

2019-2020



MORCARE

International Student Program

COLLÈGE **BORÉAL**



MORCARE

This booklet is provided for the purpose of explaining the benefits provided under the group policy and is not a contract of insurance.

The terms and conditions of the group policy will prevail. The complete terms, conditions, exclusions, limitations and restrictions governing the coverage are found in the group contracts issued by the insurers.

For questions regarding the information in this booklet or if additional information about the benefits is required, the Student should contact: Morcare Insurance. Content subject to change without notice.

Morcare Call Centre: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free)

Please also visit www.morcare.ca

Morcare Insurance administers the group policy, however it is not the insurance carrier and it is not responsible for the approval, adjudication or payment of claims.



MORCARE

Collège Boréal

- **OHIP ALTERNATIVE BENEFIT**
- **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**
- **EMERGENCY OUT-OF-PROVINCE & COUNTRY HOSPITAL / MEDICAL BENEFIT**

COVERAGE SUMMARY

Group Policy No. 100011038 issued by the insurer, Special Market Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., and Industrial Alliance.

FOR EXTENDED HEALTH & DENTAL COVERAGE
REFER TO **PAGE 19**

FOR FREQUENTLY ASKED QUESTIONS
REFER TO **PAGE 44**

IMPORTANT NOTICE - PLEASE READ CAREFULLY

- **In the event of an injury or sickness, your prior medical history may be reviewed when a claim is reported.**

Insurance is provided to full-time non-Canadian students, under age 65, who hold an International Student Visa and are registered in and attending classes at a recognized institution learning within Canada, and their accompanying spouse and dependent children insured under the policy, who do not qualify for any Canadian federal and/or provincial health and hospitalization insurance plan.

“Dependent Child” means any natural child, step-child, or legally adopted child of the student, who receives support and maintenance from the student and is; (a) under 21 years of age and unmarried; or (b) 21 years of age but less than 26 years of age, unmarried, and is a full-time student in Canada; or (c) mentally or physically infirm. This shall also include a child of the student’s spouse who lives with the student in a parent-child relationship.

“Spouse” means a person who is under the age of 65 and; (a) to whom the student is legally married; or (b) to whom the student is married by a marriage that is voidable and has not been declared null and void; or (c) with whom the student has continuously cohabited and who has been publicly represented as the student’s spouse for a minimum of 12 months immediately before a loss is incurred under the policy. Only one individual will qualify as a spouse. If the student is legally married but is also cohabiting with an individual as described under (b) or (c) above, the student may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the student is legally married.

Whenever a reference to the masculine gender appears it will also be construed to include the feminine gender.

FAMILY OPT IN (DEPENDENT COVERAGE)

Dependent

A Member may elect the family plan at any time within 30 days of the effective date of insurance of the Member. The family plan will not be accepted if the Member does not exercise this option within the 30 day period.

EFFECTIVE DATE OF INSURANCE OF AN INSURED

Each person who is eligible for insurance under the policy shall become an insured on the later of:

- A. With respect to the student:
 - a) the effective date of the policy;
 - b) the date he becomes an eligible person, as specified.
- B. With respect to an insured Spouse and/or insured Dependent Child:
 - a) coincident with the effective date of the student's insurance. Any future Dependent Children are automatically insured under the family plan coverage.

A student who is disabled on the effective date of coverage will only become eligible on the date he is attending classes on a full-time basis. Spouses and Dependent Children who are hospitalized on their effective date of coverage will only become eligible on the date they are released from the hospital.

Early Arrival: Insurance shall commence 30 days prior to the effective date stated on the application on file with the Administrator, provided premium has been paid, if the Insured Person arrives prior to such effective date.

TERMINATION OF INSURANCE OF AN INSURED

- A. Coverage will immediately terminate on the earliest of:
 - a) With respect to the student:
 - b) the policy termination date;
 - c) the premium due date if the Policyholder fails to pay a student's premium, except as a result of an inadvertent error;
 - d) attainment of age 65;
 - e) the date a student is ineligible for coverage;
 - f) the date a student becomes eligible under a Canadian federal/provincial health plan or other group insurance plan;
 - g) the date a student returns to his country of origin;
 - h) the date a student withdraws from classes with the Policyholder;
 - i) the date he becomes an eligible person, as specified.
- B. With respect to an insured Spouse and/or insured Dependent Child:
 - a) the date such person becomes ineligible for coverage;
 - b) the date a student's insurance is terminated;
 - c) the date such person becomes eligible under a Canadian federal/provincial health plan or other group insurance plan.

OHIP ALTERNATIVE BENEFIT

IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Company for approval three days in advance of the date of admission. Failure to submit such notification within the prescribed period of time will limit coverage to 70% of all expenses incurred, to an overall maximum of \$10,000.

COVERAGE

Health Coverage during the period of time the student attends classes in Canada.

MAXIMUM LIMIT OF INDEMNITY

\$1,000,000 lifetime maximum.

MEDICAL REIMBURSEMENT EXPENSES

If injury or sickness, results in medically necessary treatment, the Company will reimburse reasonable and necessary charges for services or supplies as provided under the Provincial Health Insurance Plan Schedule of Benefits in effect, in accordance with the following:

- a) hospital charges, subject to 100% of the daily standard ward accommodation rate currently charged by the hospital in the province or territory of Residence;
- b) If in-patient hospitalization is required for psychiatric treatment, benefits are payable up to a lifetime maximum of \$25,000.00;
- c) Hospitalization for any condition related to the Human Immunodeficiency Virus (HIV) is not covered if the insured's positive HIV test was known by anyone prior to the effective date of insurance, otherwise, coverage is limited to a one-time hospitalization maximum of 72 hours;
- d) expenses incurred for blood plasma and whole blood, including the administration thereof;
- e) expenses incurred for x-rays and laboratory examinations which are required for diagnostic purposes;
- f) expenses incurred for MRI scan, when recommended by a Physician, up to a maximum of \$2,500.00 per policy year;
- g) expenses for medical care and treatment rendered or surgical procedure performed by a Physician, subject to the current Fee Guide published by the Medical Association in the province or territory of the Insured Person's Residence;
- h) expenses for the services of a licensed anaesthetist, when recommended by a Physician, subject to the health insurance plan schedule of fees published by the province or territory of the Insured Person's Residence;
- i) expenses for specific dental procedures if performed in an operating room by a dental surgeon appointed to the dental staff of the Hospital.

The Company will also reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

- a) expenses for an annual health examination;
- b) expenses for well-baby care, for a period of six months after the birth of an Insured Dependent Child;

- c) expenses for serums, vaccines, anti-toxins, injections for immunizing against disease or poisons and administration thereof, not to exceed \$150.00 per Insured Person per policy year, which includes multiple injections of the same serum or vaccine if require to be administered in stages as covered by the provincial health insurance plan. Vaccines required for traveling are excluded.

CLEFT LIP AND PALATE ASSISTANCE PROGRAM

The Company will pay the expenses actually incurred for specialized dental treatment for covered dependent children with cleft lip and palate.

MATERNITY EXPENSE INDEMNITY

In the event of pregnancy or childbirth, the Company will reimburse expenses actually incurred for pregnancy, childbirth, miscarriage, complications and maternity, including pre-post natal costs, provided that family coverage had been in force with respect to the claimant for the entire term of the pregnancy, or when the insured's coverage is in effect as of the inception date of the policy, subject to a lifetime maximum of \$25,000.00.

ONCOLOGY TREATMENT

Charges for oncology treatments as an in-patient or out-patient are covered up to a lifetime maximum of \$25,000.00.

REPATRIATION BENEFIT (\$15,000)

If Injury or Sickness results in the loss of life of an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of Residence in Canada or the Country of Origin, including the preparation of the body for such transportation, subject to a maximum of \$15,000.00 or up to \$5,000.00 for cremation or burial of the remains at the place of death. The cost of a casket or urn is excluded.

Benefits payable under this part shall be limited to only one part of this policy in the event this benefit is contained in two or more parts of this policy.

RETURN HOME BENEFIT (\$10,000)

If Injury or Sickness totally incapacitates an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for returning the Insured Person by the appropriate means of transportation to his city of Residence in the Country of Origin. All travel arrangements must be approved by the Company prior to departure and are limited to a maximum of \$10,000.00.

Notwithstanding the above, the Company reserves the right, as reasonably required and at the Company's expense, to transfer the Insured Person to any Hospital in the Country of Origin following an Injury or Sickness, subject to the maximum amount noted above.

SELF-INFLICTED INJURIES, AND ATTEMPTED SUICIDE

Charges for the following will be payable subject to a lifetime maximum of \$10,000.00 per insured:

- a) in-patient and out-patient hospital services (including emergency room charges);
- b) psychiatry services;
- c) nursing and home support (including assessment charges);
- d) out-patient treatment programs which would be provided under the Provincial Health Insurance Plan.

