

MY BENEFIT PLAN BOOKLET

Organization of Part-Time University Students



Billing Division: 32000

Revised Date: September 1, 2013



WELCOME TO YOUR STUDENT HEALTH & DENTAL PLANS

Dear Student,

Welcome to your students' union health and dental plan.

Students here at the Organization of Part-Time University Students have come together to contribute to health and dental plans that provide benefits to us all.

Your health and dental plans have been democratically established by the members of your student union through referenda. Every year, your elected representatives and staff work to negotiate the best value possible. Students who already have coverage are allowed to withdraw from the plan, so that this service can be focused on those who need it.

Your health and dental plans are services of your students' union, underwritten by Green Shield Canada, the only national non-profit benefits provider in the country, so you can be assured that students' interests are the only priority.

In creating universal health and dental plans, the Organization of Part-Time University Students members have recognized that when we work together, we can save money and provide important services. If any individual student were to seek private and independent health coverage, the cost would be too great and the benefits too limited. However, by pooling our resources, we are able to realize incredible savings and service enhancements through economies of scale.

These benefit plans represent much more! In deciding to offer ourselves health and dental protection, students are working to ensure that no student suffers academically or has to drop out of school because of unexpected and unmanageable health related costs. Some students with chronic illnesses would never be able to see the inside of a classroom without access to affordable treatment and therapies.

That is why it is important to work collectively to provide protection for each other in the most cost-effective way possible. While we hope that this year will be worry free, if your health does falter, we are glad that your health and dental plans will be there to support you. Many of your plan benefits support health promotion and illness prevention, such as annual dental cleaning and maintenance medication. Being proactive about your health and dental needs is as much a worthwhile investment in your future as your education.

This year, please get familiar with the coverage detailed in this brochure and take advantage of the benefits provided by your students' union health and dental plans. After all, we can all benefit from having the peace of mind this coverage brings.

If you have any questions or suggestions, there is a team of people waiting to assist you.

Have a healthy and successful year!

Your Organization of Part-Time University Students Executive

WELCOME TO YOUR BENEFIT PLAN

ABOUT THIS BOOKLET

This booklet provides a summary of your benefits under your benefit plan.

It includes:

- a Description of Benefits, listing all the Deductibles, Co-pay and Maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- information you need to submit a claim

Your Benefit Providers are:

Green Shield

- Prescription Drugs, Health and Dental Benefit Plans

Shepell-fgi

- Student Wellness Resource

ACE INA Insurance

- Accidental Death and Dismemberment Benefit Plan

RSA Travel Insurance Inc.

- Travel Benefit Plan

THE STUDENT CENTRE

The "Student Centre" can now be accessed from the Green Shield website at greenshield.ca/StudentCentre.ca. This website provides quick and easy access to the information you are looking for, such as:

- Reading and/or downloading your Benefit Plan Booklet
- Locating dental providers in your area who are members of the Student Dental Discount Network (if you have Green Shield Dental Benefits)
- Locating discount vision providers in your area (regardless of whether you have Green Shield Vision Benefits or not)
- Accessing wellness information

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Details on the Accidental Death and Dismemberment Benefit Plan and Travel Benefit Plan can be found at the back of this booklet.

DESCRIPTION OF BENEFITS

HEALTH BENEFIT PLAN

Your plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury. Benefits are subject to the Deductible and Maximums listed.

DEDUCTIBLE: Nil

OVERALL HEALTH MAXIMUMS

PRESCRIPTION DRUGS: \$2,000 per person per benefit year

ALL OTHER HEALTH BENEFITS: \$10,000 per covered person, per benefit year for all Health Benefits combined

Benefit Year: September 1 - August 31

PRESCRIPTION DRUGS	Your plan pays:	Maximum plan pays:
<ul style="list-style-type: none"> • Diabetic testing agents, needles/syringes • All other prescription drugs 	80% per prescription or refill	<ul style="list-style-type: none"> • \$200 per benefit year, combined with blood glucose monitors and lancets, limited to the overall Prescription Drugs Maximum • \$2,000 per person per benefit year

Prescription drug benefits must:

- a) be prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law;
- b) legally require a prescription;
- c) be submitted to us by using your Green Shield ID Card at your pharmacy or paid for by you and then submitted to us for reimbursement.

