times the amount specified in the current Schedule of Fees of the RAMQ (See text of booklet for additional details).
Eye examination	$50 per 24 consecutive months
Intrauterine device (IUD)	unlimited
Accidental dental	$2,000
Medical equipment	see text of booklet for details

HEALTH BENEFIT (cont'd)

Benefits payable under Paramedical Services are further limited to a maximum reimbursement of $10,000 per benefit year, combined with Extended Health Care.

PARAMEDICAL SERVICES	
Important Notice ***The following paramedical practitioners must be duly qualified, operating within their recognized field and be members in good standing of their professional association.***	
	Maximum reimbursement
Athletic therapist, osteopath, physiotherapist, chiropractor, podiatrist, audiologist, dietician and speech therapist	- $50 per visit - one x-ray examination per specialty per benefit year - overall maximum of $750 per benefit year
Psychologist, psychotherapist and social worker	overall maximum of $750 per benefit year

Concordia Health Services (open Monday to Friday)
https://www.concordia.ca/students/health.html

Sir George Williams Campus
Guy-Metro Building
1550 De Maisonneuve W.
Room GM 200
514-848-2424 ext. 3565

Loyola Campus
Administration Building
7141 Sherbrooke St. W.,
Room AD 131
514-848-2424 ext. 3575

An overview of your group insurance plan

A group health insurance plan for International students has been made available to you by Concordia University. This program is offered to you through Medavie Inc.

This booklet summarizes in a simplified form the provisions of the policy. It provides you with a description of the benefits to which you are entitled under the Plan, and with an explanation of the rules regarding eligibility and the procedures to follow when submitting a claim. It is based on the official texts of the insurance policy governing the plan.

It contains valuable information and should answer most of your questions. We encourage you to read it carefully and to keep it handy for future reference. Remember to carry your insurance card with you at all times.

Finally, please note that the masculine gender has been used indiscriminately throughout this document in order to facilitate its reading.

Who can enrol in the Plan?

You are eligible and must participate in the plan if you meet the following conditions:

- you are not a Canadian citizen or a permanent resident, or
- you are a Canadian citizen or a permanent resident and you are not entitled to benefits under a provincial health insurance program. (1)

Moreover, you are eligible for insurance if:

- you are a student who was de-registered for immigration reasons, but only until the end of the semester in which the de-registration took place;
- you are a student who graduated but only until the end of the semester of the subsequent convocation ceremony;
- you are a visiting researcher;
- you are a student who was registered during a preceding academic term.

(1) A medical form needs to be completed if you have been in Canada for more than one month.

Who pays for my coverage?

The cost of your coverage is entirely at your charge.

When does my coverage become effective?

Your coverage becomes effective at the latest of the following dates:

- on September 1, for the Fall Semester;
- on January 1, for the Winter Semester;
- on May 1 for the Summer Semester;
- the date you arrive in Canada.

However, under certain circumstances and upon special request, coverage for a student who arrives in Canada prior to the start of classes (maximum one month) may begin on the date of his arrival to Canada.

What if I am covered by more than one benefit plan

You may be entitled to compensation for medical expenses under another group insurance such as the Société de l'assurance automobile du Québec (SAAQ), or the Act respecting assistance for victims of crime and similar programs.

If expenses are incurred for medical services of the same nature as those covered under the Health Benefit (Basic and Extended Health Care and Paramedical Services), the amount of compensation you receive from such other coverage will be deducted from the eligible expenses you may submit according to the provisions of this Insurance Plan. This is called coordination of benefits.

Make sure to declare the existence of other coverage by indicating yes or no on the claim form in the appropriate section.

Currency

All insured amounts payable under the policy are expressed in Canadian dollars.

Are pre-existing conditions covered?

As specified in the Health Benefit, a limitation or exclusion of benefits may apply to expenses incurred directly or indirectly as a result of a «pre-existing condition».

A «pre-existing condition» is defined as an injury, illness or pregnancy (except for asthma, diabetes and epilepsy) for which the Participant has already been hospitalized or has received medical care in the six month-period preceding the effective date of the Participant's coverage.

However, the "pre-existing condition" provision will not apply

- to expenses incurred more than 12 months after the present coverage has begun, or
- if this plan replaces a similar coverage the student had with a group insurance plan offered by a recognised Canadian educational institution for a period of 12 consecutive months immediately prior to the present coverage.