PRE-EXISTING CONDITIONS

The policy will not pay for expenses resulting from any condition for which an insured received medical advice, consultation or treatment within 120 days prior to the commencement of insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication, and there has been no change in the medical condition for a minimum of 120 days.

Grandfathering Clause: Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

WHEN DOES THIS INSURANCE NOT APPLY?

The plan does not cover loss, fatal or non-fatal, caused by or resulting from: declared or undeclared war or any act thereof;

- A. any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
 - a) active full-time service in the armed forces of any country;
 - b) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane, except as provided;
 - c) the commission or the attempt to commit a criminal act by the insured;
 - d) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
 - e) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
 - f) drug related illness or disease as a result of drug addiction or excessive use of drugs;
 - g) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
 - h) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;

- B. The policy does not cover any of the following supplies or services or costs thereof:
- a) expenses eligible under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;
 - b) prescription drugs;
 - c) hospital visits solely for the administration of drugs;
 - d) private duty nursing;
 - e) medical examinations for the use of a third party, including immigration medical check-ups, experimental drugs, preventative medicines;
 - f) medical examinations specifically for: (i) an application for insurance (or continuance thereof), (ii) an application for a school, camp, association, club, group or program (admission to or continuance at), (iii) an application for employment (or continuance thereof), and (iv) legal requirements or proceedings. Except if mandatory for co-operative and/or internship programs;
 - g) group examinations, immunizations or inoculations, and examinations for screening, survey or research purposes;
 - h) cosmetic surgery, unless medically necessary as a result of an accident;
 - i) charges for any experimental medical treatments;
 - j) services for which no charge would ordinarily be made if there was no insurance coverage;
 - k) hearing aid;
 - l) acupuncture procedures;
 - m) contraceptive devices of any form;
 - n) treatments and consultations related to infertility;
 - o) any elective treatments or surgeries;
 - p) pre-natal classes;
 - q) laboratory or clinical pathology, other than as provided;
 - r) expenses incurred for eyeglasses and contact lenses, or prescriptions therefor;
 - s) expenses incurred for dental treatment, nor the cost of replacement or repair of artificial teeth, dentures or dental appliances, other than as provided;
 - t) travelling time or mileage; and court testimony, preparation of records, reports, certificates or communications.

INDEMNITY PAYMENTS

OHIP ALTERNATIVE

MEDICAL INSURANCE

Unless otherwise indicated, all benefits will be paid to or at the direction of the student.

Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

COVERAGE

Injury sustained during the period of time the student attends classes in Canada.

PRINCIPAL SUM

Student	\$ 50,000.00
Spouse	\$ 10,000.00
Each Dependent Child	\$ 2,500.00

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The “loss” or “loss of use” must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Entire Sight of One Eye	66 2/3%
Speech or Hearing in both Ears	66 2/3%
Thumb and Index Finger of Either Hand	33 1/3%
Four Fingers of Either Hand	33 1/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs)	200%
Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$10,000)

If injury requires medical treatment within 30 days, the Company will pay for reasonable and customary expenses actually incurred for the following: (a) expenses for the services of a nurse; (b) transportation by a licensed ambulance service or, when recommended by a physician, by any other conveyance licensed to carry passengers for hire to or from the nearest hospital which is equipped to provide the required treatment; (c) hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary; (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, subject to a maximum reimbursement of \$500.00 during any one policy year; (f) drugs and medicines which require the written prescription of a physician and are dispensed by a registered pharmacist or physician; (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of \$750.00 during any one policy year; (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500.00 during any one policy year.

The plan is subject to and will not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans. Benefits will be reduced by any amount paid or payable under any other policy providing similar reimbursement expenses.

BEREAVEMENT BENEFIT (\$1,000)

If an injury results in loss of life of a student, the Company will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the student for up to six sessions of grief counselling, by a professional counsellor.

COSMETIC DISFIGUREMENT BENEFIT (\$25,000)

If an insured suffers a third degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

COSMETIC DISFIGUREMENT BENEFIT (\$25,000)

If an insured suffers a third degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

Body Part	Area Classification (A)	Maximum Allowable % for Area Burned (B)	Maximum % of Principal Sum Payable (C)
		%	%
Face, Neck, Head	11	9.0	99.0
Hand and Forearm	5	4.5	22.5
Either Upper Arm	3	4.5	13.5
Torso (front or back)	2	18.0	36.0
Either Thigh	1	9.0	9.0
Either Lower Leg (below knee)	3	9.0	27.0

The maximum percent of Principal Sum payable (C) is determined by multiplying the area classification (A) by the maximum allowable percent for Area Burned (B). In the event of a 50% surface burn, the maximum allowable percent for area burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the insured suffers burns in more than one area, as a result of any one accident, benefits will not exceed the maximum amount stated above.

DAY CARE BENEFIT (\$5,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of, or within 12 months following the accident.

EDUCATION BENEFIT (\$10,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there are no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

FAMILY TRANSPORTATION BENEFIT (\$15,000)

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometer travelled.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

HOSPITAL INDEMNITY EXPENSE (\$2,500)

A daily benefit, subject to the above-mentioned monthly maximum, will be payable when an insured is in a hospital, if such period of hospitalization is necessary for the treatment of an injury which results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and begins while insurance is in force.

A period of hospitalization necessary for an injury other than for a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity will be covered as stated above, provided such hospitalization is of at least a 4 day period.

FUNERAL EXPENSE BENEFIT (\$6,500)

If injury results in loss of life in the city of Residence in Canada, an additional amount is payable for cremation or burial (if in the city of Residence in Canada) expenses actually incurred. This benefit is only payable if no Repatriation Benefits have been paid out.

IDENTIFICATION BENEFIT (\$10,000)

If injury results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by a member of the immediate family for lodging, board and transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters.

If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

PSYCHOLOGICAL THERAPY BENEFIT (\$5,000)

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity and results in the insured requiring psychological therapy, as prescribed by a physician, the Company will pay the reasonable and necessary expenses actually incurred.

REHABILITATION BENEFIT (\$15,000)

If injury requires that the student undergo special training in order to be qualified to engage in a special occupation in which the student would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

SPOUSAL RETRAINING BENEFIT (\$15,000)

If injury results in loss of life of a student, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

TRAVEL EXPENSE REIMBURSEMENT FOR PARENT(S) (\$10,000)

The Company will pay the actual expenses incurred by the parent(s) of the student for transportation, board, lodging and extra travel expenses incurred while en route and/or during the stay in the city or town where the body of the student is located following an accidental death.

TUTORIAL AND SPECIAL TELEPHONE EXPENSE (\$2,000)

If injury shall, within 100 days from the date of the accident, totally disable and confine the student to his residence or hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services attained by the student at a rate not to exceed \$20.00 per hour, and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his residence or hospital.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

WHEN DOES THIS ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE NOT APPLY?

- A. The plan does not cover loss, fatal or non-fatal, caused by or resulting from:
 - a) declared or undeclared war or any act thereof;
 - b) active full-time service in the armed forces of any country;
 - c) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
 - d) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".
 - e) Nor does the plan cover expenses incurred:
- B. purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
 - a) charges of masseur;
 - b) sickness or disease, either as a cause or effect;
 - c) expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan or its equivalent.

INDEMNITY PAYMENTS

ACCIDENTAL DEATH & DISMEMBERMENT

Indemnity payable in the event of the loss of life of a student is payable to the estate of the student. All other indemnities payable, including those payable for the insured Spouse and/or insured Dependent Children, are payable to the student, with the exception of indemnities payable under the following benefits: Bereavement, Day Care, Education, Family Transportation, Funeral Expense, Identification, Repatriation and Spousal Retraining benefit.

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation. **Medical Insurance:** Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

EMERGENCY OUT-OF-PROVINCE HOSPITAL / MEDICAL BENEFIT

IMPORTANT NOTICE - PLEASE READ CAREFULLY

In the event of an injury or sickness, your prior medical history may be reviewed when a claim is reported.

Emergency Out of Province Hospital/Medical Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy before you travel as coverage may be subject to certain limitations or exclusions.

As the Emergency Out of Province Hospital/Medical Insurance provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy will limit benefits should you not contact the assistance company within a specified time period.

IMPORTANT NOTE: In case of confinement in a hospital or emergency surgery, the Company must be notified no later than 48 hours from the date of hospitalization or emergency surgery. Failure to make such notification may limit coverage to a maximum of \$10,000 for all expenses incurred.