If approved by Green Shield, this plan includes drugs that do not legally require a prescription, including insulin and all other approved injectibles, as well as related supplies such as diabetic syringes, needles and testing agents.

Certain drugs may require prior approval, your Pharmacist is aware of the drugs that fall into this category.

In no event will the amount dispensed exceed a three-month supply (six months if a vacation supply is required) of a prescription at any one time and not more than a 13-month supply in any 12 consecutive months.

Eligible benefits do not include and no amount will be paid for:

- a) Smoking cessation products, oral contraceptives and medication for the treatment of acne, hair loss/replacement, obesity, erectile dysfunction and infertility.
- b) Products which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required.
- c) Ingredients or products which have not been approved by Health Canada for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage.
- d) Mixtures, compounded by a pharmacist, that do not conform to Green Shield's current Compound Policy.

Extended Health Services

Hospital Accommodations	Maximum plan pays:
Public general hospital – semi-private room	Reasonable and Customary Charges

Reimbursement of reasonable and customary charges for hospital accommodations in the area where received provided your provincial health insurance plan has accepted or agreed to pay the ward or standard rate. No amount will be paid for accommodation in a Long Term Care facility.

MEDICAL ITEMS AND SERVICES	Maximum plan pays:
Blood glucose monitors and lancets	\$200 per person per benefit year, combined with diabetic testing agents, needles/syringes
Braces and Crutches*	\$500 per person per benefit year
Prosthesis*	\$1,500 per benefit year
Other items and services listed below*	Reasonable and customary charges

Reimbursement for reasonable and customary charges for:

- a) Aids for daily living: such as hospital style beds, including rails and mattresses; bedpans; urinals; standard commodes; decubitus supplies; IV stands; trapezes; portable patient lifts;
- b) Braces, casts;
- c) Diabetic equipment, such as blood glucose monitors and lancets;
- d) Medical services, such as diagnostic tests, x-rays and laboratory tests;
- e) Incontinence/Ostomy equipment, such as catheter supplies and ostomy supplies;
- f) Mobility aids, such as canes, crutches, walkers and wheelchairs;
- g) Prosthetics, such as an arm, hand, leg, foot, breast, eye and larynx;
- h) Respiratory/Cardiology equipment, such as compressor, inhalant devices, tracheotomy supplies and oxygen;
- i) Compression stockings.

Some items may require pre-authorization. To confirm eligibility prior to purchasing or renting equipment, submit a Pre-Authorization Form to Green Shield.

Limitations

- a) The rental price of durable medical equipment will not exceed the purchase price. Green Shield's decision to purchase or rent will be based on the physician's estimate of the duration of need as established by the original prescription. Rental authorization may be granted for the prescribed duration. Equipment that has been refurbished by the supplier for resale is not an eligible benefit.
- b) Durable medical equipment must be appropriate for use in the home, able to withstand repeated use and generally not useful in the absence of illness or injury.
- c) When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for the patient to effectively operate the equipment. Items that are not primarily medical in nature or that are for comfort and convenience are not eligible.

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HEALTH BENEFIT PLAN

EMERGENCY TRANSPORTATION	Maximum plan pays:
	Reasonable and customary charges

Reimbursement for professional land or air ambulance to the nearest hospital equipped to provide the required treatment, or when medically required as the result of an injury, illness or acute physical disability.

PRIVATE DUTY NURSING IN THE HOME	Maximum plan pays:
	Reasonable and Customary Charges

Reimbursement for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a full or part shift basis, up to the amounts shown above. No amount will be paid for services which are custodial and/or services which do not require the skill level of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.).