When does my coverage end?

You automatically stop being covered at the earliest of the following circumstances:

- the date you cease to qualify as a student as defined herein;
- on August 31 of any given benefit year;
- the end of the period for which premiums have been paid to the Insurer for your coverage;
- the date you present proof of coverage under the Canadian federal or provincial government plans;
- the date you are medically evacuated to your country of origin by the Insurer;
- the date you leave Canada on a permanent basis.

DEFINITIONS

Accident means a sudden, fortuitous and unforeseeable event inflicting directly and independently of all other causes, bodily injuries certified by a physician and due exclusively to an external cause of a violent nature.

Active care means preventive care, medical diagnosis and treatment (including surgery) provided for acute illnesses. It does not include convalescent care and physical or mental rehabilitation.

Benefit year means the period going from September 1 to August 31 of the next year.

Convalescent care facility means an institution licensed and operating under any federal or provincial act that provides 24 hour nursing care services, requires that every patient be under the direct care of a physician and is not primarily operated as a maternity home, nursing home, home for the aged, blind, deaf, mentally ill or for the care and treatment of drug and alcohol addictions or providing custodial care.

Hospital means an institution recognized as such by the Law, which mainly assumes the function of treating injured or ill persons, is equipped with installations permitting diagnosis assessment as well as the execution of major surgical operations, and which permanently provides for the services of authorized physicians and nurses.

The term « hospital » does not include anti-tuberculosis hospitals, sanatariums, home for the elderly, convalescent homes, retirement homes, spas, clinics or other establishments or parts of establishments engaged in providing custodial care or treatment for alcoholics and drug addicts.

Illness means a deterioration of health or bodily disorder diagnosed by a physician, which requires regular, continuous and curative care. Such medical care must be in accordance with the generally accepted standards of medical practice.

In-patient means a patient who is hospitalized for a period of 24 hours or more if this has been ordered by a physician.

Insurer means **Medavie Inc.**

Interchangeable Drug: An Eligible Drug that can be substituted for another Eligible Drug as both drugs:

- are considered pharmaceutical equivalents by Health Canada;
- contain the same active ingredients; and
- are administered in the same way.

International student (also called student in this booklet) means any person attending Concordia University whether for courses or research and whether or not a candidate for a degree, diploma, or certificate as a full-time, part-time, or exchange student.

Medically necessary means treatments, services or equipment eligible under the Régie de l'assurance maladie du Québec (RAMQ) and recognized by the Insurer as effective, appropriate and required for diagnosis, care or treatment of a specific medical condition, illness or accident.

Member means you.

Out-patient means a patient who is receiving care in a hospital, but not as an in-patient.

Participant means you.

Physician means a medical doctor (M.D.) legally authorized to practice medicine in the area where the medical services are provided. In all instances, a person may not be a relative of the Participant to be considered a physician for the purposes of this policy, nor reside with him.

Pregnancy means pregnancy, childbirth, miscarriage, abortion and conditions which result directly or indirectly from any of these.

Reasonable and customary charges means charges which are usually made in absence of this or any similar coverage, for a specific type or care, service or supply, based on representative fees and prices for foreign students in a geographic area in which the charges were incurred, as evaluated by the Insurer.

How do I file a claim?

Basic Care (hospitalization)
Pre-authorization must be obtained from the Insurer. If you are hospitalized, simply show your insurance card at the time you are being admitted. The claim will be forwarded to our office by the hospital.

Basic and Extended Health Care (other health benefits excluding hospitalization) and Paramedical services)
Payment will be made to you or to the provider of services, if you so request.

Claim form must be completed and forwarded to the Insurer together with the original invoices or receipts. Charges should be itemized by service received, stating the appropriate Régie de l'assurance maladie du Québec (RAMQ) code, rather than presented as a total amount.

Please make sure to indicate the following information on the claim form:

- your name
- your contract number: 97008
- your card number (student ID number)
- the date the services were rendered to you
- the nature of the service performed (your physician should indicate the appropriate RAMQ codes)
- for prescription drugs:
  - the date of purchase
  - physician's name
  - type of medication
  - prescription number.

The claim must be filed with the Insurer within 180 days following termination of each benefit year.

Payments are made in Canadian funds according to the current Provincial Schedule of Fees.