COVERAGE

Trips outside the province of residence with a scheduled duration of up to 90 days effective April 24, 2020, until August 31, 2020, excluding trips to the country of domicile. Prior to April 24, 2020, trips outside the province of residence were covered with a scheduled duration of up to 45 days, excluding trips to the country of domicile.

IF YOUR SCHEDULED TRIP IS MORE THAN 90 DAYS, THIS COVERAGE IS NULL AND VOID FOR THE ENTIRE TRIP.

MAXIMUM LIMIT OF INDEMNITY

\$2,000,000 lifetime maximum.

ACCIDENTAL DENTAL EXPENSE (\$2,000)

If an injury sustained to whole or sound teeth (capped or crown teeth will be considered whole or sound), due to a force or blow external to the mouth, the Company will reimburse the expense of necessary emergency treatment received while outside his province of residence.

ATTENDANT TRANSPORTATION BENEFIT (\$5,000)

If the physician recommends in writing or the air carrier's regulations require, the presence of a medical attendant during the emergency evacuation, in accordance with the part titled "Evacuation", the Company will pay the reasonable and necessary expenses actually incurred, by such medical attendant, for the round trip airfare, plus one day accommodation and board.

BOARD, LODGING AND TRAVEL EXPENSES

If confinement to a hospital for at least five consecutive days, due to injury or sickness, prevents the return to the province of residence, the Company will pay the reasonable board, lodging and extra travel expenses actually incurred during the hospitalization by other insureds who remained with the hospitalized person and are also prevented from returning to his/her province of residence.

If due to injury, sickness or death, the attendance of an immediate family member is certified as medically necessary by the physician, the Company will reimburse the expense incurred by such family member, limited to the return economy airfare, \$100.00 per day accommodation and not exceeding a maximum of 20 consecutive days.

The total maximum amount payable under this part will not exceed \$3,000.00 per occurrence.

EVACUATION (\$40,000)

The Company will pay for transportation, medical services and supplies necessary for emergency evacuation as a result of an injury or sickness. All arrangements for evacuation must be recommended by the attending physician, and certified that the severity of the injury or sickness warrants the emergency evacuation. Pre-approval by the Company is required prior to evacuation.

EXCESS MEDICAL BENEFITS

The Company will reimburse the reasonable and necessary expenses actually incurred, as the result of injury or sickness, for the following treatment or services on an emergency basis; (a) out-patient room charges, (b) treatment by a physician or surgeon, (c) x-rays and laboratory examinations (when required for diagnostic purposes), (d) rental of crutches or appliances or cost of splints, trusses, braces, or (e) treatment by a physiotherapist while hospitalized and up to a maximum of three treatments for the duration of any one trip only when recommended in writing by the attending physician.

EXCESS HOSPITAL BENEFIT

If injury or sickness results in confinement in a hospital as an in-patient, the Company will reimburse for the actual, reasonable and necessary emergency hospital expenses actually incurred up to and including standard semi-private accommodations during such confinement.

GROUND AND AIR AMBULANCE EXPENSE

If an injury or sickness necessitates transportation to the nearest medical facility qualified to provide the necessary emergency services, the Company will pay the expense for ground ambulance, subject to a maximum of \$500.00 per injury or sickness or for air ambulance, subject to a maximum of \$5,000.00 per injury or sickness.

PRESCRIPTION DRUG REIMBURSEMENT

The Company will reimburse the expenses actually incurred as the result of an injury or sickness, for drugs or medicines on an emergency basis as prescribed by the attending physician (oral contraceptives, patent medicines, vitamins, repeat prescriptions, maintenance and chronic care drugs are excluded).

SPECIAL TRANSPORTATION (\$5,000)

If, as the result of injury or sickness a stretcher accommodation on a regularly scheduled airline is required for return to the province of residence during an emergency evacuation, in accordance with the part titled "Evacuation", the Company will pay the necessary expense incurred.

REPATRIATION BENEFIT (\$15,000)

If Injury or Sickness results in the loss of life of an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of Residence in Canada or the Country of Origin, including the preparation of the body for such transportation, subject to a maximum of \$15,000.00 or up to \$5,000.00 for cremation or burial of the remains at the place of death. The cost of a casket or urn is excluded.

Benefits payable under this part shall be limited to only one part of this policy in the event this benefit is contained in two or more parts of this policy.

WHEN DOES THIS INSURANCE NOT APPLY?

The plan does not cover loss, fatal or non-fatal, caused by or resulting from:

- a) pregnancy or complications thereof within eight weeks of the expected termination date of pregnancy, or at any time during the pregnancy if the Insured Person's medical history indicates a higher than normal risk of an early delivery or complications;
- b) declared or undeclared war or any act thereof;
- c) any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
- d) active full-time service in the armed forces of any country;
- e) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- f) the commission or the attempt to commit a criminal act by the insured;
- g) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
- h) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
- i) drug related illness or disease as a result of drug addiction or excessive use of drugs;
- j) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
- k) mental or emotional disorders, unless hospitalized;
- l) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;
- m) any loss incurred in a city, region, or country when, prior to the effective date or departure date to that destination,
 - (i) the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid all travel to that city, region, or country;
 - (ii) the Department of Foreign Affairs and International Trade of the Canadian Government issued a written warning to avoid non-essential travel to that city, region, or country, and such loss including Sickness or Injury is related or due to the reason for that warning.
- n) If an Insured Person is already at that destination on the date the warning is issued, coverage will be provided for 5 days to allow the Insured Person to leave for a safe location;
- o) expenses incurred as a result of asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC) or the presence of HIV, including any associated diagnostic tests or charges;
- p) any ailment or condition for which the journey was taken for the purpose of securing or with the intent of receiving medical attention, prescription drugs or medicine, or hospital services;

- q) a pre-existing or related condition whereby the insured received medical treatment or required the use of medication during the 90 days preceding the date the insured left their province of residence. This exclusion shall not apply to an insured whose treatment was deemed, by the treating physician or health care provider, as a routine follow up examination, nor shall it apply to an insured whereby their use of medication is for a controlled and medically supervised condition, which was not medically compromised and whereby there was no change in either the medication or in frequency and usage, or dosage within the 90 days prior to departure;
- r) any elective (non-emergency) treatment or surgery, (i) not required for the immediate relief of acute pain and suffering; (ii) which medically could be delayed until the insured has returned to his province of residence; (iii) which the insured elects to have rendered or performed outside his province of residence following emergency treatment for, or diagnosis of, a medical condition which on medical evidence would not prevent the insured from returning to his province of residence prior to such treatment or surgery.

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

INDEMNITY PAYMENTS

OUT OF PROVINCE / COUNTRY

MEDICAL INSURANCE

Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.



MORCARE

Collège Boréal

- **PRESCRIPTION DRUG,
EXTENDED HEALTH & DENTAL**

COVERAGE SUMMARY

Group Number 100004

Policy Number 100011693 issued by the insurer, Special Markets Solutions, a division of Industrial Alliance Financial Group Inc.

SUMMARY OF BENEFITS

EXTENDED HEALTH INSURANCE

MEDICAL EXPENSES INCURRED IN CANADA

REIMBURSEMENT

Drugs	80%
All other covered expenses	100%
Deductible	None

COVERED EXPENSES

MAXIMUMS PER INSURED PERSON

Ambulance	\$100 per student year
Emergency Taxi	\$50 per student year
Drugs including injectable vitamins	\$5,000 per student year
Preventive vaccines	\$150 per student year
Intra-uterine devices, oral contraceptive, contraceptive patches, contraceptive rings and contraceptive shots	Combined maximum of \$200 per student year
Diabetic monitoring devices and administration equipment	Combined maximum of \$1,000 per period of 5 consecutive calendar years
Breast prostheses months	\$150 per period of 24 consecutive months
Orthopedic shoes and foot orthoses	Combined maximum of \$150 per student year

Fees for the following paramedical practitioners:

Physiotherapists and physical rehabilitation therapists	Combined maximum of \$500 per student year
Registered massage therapists and orthotherapists	Combined maximum of \$500 per student year
Psychologists, psychoanalysts and social workers	Combined maximum of \$1,000 per student year

SUMMARY OF BENEFITS

Speech therapists, audiologists, chiropractors, osteopaths, acupuncturists, occupational therapists, naturopaths and nutritionists	Maximum of \$500 per student year for each practitioner
Chiropodists and podiatrist	Combined maximum of \$500 per student year
Artificial prostheses	\$200 per student year
Wheelchairs, including repairs	\$250 per lifetime
Accidental dental	\$2,000 per student year
Hearing aids	\$500 per period of 5 consecutive years
Eye examinations	\$80 per period of 24 consecutive months One eye examination per period of 24 consecutive months
Eyeglasses and contact lenses	\$150 per period of 24 consecutive months
Corrective laser eye surgery	\$75 per eye per lifetime
Medical appliances other than those listed above	\$250 per lifetime
Medical supplies	\$250 per student year
Tutorial services	\$15 per hour, maximum of \$1,000 per student year