A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to Green Shield.

PROFESSIONAL SERVICES	Maximum plan pays:
<ul style="list-style-type: none"> • Speech Therapist • Podiatrist 	\$20 per visit up to a maximum of 20 visits per practitioner, per benefit year
<ul style="list-style-type: none"> • Registered Massage Therapist (medical referral required) • Homeopath • Acupuncturist • Naturopath 	\$20 per visit up to a maximum of 20 visits for all practitioners combined, per benefit year
<ul style="list-style-type: none"> • Chiropractor • Physiotherapist 	\$20 per visit up to a maximum of 20 visits for all practitioners combined, per benefit year

Professional Services, and for practitioners included, up to the amount shown above, when the practitioner rendering the service is licensed by their provincial regulatory and/or professional association and that association is recognized by Green Shield. Please contact the Green Shield Customer Service Centre to confirm practitioner eligibility.

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HEALTH BENEFIT PLAN

ACCIDENTAL DENTAL	Maximum plan pays:
	Reasonable and customary charges

Reimbursement for the services of a licensed dental practitioner for dental care to restore the area damaged as the result of an accident while the coverage is in force. When natural teeth have been damaged, eligible services are limited to one set of artificial teeth. You must notify Green Shield immediately following the accident and the treatment must commence within 180 days of the accident.

Green Shield will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province of residence. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter Green Shield's liability.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.

VISION	Your Co-pay:	Maximum plan pays:
<ul style="list-style-type: none"> • Prescription eye glasses, contact lenses or medically necessary contact lenses • Optometric Eye Exams 	0%	<p>\$100 per 24 consecutive months based on first paid claim</p> <p>Once every 2 years, up to a maximum of \$80, beginning on date of first paid claim</p>

Reimbursement for the following services performed by a licensed Optometrist, Optician or Ophthalmologist, up to the amounts shown above for:

- a) Prescription eyeglasses or contact lenses;
- b) Medically necessary contact lenses when visual acuity cannot otherwise be corrected to at least 20/40 in the better eye or when medically necessary due to keratoconus, irregular astigmatism, irregular corneal curvature or physical deformity resulting in an inability to wear normal frames;
- c) Replacement parts to prescription eyeglasses;
- d) Optometric eye examinations for visual acuity performed by a licensed optometrist, ophthalmologist or physician, ages 20-64 (available only in those provinces where eye examinations are not covered by the provincial health insurance plan);

Eligible benefits do not include and no amount will be paid for:

- a) Medical or surgical treatment;
- b) Special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- c) Follow-up visits associated with the dispensing and fitting of contact lenses;
- d) Charges for eyeglass cases.

TUTORIAL BENEFIT	Maximum plan pays:
NOTE: Your dependents are not eligible for this benefit.	Private tutorial service of a qualified teacher up to \$25 per hour, up to \$1,000 per benefit year. You must be confined to home or hospital for a minimum of 15 consecutive school days to qualify.

Health Benefit Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
 - a) intentionally self-inflicted injury while sane or insane;
 - b) an act of war, declared or undeclared;
 - c) participation in a riot or civil commotion; or
 - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any specific treatment or drug which:
 - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
 - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
 - c) will be administered in a hospital;
 - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs Benefit;
 - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries.
6. Services or supplies that:
 - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
 - b) are legally prohibited by the government from coverage;
 - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
 - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
 - e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
 - f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
 - g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;

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HEALTH BENEFIT PLAN

- h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
- i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are for medical or surgical audio and visual treatment;
- m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- n) are delivery and transportation charges;
- o) are for Insulin pumps and supplies (unless otherwise covered under the plan);
- p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
- q) are batteries, unless specifically included as an eligible benefit;
- r) are a duplicate prosthetic device or appliance;
- s) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- t) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- u) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as a result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
- v) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
- w) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
- x) relate to treatment of injuries arising out of a motor vehicle accident (Ontario);
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if:
 - i) the service or supplies being claimed is not eligible; or
 - ii) the financial commitment is complete.A letter from your automobile insurance carrier will be required;
- y) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

DESCRIPTION OF BENEFITS

DENTAL BENEFIT PLAN

DEDUCTIBLE: Nil

Fee Guide: The current Provincial Dental Association Fee Guide for General Practitioners.