Claim payments are processed within 2 to 3 weeks. If you did not receive your cheque after that delay, contact Medavie Blue Cross Customer Service at the number indicated below.

How to Obtain a Claim Form

Health benefit claim forms can be obtained from any one of the following sources:

- the plan member website (see instructions below);
- your group benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed in the Additional Resources and Member Services section below.

Instead of a cheque by mail, get reimbursement directly to your bank account by signing up for direct deposit. It's fast, and convenient. Visit our website to register.

How to Submit a Claim

Medavie Blue Cross offers several convenient options to quickly and efficiently submit your health benefit claims:

- **Provider eClaims**
  For Approved Providers who have registered to submit claims to Medavie Blue Cross through our electronic claims submission service, our e-claim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Medavie Blue Cross and means you only pay the amount not covered under your group benefits plan (if any).
- **Member eClaims**
  You can quickly and easily submit your health claims through our secure plan member website. Simply take or scan a digital image of your paid-in-full receipts and submit it through the applicable link on our plan member website.
- **Mobile App**
  Filing a claim has never been quicker or easier! Submit your claims through the Medavie Mobile app and have your reimbursement deposited directly to your bank account.

  Visit **www.medaviebc.ca/app** for more information or to download the app.
- You can also mail your completed claim form to the nearest Medavie Blue Cross office. To find the Medavie Blue Cross office location nearest you, visit our website at **www.medaviebc.ca**.

Plan Member Website
The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry**: Detailed information about your group benefits plan;
- **Forms**: Printable versions of Medavie Blue Cross forms;
- **Requests for new identification cards**;
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements**: view claims history for you and your Dependents;
- **Record of payments**: view transactions issued to yourself or the service provider;
- **Submit claims** electronically.

To register for the plan member website, visit **www.medaviebc.ca** and log in.

For security reasons, the plan member website is for your use only. Dependents and other family members will not have access to the site.

Please record your password in a secure site for future reference.

Additional Resources and Member Services

Medavie Blue Cross Contact Information
For more information about your group benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Ontario: 1-800-355-9133
Quebec: 1-888-588-1212
All Other Provinces: 1-800-667-4511

Have your group policy number and identification number ready when you call for questions regarding your coverage.

Alternatively, you can email your questions to **inquiry@medavie.bluecross.ca** or visit our website at **www.medaviebc.ca**.

Connect with Medavie Blue Cross

Like us on Facebook at **facebook.com/MedavieBlueCross**

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Medavie Blue Cross is proud to help point your way to healthier living. Go to **medaviebc.mygoodhealth.ca** and simply follow the instructions to register for your free account!

BLUE ADVANTAGE®

Savings are available to Medavie Blue Cross Members across Canada. To take advantage of these savings, simply present your Medavie Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at **www.blueadvantage.ca**.

Privacy

In the course of providing customers with quality health, life and travel coverage, Medavie Blue Cross collects, uses and stores certain personal information about its members and their dependents. Protecting personal information is not new to us. Ensuring the privacy of client information has always been fundamental to the way we do business.

The purpose of our **privacy statement** is to keep you informed about privacy protection practices at Medavie Blue Cross. In addition to this privacy statement, we have an **online privacy statement** that describes our practices for protecting your personal information when you use our websites and mobile applications and a **Medavie Blue Cross mobile app privacy policy** that applies to your use of our mobile app.

For more information on our privacy protection practices, please visit our website. **medaviebc.ca**.

Health Benefit

This insurance benefit covers expenses incurred by you as the result of an illness, a pregnancy or an accident, **subject to a maximum lifetime reimbursement of $1,500,000 for all services combined**. *The eligible expenses listed herein must be incurred in Canada*.

Unless otherwise indicated, the benefit maximums specified in paragraphs A), B), and C) below are per benefit year.

A) BASIC HEALTH CARE

Upon receiving proof of claim satisfying the Insurer that, while insured hereunder, you incurred eligible expenses that were medically necessary, the Insurer will reimburse such expenses subject to the maximum specified for each benefit in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

1) Hospital charges

Pre-authorization for hospital confinement or surgery

Due to limitations in coverage, pre-authorization is always required for hospital confinement or surgery. The necessary forms are available at the International Students Office of Concordia University and must be completed by the attending physician. They are then submitted to the Insurer for verification. A reply from the Insurer will be provided within five working days. **The maximum reimbursement is $15,000 if related to a pre-existing condition** as defined in Article XI of Section A – General Provisions of this contract.

a) Hospitalization

The benefit is equal to the highest daily standard ward rate applied to Non-Canadians hospitalized in a Canadian hospital.