SUMMARY OF BENEFITS

FRACTURE AND DISLOCATION BENEFIT

<u>Schedule of Losses</u>	<u>Maximum Per Insured Person</u>
Of the skull (depressed)	\$300
Of the skull (not depressed)	\$100
Of the nose	\$20
Of the upper jaw	\$75
Of the lower jaw	\$40
Of the collar bone	\$40
Of the shoulder blade	\$75
Of the spine (one or more vertebrae)	\$150
Of the spinous process	\$40
Of the transverse process	\$40
Of the sacrum or coccyx	\$50
Of the rib	\$20
Of two or more ribs	\$40
Of the sternum	\$40
Of the hip	\$150
Of the pelvis	\$150
Of the knee cap (patella)	\$50
Of the lower leg (one bone) tibia or fibula	\$75
Of the lower leg (two bones) tibia or fibula	\$100
Of the leg (femur)	\$150
Of the ankle	\$75
Of the upper arm (humerus)	\$75
Of the elbow	\$50
Of the lower arm (one bone) radius or ulna	\$75
Of the lower arm (two bones) radius or ulna	\$100
Of the wrist	\$75
Of the hand (one metacarpal)	\$20
Of the hand (one or more metacarpals)	\$40
Of the finger	\$20
Of the fingers (two or more)	\$40
Of the foot (one metacarpal)	\$20
Of the foot (two or more metacarpals)	\$40
Of the toe	\$20
Of the toes (two or more)	\$40
Of the heel	\$50
Of a bone not mentioned in this table	\$20
A chip or linear fracture of any of the above bone or bones	\$20

SUMMARY OF BENEFITS

HOME CARE BENEFIT

Deductible	None
Reimbursement	100%
Maximum	\$60 per day, maximum of \$10,000 per student year
Overall limitation	2 periods of convalescence per calendar year

DENTAL INSURANCE

REIMBURSEMENT

Preventative treatments	80%
Basic and Periodontic treatments	80%
Endodontic treatments	50%
Major treatments	50%
Deductible	None

COVERED EXPENSES

Preventative, Basic, Periodontics,
Endodontics and Major treatments

MAXIMUM PER INSURED PERSON

\$750 per student year

Expenses are reimbursed according to the dental fee guide in effect for the current year in the insured person's province of residence, subject to any limits which are stated under the Dental Care Insurance benefit. If the insured person resides in Alberta, the current fee guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners, plus an inflationary adjustment as determined by the insurer.

GENERAL PROVISIONS

DEFINITIONS

As used in the group policy:

Dependent

The participant's spouse and/or a dependent child of the participant or of the spouse.

If dependents are insured under the group policy, "spouse" and "dependent child" shall have the following meanings:

a) Spouse

The person who is married to or is in a civil union with the participant, or the person designated by the participant, whom he declares publicly to be his spouse and with whom he has been living on a permanent basis for at least one year, or less, if a child is born from their union.

A de facto separation of more than 3 months will result in the person no longer qualifying as the participant's spouse for the purposes of the group policy.

If according to this definition, the participant has had more than one spouse, spouse shall mean the person most recently qualified.

b) Dependent Child

An unmarried child of the participant or of his spouse who wholly depends on the participant for support and maintenance and who meets at least one of the following conditions:

- i) He is under 18 years of age; or
- ii) He is under 21 years of age and is attending a recognized educational institution on a full-time basis; or
- iii) He is mentally or physically handicapped and is incapable of earning his own living due to such handicap provided such handicap commenced while he was a child as defined in (i) or (ii).

Insured Person

The participant and any dependent to whom insurance has been granted under the group policy.

Participant

A student eligible for insurance and enrolled in the group policy.

GENERAL PROVISIONS

Student

A full-time non-Canadian student, under age 65, who:

- a) Holds an International Student Visa;
- b) Is under the administration of the Policyholder;
- c) Resides in Canada;
- d) Is registered in and attending classes at the Fanshawe College of Applied Arts & Technology.

Student Year

Student year runs from September 1st to August 31st.

ELIGIBILITY

STUDENT ELIGIBILITY

A student will become eligible to be insured under the group policy as a participant on the date on which he satisfies the following conditions:

- i) He satisfies the definition of Student in the group policy;
- ii) He is first covered under an approved plan similar to the provincial health plan of his province of residence.

DEPENDENT ELIGIBILITY

A person will become eligible to be insured under the group policy as a dependent on the date on which he satisfies the following conditions:

- i) He satisfies the definition of Dependent in the group policy;
- ii) He is first covered under an approved plan similar to the provincial health plan of his province of residence;
- iii) The student of whom he is a dependent is insured under the group policy.

EFFECTIVE DATE OF INSURANCE

Subject to all other provisions of the group policy, the student's insurance and dependent's insurance, if any, will take effect on the later of the following dates:

- i) On the effective date of the policy, if the student is then enrolled as a full-time student;
- ii) On the date on which the student enrolls as a full-time student.

If the student is subject to an early arrival on campus, insurance may commence 30 days prior to the effective date stated on the application on file with the Policyholder, provided the policy is in good standing.

FAMILY OPT IN (DEPENDENT COVERAGE)

A participant may elect the family plan at any time within 30 days of the effective date of insurance of the participant. The family plan will not be accepted if the participant does not exercise this option within the 30 day period.

TERMINATION OF INSURANCE

PARTICIPANT

A participant's insurance automatically terminates on the earliest of the following dates:

- a) The date the group policy is terminated;
- b) The date of the participant's death;
- c) The later of the following dates:
 - d) the date indicated on a written notice received from the policyholder;
 - e) the date this notice was received by the insurer;
- f) The date the participant is incarcerated after committing a criminal offence for which he was found guilty;
- g) The date the participant ceases to qualify as a student as defined in the group policy.

DEPENDENTS

A dependent's insurance terminates on the earliest of the following dates:

- a) The date the participant of whom he is a dependent ceases to be covered under the group policy, subject to the Survivor Benefit provision in the event of the death of the participant;
- b) The date the dependent ceases to be a dependent as defined in the group policy;
- c) The date the dependent reaches the age limit specified in the Summary of Benefits, if an age limit is indicated;
- d) Benefits, if an age limit is indicated;
- e) The later of the following dates:
 - i) the date indicated on a written notice received from the policyholder;
 - ii) the date this notice was received by the insurer.

SURVIVOR BENEFIT

If the participant dies while covered under this benefit, insurance under this benefit shall continue for his dependents who were covered under this benefit at the time of his death, with premium payment, until the end of the student year.

GENERAL PROVISIONS

ADJUDICATION OF CLAIMS

CLAIMS SUBMISSION

The insurer must receive notice of any claim within 6 months of the date of the event which gives entitlement to the benefit and no later than November 30, 2020 for the 2019/2020 student year. However, if the group policy should terminate, notice of claim must be received within 3 months of the date of termination of the policy.

All notices of claims must be submitted to the insurer on the forms provided for that purpose by the insurer and must include all information that the insurer deems necessary for the assessment of the claim. If all information that is required by the insurer is not received, the insurer will have the right to deny the claim.

The insurer reserves the right to require additional proof or information regarding a claim whenever it deems necessary.

If notice of claim is not received by the insurer within the periods set out above or additional proof or information requested by the insurer is not provided, the insurer will have the right to deny the claim.

The insurer will undertake all necessary actions to detect and investigate fraudulent claims under the group policy. It is a crime if a participant should knowingly, and with the intent to defraud the insurer and the group plan, file a claim that contains any false, incomplete or misleading information. The insurer retains the right to audit all claims at any stage, including after payment has been made, for fraud or misrepresentation. If the insurer determines that a participant has intentionally submitted a claim that contains false or misleading information, the insurer shall have the right, at its sole discretion, to notify the Policyholder, decline the claim or require reimbursement if the claim has been paid. In addition, the insurer will have the right to terminate the participant's entire coverage under the group policy including any coverage for the participant's dependents, and will have the right to undertake the prosecution of the participant in accordance with provincial and/or federal law.

REIMBURSEMENT OF CLAIMS

The insurer will reimburse the percentage of covered expenses incurred, as specified in the Summary of Benefits, once the deductible has been satisfied, if any.

DETAILS OF BENEFITS

EXTENDED HEALTH INSURANCE

The insurer undertakes to reimburse the medical expenses defined herein which are due to an injury, illness or pregnancy and which are incurred while the insured person is covered under this benefit, subject to the terms and conditions of this benefit and the group policy.