In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

Benefit Year: September 1 - August 31

DENTAL BENEFIT PLAN	Maximum plan pays:
Basic & Comprehensive Basic Services	60% of eligible charges, up to a maximum of \$500 per covered person per benefit year

The benefits shown below will be eligible, if they are based on the licensed dental practitioner’s reasonable and customary charge in accordance with the Fee Guide.

Basic Services

- Recalls include exams, bitewing X-rays and cleanings once per benefit year.
- Fluoride treatments once per benefit year.
- Complete, general or comprehensive oral exams, full mouth x-rays and panoramic x-rays, once every 3 years based on date of first paid claim
- Basic restorations, fillings and inlays.
- Extractions and surgical services. General anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery.

In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

Comprehensive Basic Services

- Periodontal treatment including scaling and/or root planing, 1 time units per benefit year.
- Occlusal equilibration - selective grinding of tooth surfaces to adjust a bite, 2 time units per benefit year.

Alternate Treatment

The benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

Predetermination

Before your treatment begins, if the total cost of any proposed treatment is expected to exceed \$300, it is recommended that you submit an estimate completed by your dental practitioner.

Limitations

- a) Laboratory charges must be completed in conjunction with other services and will be limited to the Co-pay of such services. Laboratory charges that are in excess of 40% of the dentist's fee in the current General Practitioners Fee Guide will be reduced accordingly; co-insurance is then applied.
- b) Reimbursement will be made according to standard and/or basic services, supplies or treatment. Related expenses beyond the standard and/or basic services, supplies or treatment will remain your responsibility.
- c) When more than one surgical procedure is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement.
- d) Reimbursement will be pro-rated and reduced accordingly, when time spent by the dentist is less than the average time assigned to a dental service procedure code in the General Practitioners Fee Guide.
- e) Common surfaces on the same tooth/same day will be assessed as one surface. If individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period.
- f) The benefits payable for multiple restorative services in the same quadrant performed at one appointment may be reduced by 20% for all but the most costly service in the quadrant.
- g) Root planing is not eligible if done at the same time as gingival curettage.
- h) In the event of a dental accident, claims should be submitted under the health benefits plan before submitting them under the dental plan.

Dental Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or Injury due to:
 - a) intentionally self-inflicted Injury while sane or insane;
 - b) an act of war, declared or undeclared;
 - c) participation in a riot or civil commotion; or
 - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any dental service that is not contained in the procedure codes developed and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided;
6. Implants and related services;
7. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion;
8. Appliances related to treatment of myofacial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines;
9. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces;
10. Service and charges for sleep dentistry;
11. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction;
12. Any specific treatment or drug which:
 - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
 - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
 - c) will be administered in a hospital;
 - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Health Benefit Plan Prescription Drugs;
 - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;
13. Services or supplies that:
 - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
 - b) are legally prohibited by the government from coverage;

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DENTAL BENEFIT PLAN

- c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage; or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
- d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
- e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
- f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
- g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
- h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
- i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. (replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required);
- k) are video instructional kits, informational manuals or pamphlets;
- l) are delivery and transportation charges;
- m) are a duplicate prosthetic device or appliance;
- n) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- o) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- p) relate to treatment of injuries arising out of a motor vehicle accident (Ontario);
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–
 - i) the service or supplies being claimed is not eligible; or
 - ii) the financial commitment is complete;A letter from your automobile insurance carrier will be required;
- q) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

STUDENT WELLNESS RESOURCE

The National Student Health Network is pleased to provide access to a wealth of online information, tools, e-learning modules and trackers to help bring balance and health to your life.