- Room and board as well reasonable and customary services and supplies necessary during confinement in active care as a resident in-patient.
- For psychiatric disorders, the maximum hospital confinement is limited to 30 days.
- For pregnancy: the pregnancy must begin during the policy period or within one month prior to the effective date of the policy (except if this plan replaces a similar coverage you had with a group insurance plan offered by a recognised Canadian educational institution for a period of 12 consecutive months immediately prior to the present coverage) - the maximum hospital confinement is limited to two days in the event of a natural birth (a longer period may apply if there are complications).

b) Out-patient clinic or emergency ward

Expenses incurred in a hospital outpatient clinic or emergency ward.

2) Prescription drugs

The overall combined maximum for prescription drugs is $30,000 per benefit year ($15,000 if related to a pre-existing condition as defined in this booklet).

i. Expenses for drugs and products payable under the Act respecting prescription Drug insurance (excluding fertility drugs), as they appear on the list provided by the Régie de l'assurance-maladie du Quebec (RAMQ) and dispensed by a pharmacist on a written prescription from a physician, a resident physician, a dentist or other health professional legally authorized to prescribe such drugs. Each prescription may not exceed a 30-day supply and must be purchased in Canada.

   Some of the drugs on the RAMQ's list are covered only under certain conditions. They are called exception drugs and are listed in the "Exceptional Medications" section of the List of Medications of the RAMQ.

ii. Any drugs that are not on the list provided by the Régie but that do appear on the Insurer's list of drugs, as defined below.

   The Insurer's list of drugs consists of usual and reasonable expenses for drugs or products available in Canada and dispensed by a pharmacist (or by a duly authorized physician or dentist in areas where there is no pharmacist) that can only be obtained on a written prescription from a physician, a dentist, a podiatrist or other health professional legally authorized to prescribe such drugs, for use in respect of a pregnancy, an illness or injury. Each prescription may not exceed a 30-day supply. The prescribed drugs and products must be sold in accordance with the Food and Drugs Act of Canada, they must bear a Drug Identification Number (D.I.N.), they must be used in accordance with the official indications for which the drug or product has been authorized and appear on the list of drugs made and updated by the Quebec Association of Pharmacists (A.Q.P.P.).

   Also included are:
   - injectables and serums prescribed by a physician to treat an illness,
   - syringes, needles, alcohol and swabs,
   - colostomy supplies,
   - surgical dressings,
   - *for children under age seventeen (17) only*: routine vaccines listed in the Québec's regular vaccination schedule, provided by the Ministère de la Santé et des Services Sociaux (MSSS), subject to a lifetime maximum of $1,000 (travel immunizations and vaccines are excluded).

iii. Substitution Provision

   If an Interchangeable Drug has been prescribed, the Insurer will reimburse to the lowest ingredient cost Interchangeable Drug. In the case of biologic drugs, the Insurer reserves the right to reimburse to a less expensive biosimilar drug.

Participants may request a higher cost Interchangeable Drug; however, they will be responsible for paying the difference in cost between the Interchangeable Drugs.

Mandatory Generic Substitution:

Regardless of whether the Participant's physician indicates the prescribed Interchangeable Drug cannot be substituted, the Insurer will only reimburse to the lowest ingredient cost Interchangeable Drug.

For Participants with an adverse reaction to the Interchangeable Drug dispensed, the Insurer will consider reimbursement to another Interchangeable Drug on a case by case basis only through the Prior Authorization process.

3) Medical evacuation to the country of origin

Coverage is provided if you are diagnosed as terminally ill, or if the diagnosis indicates that the medical condition will prevent you from attending courses for a long period (e.g. long-term hospitalization). However, medical leave granted by Concordia University does not necessarily justify a medical evacuation to the country of origin. Medical evacuation is subject to approval by your attending physician and the Insurer's medical consultant.

The benefit covers charges for medical evacuation to your country of origin by means of appropriate transportation, subject to a maximum reimbursement of $15,000.