DEFINITIONS

As used in this benefit:

Convention: Drugs which by law do not require a prescription, but which would not ethically be dispensed by a pharmacist without one.

Hospital: An institution which

- a) is legally licensed by the appropriate government body;
- b) is intended for the care of bedridden patients; and
- c) provides at all times the services of physicians and registered nurses.

Medical emergency: A sudden or unexpected occurrence that requires immediate medical attention.

Medically required: Certified by a physician as required to treat a condition which is detrimental to the patient's health.

Original or generic drug: If mention is made of these two types of drugs, the original drug refers to the drug that was first developed and launched in the marketplace. The generic drug refers to any reproduction of the original drug.

Physician: A person who is legally licensed and authorized to practice medicine and who is operating within the scope of his license.

Prosthesis: A device designed to replace all or part of a limb or an organ.

Reasonable and customary charges: Charges which are made to a person without insurance for the items of expense listed under covered expenses and which do not exceed the general level of charges in the area where the expense is incurred.

Specialist: A physician licensed by the appropriate provincial licensing authority to practice medicine with a specialization.

DETAILS OF BENEFITS

MEDICAL EXPENSES INCURRED IN CANADA

The following medical expenses are covered, up to the maximums specified in the Summary of Benefits:

- a) Licensed ambulance service in a medical emergency for transportation to the nearest hospital equipped to provide the required treatment, or for transportation therefrom, when the physical condition of the insured person precludes the use of any other means of transportation.
- b) Licensed taxi services for medical transportation following hospitalization or day surgery or in the event of an emergency.
- c) Drugs which are dispensed by a pharmacist and which can only be obtained with a written prescription of a healthcare provider who is legally licensed to prescribe drugs, other than those drugs that are excluded under the Exclusions , Limitations and Restrictions provision of this benefit.

Drugs which by convention require a prescription such as, but not limited to, maintenance drugs that are used daily to treat an ongoing medical condition for an extended period of time, such as medication to treat asthma, diabetes, high cholesterol or high blood pressure, provided they are prescribed by a healthcare provider who is legally licensed to prescribe such drugs and dispensed by a pharmacist.

Dispensing Limitations

The quantity of drugs which may be dispensed for any one prescription will be limited to that amount sufficient for up to a 34 day period, except in the case of drugs for long-term therapy (maintenance drugs) for which up to a 100-day supply is allowable.

Certain drugs will require pre-authorization by the insurer prior to the commencement of their usage. For these drugs the insured person will be required to have his attending physician provide the insurer with information describing his medical condition, previous treatment history and the medical criteria for prescribing the drug.

If the drug is a brand name product which has a generic equivalent, the amount payable will be based on the lowest priced interchangeable product. However, if the physician has included the notation "Do not product select", "No Sub." or "No Substitution", the amount payable will be based on the cost of the eligible drug prescribed.

DETAILS OF BENEFITS

As used above, lowest priced interchangeable drug will include, but is not limited to:

- i) an alternative drug to the original drug deemed interchangeable by law; or
 - ii) a subsequent entry biologic.
- d) Fees for the care provided by one of the paramedical practitioners listed in the Summary of Benefits provided the practitioner is licensed by the appropriate provincial or federal organization to practice his profession in accordance with the rules of his profession.

If the services of the practitioner are covered by the provincial health plan, no coverage will be provided under this benefit for any amount payable for such services under the provincial plan.

- e) Charges for the rental of, or at the insurer's option, the purchase of the following medical appliances and supplies provided they are prescribed by a physician:
- i) oxygen tent and oxygen supplies;
 - ii) artificial eyes, including repairs and replacements;
 - iii) artificial prostheses, including repairs and replacements;
 - iv) manual wheelchairs or electric wheelchairs when the insured person is incapable of operating a manual wheelchair due to a medical condition;
 - v) manually operated hospital beds or electrically operated hospital beds when the insured person is incapable of operating a manually operated hospital bed due to a medical condition, including bed rails and trapeze bars;
 - vi) diabetic monitoring and administration equipment including insulin supplies such as needles, syringes, lancets and diagnostic testing materials;
 - vii) breast prostheses;
 - viii) orthopedic shoes for which the medical necessity of was determined by a physician, podiatrist or chiropodist and which have been custom made, modified or custom molded for the insured person by a certified specialist in orthopedic footwear. The orthopedic shoes must be dispensed by an orthotist, pedorthist, podiatrist or chiropodist. The dispenser must be a different provider than the prescriber. Off the shelf orthopedic shoes which have not been modified for the insured person will not be eligible for coverage;
 - ix) foot orthoses for which the medical necessity of was determined by a physician, podiatrist or chiropodist and which have been specifically designed and constructed for the insured person by a certified specialist in foot orthoses. The foot orthoses must be dispensed by an orthotist, pedorthist, podiatrist or chiropodist . The dispenser must be a different provider than the prescriber. Off the shelf foot orthoses which have not been specifically designed and constructed for the insured person will not be eligible for coverage;
 - x) intrauterine devices;

DETAILS OF BENEFITS

- x) braces with rigid support; back supports; shoulder harnesses; head halters and cervical collars;
 - xii) splints, other than dental splints, and casts;
 - xiii) canes, crutches and walkers;
 - xiv) hernia belts;
 - xv) colostomy and ileostomy apparatus and supplies.
- f) The services of a dental surgeon, including dental prosthesis, required for the treatment of accidental injuries to natural teeth. The injury must have been caused by external, violent and accidental means, and services must be performed within 12 months of the accident. Services required in conjunction with an injury due to a condition that existed before the accident are excluded. A physician's referral is not required.
- g) Charges for hearing aids or any related devices (including repairs and replacements but not batteries), and the professional services given by a hearing aid acoustician following the purchase of the hearing aid or related device provided they have been prescribed by a physician, audiologist or speech therapist.
- h) Charges for eye examinations when performed by an ophthalmologist or an optometrist.
- i) Charges for eyeglasses (including sunglasses and safety glasses), or contact lenses, when prescribed by an ophthalmologist or an optometrist.
- j) Corrective laser eye surgery.
- k) Charges for tutorial services by a qualified teacher if the participant becomes disabled while covered under this benefit and is confined at home or in a hospital for a period in excess of 40 consecutive days.

Limitations:

Charges for tutorial services are only payable under this benefit after the maximum under the Tutorial and Special Telephone Expense benefit of the Accidental Death & Dismemberment Insurance underwritten by Industrial Alliance Insurance and Financial Services Inc. has been reached.

Disabilities due to the same or related causes will be treated as one disability. If the disability is the result of an accident, confinement must occur no later than 100 days after the accident.

DETAILS OF BENEFITS

EXCLUSIONS, LIMITATIONS AND RESTRICTIONS

This benefit does not cover any expense:

- a) Payable or reimbursable under a workers' compensation act or would have been payable if the claim had been submitted;
- b) For an illness or injury resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot;
- c) For an illness or injury resulting from the commission of or attempted commission of a criminal offence or provoking of an assault;
- d) For treatment or appliances to correct vertical dimension or any temporomandibular joint dysfunction;
- e) For care or treatment which is not medically required, which is given for cosmetic purposes or for any reason other than curative, which exceeds the normal care or treatment given in accordance with current therapeutic practice, or is of an experimental nature;
- f) For any care or treatment included in the protocol of a research and development program for a product whose use has not been recommended by the manufacturer or which does not comply with government standards;
- g) For care or treatment of an illness or injury that is not recognized as normal, customary and common practice for such illness or injury;
- h) For any portion of a charge for care or treatment which is in excess of the reasonable and customary charge normally incurred for an illness or injury of the same nature and severity in the locality where the service is provided;
- i) For any care or treatment rendered free of charge or which would have been free of charge were it not for insurance coverage or which is not chargeable to the insured person;
- j) For rest cures or travel for reasons of health;
- k) For eye examinations, except if specifically mentioned as being covered under this benefit;
- l) For eyeglasses and contact lenses, except if specifically mentioned as being covered under this benefit;
- m) For care or treatment related to fertility or infertility;
- n) For the purchase or rental of any comfort or massage apparatus, and of domestic accessories that are not exclusively required for medical purposes;
- o) For any services or supplies which are for the sole purpose of facilitating the insured person's participation in sports or recreational activities and not for daily living activities;
- p) For care or treatment of (including breaking the addiction to) such conditions as, but not limited to, obesity, smoking, drug addiction and alcoholism;
- q) For the administration of vitamins, serums and vaccines;
- r) For contraceptives (other than oral contraceptive, contraceptive patches and contraceptive rings and contraceptive shots), except if mention is made that these expenses are covered under this benefit;