Topics covered include:

Mental Health Depression, helping family members with mental illness, alcohol consumption test and tracker...

Relationships Creating a stronger relationship, partner abuse...

Your Body Healthy eating, important health risk factors, exercise trackers...

Finance Decreasing your debt, planning for your future, budget building...

Career Planning Deciding on a career, help finding a job, learning better time management skills...

Visit www.canadianstudentwellness.ca today!

CLAIM INFORMATION

Inquiries

For detailed inquiries, contact your Student Union Health Plan Administrator or contact Green Shield.

- call the Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item, service or pre-authorization requirements; or
- visit greenshield.ca/StudentCentre to e-mail your question.

Pre-authorization

For **pre-authorization** forward a pre-authorization form OR a physician’s prescription indicating the diagnosis and what is prescribed.

Submitting Claims

All claims submitted to Green Shield require your Green Shield Identification number. Your Green Shield Identification Number is your student number with the prefix “**OPU**” – e.g. **OPU11222333**.

For **claims reimbursement** forward **an original itemized paid receipt from the service provider** (cash receipts or credit card receipts alone are not acceptable as proof of payment) including:

- Patient’s name, address and Green Shield Identification Number
- Provider’s name and address
- Date of service (this is the date of pick up)
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required

For certain claims, we may require additional confirmation of payment so we recommend you keep a copy of some other identifiable confirmation of payment, such as a cancelled cheque (copy is acceptable if both sides of the cheque are provided), an authorized electronic credit card receipt and/or statement, direct payment /debit receipt or bank statements.

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.

**SUBMIT ALL HEALTH AND DENTAL CLAIM FORMS TO:
GREEN SHIELD CANADA**

Attn: Drug Department	PO Box 1652	Windsor, ON	N9A 7G5
Attn: Medical Items	PO Box 1623	Windsor, ON	N9A 7B3
Attn: Professional Services	PO Box 1699	Windsor, ON	N9A 7G6
Attn: Hospital/ Vision Department	PO Box 1615	Windsor, ON	N9A 7J3
Attn: Dental Department	PO Box 1608	Windsor, ON	N9A 7G1

Reimbursement

Reimbursement will be made by one of the following methods:

- a) direct deposit to your personal bank account, when requested;
- b) a reimbursement cheque; or
- c) direct payment to the provider of services, where applicable.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

Direct Payment to the Provider of Service (where applicable)

Provide your Green Shield Identification Number to your provider and, after you pay any applicable co-payment, they may bill Green Shield directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

Subrogation

Green Shield retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that Green Shield has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by Green Shield, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.

Co-ordination of Benefits (COB)

If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s).

As a Green Shield plan member, your student plan is always your primary plan. Submit your claims to Green Shield first and if you have a balance remaining, you may submit it to the secondary carrier(s) or benefit plan(s), if applicable, such as a parental plan.

Spouse

If your spouse is a plan member under another benefit plan, this Green Shield coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

Children

When dependent children are covered under both your Green Shield plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
 - The benefit plan of the parent who has custody of the dependent child
 - The plan of the spouse of the parent who has custody of the dependent child
 - The plan of the parent who does not have custody of the dependent child
 - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

ADDITIONAL INFORMATION

PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website.

When you create your username and password, you will have instant access to the following:

- Reading and/or downloading your Benefit Plan Booklet
- Printer friendly personalized claim forms
- View benefit eligibility information
- View your personal profile

Contact the Green Shield Canada Customer Service Centre at 1.888.711.1119 to verify your permanent address is entered on our system. Once you have registered for Plan Member Online Services, Green Shield will mail you an access code required for the following additional services:

- View claim history for you and your dependents
- View claim history for tax purposes or Co-ordination of Benefits
- View Explanation of Benefits information
- Request your claim payments to be directly deposited into your bank account. Once arrangements have been made for Direct Deposit, claim payments will be deposited directly into the bank account you have chosen. Statements will no longer be mailed to you but will be available for online viewing.