4) Physicians' fees

Fees for services rendered by a physician, specialist, surgeon, anaesthetist or radiologist, up to three times the amount specified in the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ).

Telemedecine, medical visits for contraception purposes as well as periodic check-ups or examinations are included.

5) Psychiatrists' fees

Charges for treatment by a psychiatrist, up to three times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance-maladie du Québec (RAMQ)* and subject to a maximum reimbursement of $12,500.

6) Abortion

Abortion performed in a hospital by a physician, up to three times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*. If the procedure is performed in an abortion clinic, only reasonable and customary charges will be reimbursed.

7) Dental care

Dental or oral surgery performed in a hospital, when ordered by a physician, subject to a maximum reimbursement of $250.

8) Mammary prostheses

Mammary prostheses required following a mastectomy, subject to a maximum reimbursement of $200 per breast.

9) Repatriation

The cost of preparing and transporting the deceased Participant to his country of origin for cremation or burial, subject to a maximum reimbursement of $10,000.

10) Cremation or burial

The cost for cremation or burial of the deceased Participant's body at the place of death, subject to maximum reimbursement of $5,000.

All benefits payable under* B) EXTENDED HEALTH CARE *and* C) PARAMEDICAL SERVICES *are further limited to an overall combined maximum reimbursement of $10,000 per benefit year.

B) EXTENDED HEALTH CARE

Upon receiving proof of claim satisfying the Insurer that, while insured hereunder, you incurred eligible expenses that were medically necessary, the Insurer will reimburse such expenses subject to the maximums specified below for each benefit.

1) Convalescent care facility

Benefits are payable only when the convalescent care was ordered by a physician, and provided the Participant is admitted within 14 days of his discharge from a hospital where he received active care after the effective date of his insurance, subject to the daily standard ward rate applied to Non-Canadians confined in a Canadian convalescent care facility.

- Room and board as well as reasonable and customary services and supplies necessary during convalescent care for rehabilitation after an illness or injury, subject to a maximum of 60 days.
- For psychiatric disorders, the maximum confinement is limited to 30 days.

2) Ambulance service

When medically necessary, transportation by a licensed ambulance service to and from the nearest hospital able to provide the necessary medical care.

3) Nursing care

Services of a registered nurse (or registered nursing assistant when a registered nurse is not available), who is not a member of the Participant’s family, nor resides with him, provided such services are rendered at the Participant's home or at a CLSC and are not primarily for custodial care, subject to a maximum reimbursement of $5,000.

4) Diagnostic tests

The following diagnostic tests, up to three times the amount specified in the current Provincial Schedule of Fees of the Régie de l’assurance maladie du Québec (RAMQ). This limit does not apply to tests performed in a hospital.

- Laboratory analyses (blood, urine).
- X-Rays (including CT scans).
- Ultrasounds (except when medically necessary, ultrasounds that are pregnancy related are covered as of the 18th week of gestation, and limited to two per pregnancy).
- Prenatal screening blood tests for trisomy and nuchal translucency ultrasounds.
- Mammographies and thermographies.
- Magnetic resonance imaging (MRI).
- Electrocardiograms.
- Any other test eligible under RAMQ.

5) Eye examination

Eye examinations by an ophthalmologist or optometrist, subject to a maximum reimbursement of $50 per period of 24 consecutive months.

6) Hearing aids

Charges for the purchase, repair and replacement of hearing aids according to the requirements of the Régie de l'assurance maladie du Québec (RAMQ), and up to the amount specified in the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ).

7) Intrauterine contraceptive device (IUD)

Charges for the purchase of an intrauterine contraceptive device (IUD).

8) Accidental dental

Dental services, including braces and splints to repair damage to natural teeth caused by an accidental blow to the mouth while insured under this benefit, provided services are received within 12 months of the accident and subject to a maximum reimbursement of $2,000.

9) Medical equipment

- Rental or purchase (at the Insurer's option), of durable medical equipment required for temporary therapeutic use. Coverage for a wheelchair is limited to the cost of a standard manual wheelchair, except if the Participant's medical condition warrants the use of an electric wheelchair.
- Casts, splints, braces and crutches.
- Purchase and repairs of artificial limbs, eyes and larynx, excluding myoelectric appliances.
- Surgical brassieres required following surgery, subject to a maximum of two brassieres.
- Pressure gradient hose.
- Radiotherapy or coagulotherapy.
- Oxygen, plasma and transfusions.
- Orthotics.
- Electronic cardiac pacemaker.