DETAILS OF BENEFITS

- s) For the following products unless such products can only be obtained with a written prescription of a healthcare provider who is legally licensed to prescribe them and they are required to be dispensed by a pharmacist:
- products for the care of contact lenses;
 - proteins or dietary supplements, amino acids;
 - baby food;
 - mouthwash, bandages and throat lozenges;
 - shampoos, oils, creams;
 - toilet products including soaps and emollients;
 - skin softeners and protectors;
 - vitamins, vitamin supplements or multivitamins;
 - minerals;
 - homeopathic products;
 - anabolic steroids;
- t) For any drugs which are considered lifestyle drugs such as, but not limited to, drugs for the treatment of infertility, erectile dysfunction, loss of hair or lack of growth;
- u) For any prescriptions which are dispensed by a clinic or by any non-accredited hospital pharmacy or for treatment as an out-patient in a hospital, including emergency status and investigational status drugs;
- v) For any care or treatment received outside of Canada due to a medical emergency which is related to (i) a pregnancy, if the medical emergency occurs after the 32nd week of gestation or (ii) the deliberate inducement of a miscarriage;
- w) For any care or treatment which was provided by a healthcare provider who, or a service provider that:
- i) has been charged with professional misconduct or improper practices; or
 - ii) is under investigation by an official body resulting from a law or regulation; or
 - iii) is under investigation by the insurer in regards to his professional conduct or practice; or
 - iv) is a member of a profession that is not regulated by an officially recognized federal or provincial regulatory body in the jurisdiction where the services were provided and, in the reasonable opinion of the insurer, does not meet the industry standards relevant to his profession.

REDUCTION OF BENEFITS

The amount of benefit payable will be reduced by any benefit that is payable or reimbursable for the same expense:

- i) Under an approved plan similar to the provincial health plan of his province of residence, or that would have been payable had the person submitted a claim under such plan;
- ii) Under any government plan, group plan or individual plan, or that would have been payable had the person submitted a claim under such plan;
- iii) By a third party as a result of a legal action or settlement.

DETAILS OF BENEFITS

HOME CARE INSURANCE

Subject to the terms and conditions of this benefit and the group policy, the insurer undertakes to reimburse the covered expenses specified below during a period of convalescence following hospitalization or day surgery of the insured person in Canada.

For expenses to be considered eligible, the following conditions must be met:

- i) The insured person is unable to perform at least one of the basic activities of daily living defined below;
- ii) Hospitalization or day surgery occurs, and covered expenses are incurred, while the insured person is covered under this benefit; and
- iii) Medical information concerning the surgery or hospitalization and the date it was scheduled is provided by the insured person's attending physician along with the claim.

DEFINITIONS

As used in this benefit:

Basic activities of daily living:

- a) **feeding:** preparing and eating meals;
- b) **dressng:** gathering clothes and getting dressed (for example, tying shoes or buttoning a shirt);
- c) **using the toilet;**
- d) **moving (from the bed to a chair):** laying down in bed and getting up from bed or sitting down in a chair and getting up from it. An insured person who is only able to move with the help of a cane or walker will be considered to be unable to move; and
- e) **personal hygiene:** getting in or out of the bathtub or shower and washing.

Day surgery: Surgery which is performed in a hospital or out-patient clinic affiliated with a hospital and requiring local, regional or general anaesthesia, but will not include minor surgery that can be performed in the physician's office.

Home care services provider: An individual working for remuneration for a co-operative or incorporated or registered agency specializing in home care, as well as any self-employed worker receiving a contract from such co-operative or agency.

Hospitalization: Occupancy of a hospital room as an admitted bedridden patient where a room and board charge has been made in connection with the confinement. Day surgery will be considered to be a period of hospitalization.

Member of the immediate family: The spouse, father, mother, child, brother or sister of the insured person.

DETAILS OF BENEFITS

COVERED EXPENSES

Home care services:

The following services are covered, up to the maximum specified in the Summary of Benefits:

- i) assistance to accomplish a basic daily activity;
- ii) household maintenance (regular maintenance of the home, including cleaning, dishes and laundry);
- iii) regular maintenance outside the home (snow removal, lawn mowing);
- iv) preparation of meals; and
- v) accompanying the insured person to medical appointments.

The services must be dispensed at the home of the insured person by a qualified home care services provider who is not a member of the insured person's immediate family and who does not normally live with the insured person.

EXCLUSIONS, LIMITATIONS AND RESTRICTIONS

In addition to the exclusions, limitations and restrictions outlined in the Exclusions, Limitations and Restrictions section of the Extended Health Insurance benefit description, the Home Care Insurance benefit does not cover the following:

- a) Any expenses incurred following a hospitalization or day surgery scheduled before the effective date of this benefit.
- b) Any expenses incurred while the insured person is able to perform the basic activities of daily living or after he has returned to work.
- c) Any expenses incurred following a hospitalization for childbirth, except where the insured person remained in hospital for a period of 7 days or more after delivery on the recommendation of the attending physician.
- d) Any expenses for services that are rendered more than 30 days after the insured person was released from the hospital or underwent day surgery, whichever is applicable

DETAILS OF BENEFITS

DENTAL INSURANCE

The insurer undertakes to reimburse the insured person's dental care expenses which are incurred while the insured person is covered under this benefit, subject to the terms and conditions of this benefit and the group policy.

DEFINITIONS

As used in this benefit:

Dental hygienist: A person licensed by the provincial licensing authority to work as a practitioner specializing in the cleaning of teeth and assisting the patient in proper oral health.

Denturist: A person licensed by the provincial licensing authority to work as a practitioner supplying and fitting dentures.

Expenses incurred: Any fee corresponding to a professional procedure which has been performed. Expenses are considered to be incurred only when treatment has actually been given, even if a treatment plan has been submitted to and approved by the insurer.

For dentures, expenses are considered to be incurred only on the date the dentures are installed.

General practitioner: A licensed dentist who practices dentistry without specialization.

Specialist: A person licensed by the provincial licensing authority to practice dentistry with specialization.

DENTAL EXPENSES

Only those items included below which are specified in the Summary of Benefits will be considered "eligible expenses" provided they were rendered by a general practitioner, a specialist on the recommendation of a general practitioner or by a dental hygienist.

Preventive Treatments (any expenses related to implants will only be covered under Implants of the Major Treatments section, if included)

- a) Examinations and Diagnoses
 - i) complete oral examination: once every 2 years
 - ii) recall examination: once every 12 months
 - iii) emergency oral examination
 - iv) specific oral examination

DETAILS OF BENEFITS

- b) X-rays
 - i) intra-oral - periapical: one complete series every 2 years
 - ii) intra-oral - occlusal
 - iii) intra-oral - interproximal
 - iv) extra-oral
 - v) sialography
 - vi) panoramic: once every 2 years
 - vii) radiopaque dyes

- c) Tests and Laboratory Examinations
 - i) microbiologic culture
 - ii) biopsy of oral tissue - soft
 - iii) biopsy of oral tissue - hard
 - iv) cytologic smear
 - v) pulp vitality tests
 - vi) caries susceptibility tests

- d) Preventive Services
 - i) polishing of coronal portion of teeth (prophylaxis): 1 unit every 12 months
 - ii) scaling of coronal portion of teeth: 3 units every 12 months
 - iii) initial oral hygiene instruction

- e) Space maintainers, other than stainless steel crown types, for persons under age 18: maintenance of a maintainer will be limited to twice every 12 months

Basic Treatments (any expenses related to implants will only be covered under Implants of the Major Treatments section, if included)

- a) Basic Services
 - i) finishing restorations
 - ii) pit and fissure sealant
 - iii) caries control
 - iv) interproximal discing
 - v) prophylactic odontotomy

- b) Restorative
 - i) amalgam restorations
 - ii) composite restorations

DETAILS OF BENEFITS

- c) Endodontics
 - i) pulp capping
 - ii) pulpotomy (excluding final restoration)
 - iii) emergency pulpotomy
 - iv) endodontic trauma
 - v) root canal therapy
 - vi) endodontic surgery
 - vii) apexification

- d) Periodontics
 - i) surgical services
 - ii) provisional matching
 - iii) adjunctive periodontal procedures
 - iv) Root planing is covered up to a maximum of 5 units in any 12 months.

