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EMERGENCY OUT OF PROVINCE

Travel Coverage

- » **COVERAGE FOR EMERGENCY INJURY OR SICKNESS**
Lifetime Maximum: \$2,000,000
- » **TRIP DURATION**
45 Days maximum
- » **EVACUATION & ATTENDANT TRANSPORTATION**
Evacuation benefit at \$40,000 maximum
Attendant Transportation benefit at \$5,000 maximum
- » **SUPPLEMENTAL TRANSPORTATION EXPENSES**
Ground Ambulance: Maximum: \$500
Air Ambulance: Maximum: \$5,000

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.

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STUDENT ASSISTANCE PROGRAMS

WeSpeakResilience & SAP

- » **INTERNATIONAL STUDENT RESILIENCE PROGRAM (WESPEAKRESILIENCE)**
Assists students to learn techniques to self-assess their individual capabilities, manage stress and put preventative strategies into practice to support emotional well-being.

Available now for our International Students at www.wespeakresilience.com.
- » **MORCARE STUDENT ASSISTANCE PROGRAM**
Unique interactive online wellness program for mental and physical well-being and to provide support for everyday student based life issues.

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HOW TO FILE YOUR CLAIM

OHIP ALTERNATIVE, AD&D, EMERGENCY OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE CLAIMS:

These claims must be submitted by MAIL ONLY.

- » **YOUR GROUP POLICY NUMBER IS: 100011038**
- » **PROVIDER: SPECIAL MARKET SOLUTIONS**
- » **YOUR CERTIFICATE NUMBER IS YOUR STUDENT ID**

You can download your claim forms at www.morcare.ca
Please ensure that if you pay any expenses yourself, you obtain original receipts and send complete forms to **the address on the form.**

DRUG, DENTAL, EXTENDED HEALTH CLAIMS:

Your drug, dental, and extended health care claims are paid by ClaimSecure. When making a pay direct drug/dental claim, the pharmacy/dentist will need to know the following:

- » **YOUR GROUP NUMBER IS: 100004**
- » **PROVIDER: CLAIMSECURE**
- » **YOUR CERTIFICATE NUMBER IS:**

— — — — — C B

(the last 8 digits of your student ID followed by CB)

Example: if your student ID is 235-839-388

Your certificate number is 5839388CB.

If you are mailing your claim, please mail your prescription drug/dental/ extended health care claim directly **to the address on the form.**

For dental inquiries please call ClaimSecure: **1-888-513-4464**

ADDRESS AS OF NOVEMBER 1ST, 2017:

1 Yonge Street, Suite 2000, Toronto, ON, M5E 1E5

PLAN CONSULTANTS:

1 Yonge Street, Suite 1200, Toronto, ON, M5E 1E5

Tel: 416-216-5735

Fax: 416-216-1179

Toll Free: 1-888-985-1552

Website: morcare.ca

Email: help@morcare.ca



MORCARE

2017-2018

International Student Program

COLLÈGE **BORÉAL**

1

OHIP ALTERNATIVE INSURANCE

Health coverage in Canada

YOUR POLICY NUMBER IS: 100011038

YOUR PROVIDER IS: SPECIAL MARKET SOLUTIONS

YOUR CERTIFICATE NUMBER IS YOUR STUDENT ID

All International Students, under age 65, their accompanying spouses and accompanying dependent children are eligible for this coverage.

- » **LIFETIME MAXIMUM: \$1,000,000**
- » **DOCTOR/PHYSICIAN**
Treatment of Illness or Injury
Doctor/Clinic visits
Emergency room
Medical services and devices coverage
- » **MEDICAL SERVICES AND DEVICES COVERAGE INCLUDES:**
Treatment of fractures or dislocations, x-rays and laboratory exams, dental procedures by a dental surgeon, health exams, licensed anesthetist, cleft lip and palate assistance, well-baby care expenses
- » **OBSTETRICAL/MATERNITY EXPENSE INDEMNITY**
Lifetime Maximum: \$25,000
- » **PSYCHIATRIC HOSPITALIZATION**
Lifetime Maximum: \$25,000
- » **SELF-INFLICTED INJURIES/SUICIDE AND ATTEMPTED SUICIDE**
Lifetime Maximum: \$10,000 for required in-patient hospitalization
- » **ONCOLOGY TREATMENT**
Lifetime Maximum: \$25,000
- » **REPATRIATION**
Maximum: \$10,000 per student year
- » **RETURN HOME**
Maximum: \$10,000 per student year

IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Insurer for approval 3 days in advance of the date of admission. If not submitted, coverage is limited to 70% of all expenses incurred, to an overall maximum of \$10,000.00

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DRUGS

YOUR GROUP NUMBER IS: 100004

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **80% REIMBURSEMENT**
- » **\$5,000 MAXIMUM PER STUDENT YEAR**
- » **PREVENTATIVE VACCINES AND IMMUNIZATIONS**
Maximum: \$150 per student year
Includes Hepatitis A and B
- » **CONTRACEPTIVES**
Maximum: \$200 per student year

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EXTENDED HEALTH

YOUR GROUP NUMBER IS: 100004

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **ACUPUNCTURIST, AUDIOLOGIST, CHIROPRACTOR, OCCUPATIONAL THERAPIST, NUTRITIONIST, OSTEOPATH, PODIATRIST, NATUROPATH, SPEECH THERAPIST**
\$500 maximum benefit PER practitioner per student year
- » **RMT AND ORTHOTHERAPY**
\$500 combined maximum per student year
- » **PHYSIOTHERAPY**
\$500 maximum per student year
- » **PSYCHOLOGIST, SOCIAL WORKER, AND PSYCHOANALYST**
\$1,000 combined maximum per student year
- » **TUTORIAL SERVICE**
\$1,000 at \$15 per hour per student year
- » **EMERGENCY TAXI**
\$50.00 (excluding Ambulance) per student year
- » **ACCIDENTAL DENTAL**
\$2,000 maximum per student year
- » **STANDARD MAJOR MEDICAL SERVICES AND DEVICES**
Visit www.morcare.ca for a full list of services and devices

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VISION

YOUR GROUP NUMBER IS: 100004

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **100% REIMBURSEMENT**
- » **EYE EXAM**
Maximum: \$80 per 24 months
- » **EYEGASSES/CONTACTS**
Maximum: \$150 per 24 months

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DENTAL

YOUR GROUP NUMBER IS: 100004

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **\$750 MAXIMUM PER STUDENT YEAR**
- » **\$0 DEDUCTIBLE**
- » **BASIC SERVICES**
80% Reimbursement
- » **PREVENTATIVE SERVICES**
80% Reimbursement
- » **MAJOR, ENDODONTIC AND PERIODONTIC SERVICES**
50% Reimbursement

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AD&D

Accidental death and dismemberment

- » **MAXIMUM: \$1,000,000 PER ANY ONE (1) ACCIDENT**
- » **LOSS OF LIFE PER INSURED**
Student: \$50,000
Spouse: \$10,000
Each Dependent Child: \$2,500

Specific Loss Indemnity Table, Accidental Medical Reimbursement, Bereavement, Cosmetic Disfigurement, Day Care, Education Benefit, Family Transportation, Funeral Expenses, Home Alteration & Vehicle Modification, Identification, In-Hospital Mos. Confinement Income, Psychological Therapy, Rehabilitation, Repatriation, Seat Belt, Spousal Occupational Training, Travel Expense Reimbursement for Parent(s), Tutorial Service.



THIS IS A SUMMARY OF BENEFITS ONLY.

FOR MORE INFORMATION PLEASE VISIT **WWW.MORCARE.CA**