C) PARAMEDICAL SERVICES

The Insurer will reimburse the following paramedical practitioners, provided they are duly qualified, operating within their recognized field and are members, in good standing, of their professional association:

- athletic therapist, osteopath, physiotherapist, chiropractor, podiatrist, audiologist, dietician and speech therapist, subject to $50 per visit and one x-ray examination per specialty per benefit year and an overall maximum reimbursement of $750 per benefit year;
- podiatrist, subject to one visit per day and a maximum reimbursement of $500;

- audiologist, subject to one visit per day and a maximum reimbursement of $500.

- Psychologist, psychotherapist and social worker, subject to an overall maximum reimbursement of $750 per benefit year.

EXCLUSIONS AND LIMITATIONS

No reimbursement will be made under this benefit for the following expenses.

a) Medical care to which a Participant is entitled under any federal or provincial government legislation.

b) Charges eligible under the Health Benefit in excess of the current schedule of fees in the Hospital Insurance Act and the current Provincial Schedule of Fees of the Régie de l'assurance-maladie du Québec (RAMQ), unless otherwise specified.

c) Expenses incurred during ***any hospitalization or for surgery performed in a private clinic relating to a pre-existing condition*** (as defined in this booklet) in excess of the maximum indicated in this booklet.

d) Incurred expenses for the following products or drugs are excluded:
   - products for the care of contact lenses
   - contraceptives (other than oral and IUDs)
   - proteins or dietary supplements, amino acids
   - foods, medications and injections used in weight reducing programs
   - processed food for infants
   - hygiene products, including soaps and emollients
   - softeners and protective substances for the skin
   - smoking cessation aids (except for those that appear on the RAMQ's list of drugs)
   - fertility drugs
   - minerals
   - homeopathic products
   - hair growth stimulants
   - sexual stimulants, as well as drugs used to treat erectile dysfunction
   - anabolic steroids
   - growth hormones
   - drugs administered for experimental purposes
   - immunizations and vaccines (other than those listed as an eligible expense in this Benefit)
   - drugs and drug formats or preparations with no therapeutic indication and intended exclusively to improve the quality of life
   - mouthwashes, syrups and cough drops*
   - shampoos, oils, creams*
   - vitamins and multivitamins*
   - prenatal supplements or vitamins*

     * these elements are covered when requiring a physician's prescription, as specified by Canada Health and Social Services

e) Expenses incurred in connection with rest cures, travel for health reason or pregnancy tests (other than those performed at the physician's office).

f) Telephone consultations made by a physician with respect to the Participant's illness or injury.

g) Charges incurred while not under active treatment by a physician or surgeon.

h) Services or supplies for which no charge would have been made in the absence of this coverage.

i) Services or supplies for which the Participant is not required to make payment, or where payment is received as a result of legal action or settlement.

j) Services, treatment or supplies which are experimental in nature.

k) Cosmetic or dental surgery, unless medically necessary following an accident which occurred while the Participant was insured hereunder.

l) Expenses incurred outside Canada.

m) Organ transplant unless it is solely due to an accident, a virus or a fulminant disease while the Participant is insured hereunder.

n) Services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.

o) Services or supplies that are not usually provided to treat an illness, including experimental treatments.

p) All charges, services, articles or supplies which are not listed as eligible expenses in this benefit.

q) Eligible charges resulting directly or indirectly from:
   - Injury sustained during the Participant's active participation in a civil commotion, riot or insurrection or injury sustained during war or resulting from the hostile actions of any armed forces.
   - Commission or attempt to commit a criminal act, directly or indirectly, under any legislation (for the purpose of this Health Benefit, operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the Criminal Code is not considered a criminal offence).

EXTENSION OF BENEFITS

If the Participant is disabled when his insurance terminates, benefits are extended for expenses resulting from the illness or injury which caused the total disability, if the expenses are incurred:

- during the uninterrupted period of total disability, up to 14 days following his discharge from the hospital;
- 90 days after the student's insurance terminates;
- while this provision is in force.

For the purpose of this provision, *you are totally disabled* if prevented by illness or injury from performing usual and customary duties as a student, and your *dependant is totally disabled* if prevented by illness or injury from performing the normal duties of a person in good health of like age and sex.