- e) Dentures - removable
 - i) adjustments
 - ii) repairs
 - iii) rebasing and relining
 - iv) prophylaxis and polishing

- f) Oral Surgery
 - i) removal of erupted tooth (uncomplicated)
 - ii) surgical removals (complicated)
 - iii) surgical exposure and movement of tooth
 - transplantation: maximum of \$150
 - surgical repositioning: maximum of \$150
 - iv) enucleation of tooth
 - v) remodelling and recontouring of oral tissues
 - alveoloplasty
 - gingivoplasty and/or stomatoplasty
 - vestibuloplasty
 - remodelling of floor mouth
 - extension of mucous folds
 - vi) surgical excision and incision
 - excision of tumors and cysts
 - enucleation of cysts/granulomas
 - cheiloplasty (lip shave)
 - graft of bone to jaw
 - marsupialization
 - incision and drainage and/or exploration
 - incision for removal of foreign bodies: maximum of \$150

DETAILS OF BENEFITS

- vii) treatment of fractures
 - mandibular or maxillary (including wiring): open reductions limited to a maximum of \$750
 - alveolar fractures
 - » debridement, teeth removed
 - » replantation of avulsed tooth (includes splinting)
 - » repositioning of traumatically displaced tooth
 - » repairs and lacerations: if over 6 cm, limited to a maximum of \$750
 - viii) frenectomy/frenoplasty
 - ix) antral surgery
- g) Adjunctive General Services
- i) anaesthesia (in relation to surgery)

Major Treatments

- a) Dentures - removable
 - i) complete dentures
 - ii) partial dentures
- b) Dentures - fixed
 - i) cast post
 - ii) pontic
 - iii) butterfly bridge
 - iv) abutments
 - v) retainers (excluding transitional retainers) and retentive pins for retainers
 - stress breakers and or precision attachments: maximum of \$150 plus lab
 - telescoping of crown unit: maximum of \$450 plus lab

Initial installation of fixed or removable dentures will be covered only in the case of teeth extracted while the person is insured under this benefit or a similar benefit.

Replacement of fixed or removable dentures will be covered only if it is necessary for one of the following reasons:

- i) extraction of one or more additional natural teeth, while the person is insured under this benefit or a similar benefit; or
- ii) the dentures are at least 5 years old and can no longer be used; or
- iii) replacement of temporary dentures fitted less than 12 months before.

However, in no event will replacement dentures be covered if due to lost or stolen dentures.

DETAILS OF BENEFITS

- c) Restorative
 - i) crowns
 - ii) gold foil restorations (if other substances are inappropriate)
 - iii) metal inlay and onlay restorations
 - iv) porcelain inlay and onlay restorations (if other substances are inappropriate)
 - v) prefabricated post (pivot)
 - vi) recementing of inlays, onlays and crowns
 - vii) removal of inlays, onlays and crowns

Initial provision of crowns, inlays or onlays will be covered only if the tooth of the insured person is broken down by decay or injury and cannot be restored with an amalgam or composite restoration.

Replacement of crowns, inlays or onlays will be covered only if:

- i) the insured person's tooth is further broken down by decay or injury and cannot be restored with an amalgam or composite restoration; and
 - ii) a period of 5 years has elapsed since the last date on which the crown, inlay or onlay was provided.
- d) Space Maintainers (for loss of primary teeth)
 - i) stainless steel crown types

- e) Implants

All services and treatments related to implants will be covered. These will include, but will not be limited to:

- i) examination and diagnosis
- ii) surgical installation of implant
- iii) surgical re-entry
- iv) placement of attachment
- v) post-surgical care
- vi) placement of prosthetic post and crown on implant
- vii) laboratory fees

Whenever laboratory fees are incurred for services listed under the Major Treatments section, they will be limited to 60% of the fee established for the service.

DETAILS OF BENEFITS

EXCLUSIONS, LIMITATIONS AND RESTRICTIONS:

This benefit does not cover any expenses:

- a) Related directly or indirectly to a full mouth reconstruction, to correct vertical dimension or any temporomandibular joint dysfunction;
- b) Related to any appliance which is to be worn by the insured person during his participation in sports or recreational activities;
- c) Which are payable or reimbursable under a workers' compensation act, or would have been payable if the claim had been submitted;
- d) For services and supplies resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot;
- e) For services and supplies which are not medically required, which are given for cosmetic purposes or for any reason other than curative, or which exceed the normal services and supplies given in accordance with current therapeutic practice;
- f) For services and supplies rendered free of charge or which would be free of charge were it not for insurance coverage or which are not chargeable to the insured person;
- g) For implants and services related to implants such as, but not limited to, surgical services, except if specifically mentioned as being covered under this benefit;
- h) For services and supplies resulting from the commission of, or attempted commission of, a criminal offence or provoking an assault.

REDUCTION OF BENEFITS

The amount of benefit payable will be reduced by any benefit that is payable or reimbursable for the same expense:

- i) Under an approved plan similar to the provincial health plan of his province of residence, or that would have been payable had the person submitted a claim under such plan;
- ii) Under any government plan, group plan or individual plan, or that would have been payable had the person submitted a claim under such plan;
- iii) By a third party as a result of a legal action or settlement.

TREATMENT PLAN

If the total cost of a course of treatment is expected to exceed \$500, a treatment plan should be submitted to the insurer who will determine, before commencement of the treatment, the amount of eligible expenses.

“Treatment plan” means a written description of the course of treatment which, in the opinion of the dentist, will be required, including x-rays in support of such opinion, and specification of the probable date and cost of the treatment.

DETAILS OF BENEFITS

PAYMENT OF BENEFITS

Fees

Eligible expenses will be reimbursed according to the appropriate Fee Guide of the year specified in the Summary of Benefits, subject to any limits stated in the benefit.

Expenses incurred for services provided by a dentist are limited to the normal suggested fee for dentists in the insured person's province of residence.

All other expenses incurred are limited to the normal rate suggested for general practitioners in the insured person's province of residence.

Proof

Before paying benefits, the insurer may require, at no expense to the insurer, a complete diagram showing the insured person's state of dentition prior to the beginning of the treatment for which a claim is submitted. The insurer may also, if it deems necessary, require laboratory or hospital reports, x-rays, casts, molds or models used for examination purposes, or any other similar evidence.

Alternative Treatment Plan

If more than one type of treatment exists for the dental condition of the insured person, the insurer will limit reimbursement to the least expensive treatment that will produce a professionally adequate result with respect to the insured person's condition.

Maximum Benefit Per Insured Person

The maximum amount that will be reimbursed by the insurer is specified in the Summary of Benefits.

In the case of any person becoming insured more than 31 days following his eligibility date, the reimbursement for dental expenses during the first 12 months of coverage will be limited to \$100.

LEGAL STUFF

Third-Party Liability and Subrogation

The participant must notify the Insurer of any notice served to, or legal action taken against a third party, or any judgment, claim or settlement related to an event which may result in entitlement to benefits under the insurance plan.

If the participant is entitled to receive financial compensation from a third party with respect to which benefits are payable under the group policy, the participant will be required to reimburse the insurer for any benefits overpaid.

The Insurer is subrogated to all rights of the insured against a third party liable for damage that results in an entitlement to payment of benefits under the terms of the group policy, up to the limitation of the amounts paid by the Insurer. Should the Insurer decide to exercise its right of subrogation, the insured may be required to sign a letter of subrogation drafted by the Insurer.

Limitation of Actions

Every action or proceeding against the insurer for the recovery of insurance money payable under the group policy is absolutely barred, unless commenced within the time set out to this end, if any, in the applicable provincial Insurance Act.

Conformity to Legislation

If this document does not conform to the provincial Insurance Act that governs it, it will automatically be deemed to be amended to comply with the applicable provincial Insurance Act.



MORCARE

FREQUENTLY ASKED QUESTIONS

FAMILY OPT-IN PROVISION

You may elect to add the family plan at any time within 30 days of the **effective date** of your insurance. The family plan will not be accepted if you do not opt in your family within the 30 day period. **Please visit www.morcare.ca**

DO I NEED TO ADD MY FAMILY TO MY PLAN EVERY YEAR?

Yes. You will need to add your family to the plan each school policy year. Family coverage is only active while the student coverage is active during the same policy year.

If the online link is closed, please proceed to your International Student Office for assistance.

“SPOUSE” means the legal spouse of the Insured Student, residing in Canada, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the Collège Boréal’s records for insurance purposes and is covered under the provincial health insurance plan.

“DEPENDENT CHILD OR CHILDREN” means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is a resident of Canada and is covered under the provincial health insurance plan.

Please be aware that should you decide to purchase family benefits for your spouse and/or dependent children they will also be enrolled in the same benefit plan that you have chosen.

FREQUENTLY ASKED QUESTIONS (FAQ)

HOW CAN I SET UP A DOCTOR OR WALK-IN CLINIC APPOINTMENT

TO AVOID UPFRONT COSTS CALL MORCARE: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free)

APPOINTMENT SET-UP FOR: DOCTOR VISITS, WALK-IN CLINICS, X-RAYS, HOSPITAL VISITS

If it is not a medical emergency, please contact Morcare for assistance in setting up your appointment.

You can also go to your family doctor, any walk-in clinic or hospital and present your Morcare student benefit card. Most places will accept the student benefit card. If your doctor, walk-in clinic or hospital will not accept the card you can pay them directly and submit a claim for reimbursement. Coverage for your visit is up to the benefit maximum in your coverage. Other fees or costs may apply to you. If you have questions about your coverage, contact Morcare for assistance.

DO I NEED APPROVAL IF I WILL BE STAYING OVERNIGHT IN A HOSPITAL OR SCHEDULED FOR OUTPATIENT SURGERY?

Yes. If you will have an expense for scheduled confinement in a hospital or scheduled surgery, including outpatient surgery, Notification of this claim must be submitted to the Insurer for approval **THREE (3) days in advance of the date** you will be admitted.

If you do not get approval 3 days in advance, your coverage is limited to 70% of all expenses incurred to an overall maximum of \$10,000. If you have questions, contact Morcare for assistance.

FOR MEDICAL EMERGENCIES

If it is a medical emergency, proceed directly to the hospital. If you are admitted overnight, please contact Morcare immediately at 1-888-985-1552.

DEADLINE TO FILE A CLAIM

Please submit your claim within 6 months of the date of service, or by November 30th, 2020; whichever is earlier.

HOW TO FILE AN EXTENDED HEALTH OR DENTAL CLAIM

EXTENDED HEALTH CLAIMS (Drug, Paramedical, Vision) AND DENTAL CLAIMS

Your student identification card may be used at any participating provider (pharmacy or dentist) across Canada and payment of eligible claims will be honoured. To fill a prescription drug or dental claim, you will need to supply the pharmacist or dentist with your Morcare Health card or the following information:

- **Your Group Number is 100004**
- **Provider: ClaimSecure (formerly RxPlus / Merx Health Corporation)**
- **Your Certificate Number is: _____ CB**
(the last 8 digits of your student ID followed by CB)
Example: if your student ID is 235-839-388, your certificate number is 35839388CB.

At this point you will be required to pay the deductible amount of your claim, if necessary. Please note the dental office may charge more than the Fee Guide, which will require you to be responsible for any additional costs.

If you paid out of pocket and need to be reimbursed, you must obtain and complete an extended health care claim form available at www.morcare.ca. Include all written referrals and original receipts. **You will submit all information to the address on the claim form for reimbursement.** When so requested by the Company, you will secure any further statements from your physician within 90 days of the date of the claim.

MY STUDENT CARD WAS NOT ACCEPTED AT THE PHARMACY OR DENTAL OFFICE

There are a few different reasons for having complications at your pharmacy or dental office. Below are a few scenarios:

- a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information online so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims online due to the transfer of information to the online system. If you are affected by this delay, please use the manual reimbursement system as noted under HOW TO FILE AN EXTENDED HEALTH OR DENTAL CLAIM above.
- b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through ClaimSecure. A toll-free number has been provided to all pharmacies and dental offices so they are able to assist you on the spot.
- c) If you experience complications at the pharmacy that are not related to the above descriptions, please call Morcare for help at at: **416-216-5735 (Local) and 1-888-985-1552 (Toll Free).**

SUBMITTING CLAIMS ONLINE

How to create your online profile

- 1. Visit www.Morcare.ca**
Select your school, and click on the “eProfile” tile.
- 2. Click “Register Now”.**
You must have an active insurance status and valid e-mail address to register.
 - Your Group Number is: 100004
 - Your Certificate Number is: _____CB
(the last 8 digits of your student ID followed by CB)**Example: if your student ID is 235-839-388, your certificate number is 35839388CB.**

Direct deposit is optional. You can sign up any time under “My Account”
- 3. You will receive an email confirmation from “eProfile System” containing your login information.**
Make sure to log into your account within 15 days, otherwise your registration information will expire.
- 4. You are finished!**

DO NOT USE YOUR ONLINE PROFILE FOR THE BELOW



- Hospital & physician visits
- Emergency room visits
- Walk-in clinic
- Blood tests
- X-rays & ultrasounds
- Diagnostic imaging

These claims can **only** be submitted by mail. Required claim forms downloadable at www.morcare.ca.

IF YOU HAVE ANY QUESTONS CONTACT MORCARE:

Toll Free Help Line: 1-888-985-1552 Email: help@morcare.ca Online Chat: www.morcare.ca

DO I NEED TO SET UP A BANK ACCOUNT FOR DIRECT DEPOSIT?

Yes. In order to submit your claims online with the Insurer you will need a Canadian Bank Account to be set up for direct deposit.

FREQUENTLY ASKED QUESTIONS (FAQ)

HOW TO FILE AN OHIP ALTERNATIVE HEALTH CLAIM

OHIP ALTERNATIVE HEALTH CLAIMS (Doctors, x-rays, walk-in clinics, hospital visits, emergency)

If the healthcare provider accepts your Morcare International Medical Card, claims will be paid by the Insurer directly to the provider.

If you have paid for any expenses yourself, these claims can be submitted by MAIL ONLY.

If you have been issued an invoice for outstanding payment, you can include the unpaid invoice along with a completed International claim form and indicate that payment should be made directly to the health care provider.

Download the Claim Form at **Morcare.ca**

Complete the claim form and Mail the form with the original receipts and/or invoice. Make sure to keep photocopies for yourself.

Please be sure to include on the claim form: your policy number, certificate number and current mailing address.

You can also contact Morcare at: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free) for assistance with the Claim Form.

HOW TO FILE AN ACCIDENT CLAIM

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) CLAIMS:

In the event of accidental, death or dismemberment claim, You MUST call the Insurer at 1-800-266-5667

Have the following information ready to provide:

Name of the person insured

Policy number

Type of accident

Date of accident and/or death

The claim forms and instructions will be sent to you at that time.

HOW TO FILE AN EMERGENCY MEDICAL CLAIM IF YOU ARE OUT OF THE PROVINCE OR OUT OF THE COUNTRY

EMERGENCY MEDICAL CLAIMS - OUT OF PROVINCE or COUNTRY:

If you are out of Ontario or out of Canada (but not in your home country) and you need emergency medical attention:

It is recommended that you call iA Emergency Assistance (if possible), if you are going to be admitted into a hospital.

You **MUST** call **iA Emergency Assistance at 1-800-255-2008 (or collect 0 (305) 865-8895)** to ensure that the medical attention you receive is covered. In some cases, arrangements will be made by the Insurer to pay the medical facility directly, on your behalf. This way you can avoid paying out of your pocket wherever possible.

If you do not contact iA Emergency Assistance, you may receive medical treatment which may not be included in this coverage. Please ensure that you advise the operator that you are covered by iA in order that your eligibility may be established.

You will need to provide Documented Evidence of the duration of your scheduled trip, such as a transportation ticket or an official stamp at a customs office. This proof is required otherwise claims will not be paid.

iA Emergency Assistance Line is open 24 hours a day, 7 days a week

Call **1 800 255-2008** or if outside North America, call collect to **0 (305) 865-8895**

YOUR TRAVEL POLICY #:

Emergency Out of Province Coverage and Assistance is provided by **Special Markets Solutions**, a division of Industrial Alliance Insurance and Financial Services Inc. ("iA") under policy:

100011038

iA EMERGENCY ASSISTANCE

For emergency assistance call: **1-800-255-2008**

Outside North America, call collect: **0-(305) 865-8895**

If possible, before obtaining any EMERGENCY medical services, please call iA Emergency Assistance.

If you do not, you may receive inappropriate or unnecessary medical treatment which may not be included in your coverage.



Use of this card authorizes my Policyholder, the Insurer iA (including its affiliates, reinsurers and any person/organization performing services on its behalf) and any person/organization (includes health care practitioners, institutions, and insurers) who have relevant personal information about me or my dependents, to exchange information concerning patient safety or for the purposes of group policy administration and management.

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

Unauthorized Use of This Card Constitutes Fraud

NOTE: The iA Emergency Assistance or its agents shall not be responsible for the availability, quality or results of any medical treatment or the failure of the insured to obtain medical treatment.

FREQUENTLY ASKED QUESTIONS (FAQ)

WHAT IF I PAY FOR CLAIMS?

If you have paid for any Travel expenses (Out of Ontario or Out of Canada) yourself, these claims cannot be submitted online and will require a claim form to be completed that has to be mailed.

Please get original receipts at the time of payment and make a copy of all receipts that you will be sending to the Insurer.

Download the Claim Form at www.morcare.ca

Complete the claim form and Mail the form with the original receipts, keeping the copies for yourself.

You can also contact Morcare at: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free) for assistance with the Claim Form.



MORCARE

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www.morcare.ca