Register for Plan Member Online Services at greenshield.ca/StudentCentre.ca and see what our website can do for you!

VISION DISCOUNT NETWORK ARRANGEMENT

As a Green Shield plan member, you have access to our national vision discount network arrangement where you are eligible to receive a discount on eyewear and laser eye surgery.

Features of this great value-added service:

1. discount offer applies regardless of whether you have Green Shield vision benefits or not;
2. the vision provider may bill Green Shield directly if you are covered for vision benefits. You just pay any portion of the expense not covered under your vision benefit;
3. trustworthy retail chains with convenient locations;
4. discount offer applies to everything such as all extra coatings, upgrades and accessories;
5. hundreds of the latest frame styles to choose from plus the latest lens and coating technology;
6. professional opticians to assist in selecting products;
7. offer applies to non-disposable contact lenses (excludes disposable contact lenses).

These savings cannot be combined with other discounts.

Visit our website at greenshield.ca/StudentCentre.ca or call our Customer Service Centre at 1.888.711.1119 for information on the vision providers.

How to Submit Your Vision Claim (if your plan covers vision benefits)

1. Present your Green Shield Identification Card as proof of being a Green Shield plan member.
2. The vision provider will apply the appropriate discount(s) to your claim and may submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.
3. If no vision benefit exists, you pay your provider the full balance owing after the applicable discounts have been applied.

Visit our website at greenshield.ca/StudentCentre.ca for a copy of your Identification Card.

DENTAL DISCOUNT NETWORK ARRANGEMENT

In partnership with the National Student Health Network, Green Shield provides access to the Student Dental Discount Network. The intent of this network is to provide our student plan members access to high quality dental services at an affordable cost.

Features of this great value-added service and how it works:

1. This national program includes more than 600 dentists from coast to coast.
2. Once a dental provider elects to participate in the network, they are added to a list of Green Shield's participating dental providers. This list is currently available at greenshield.ca/StudentCentre.ca.
3. You may visit a dentist from the list of participating dental providers, or you may ask your existing dentist to join this network; the advantage to your dentist of joining the network is the potential of an increase in business. Your dentist can call our Customer Service Centre at 1.888.711.1119 for more information.
4. The discount offer applies to most dental procedures and *may* be up to 30%.
5. Our system will automatically calculate the applicable discount when you visit a dental provider in this network. The applicable discount is dependent on your particular college or university's plan design, and will be subtracted from your co-pay, or share of the cost.
6. Eligible dental claims are processed electronically, therefore, **you must first be enrolled on Green Shield's system in order to be eligible for the discount.** Green Shield will pay your dentist directly; you only have to pay the dentist your share of the cost (if any) for services provided.
7. You will receive professional dental services while incurring lower out-of-pocket expenses and maintain ongoing oral health.

Visit our website at greenshield.ca/StudentCentre.ca or call our Customer Service Centre at 1.888.711.1119 for more information.

DEFINITIONS

Unless specifically stated otherwise, the following Definitions will apply throughout this booklet.

Allowed amount means, as determined by Green Shield:

- a) Drugs – the Green Shield National Pricing Policy and/or the reasonable and customary charge;
- b) Extended Health Services – the reasonable and customary charge for the service or supply but not more than the prevailing charge in the area in which the charge is made for a like service or supply;
- c) Dental – the provincial dental association fee guide for general practitioners.

Benefit year means the 12 month period starting September to August. Fall students are enrolled for the period September to August and Winter students are enrolled from January to August.

Covered person means the plan member who has been enrolled in the plan or his or her enrolled dependents.

Deductible is the amount that must be paid by or on behalf of you and your dependent in any benefit year before reimbursement of an eligible expense will be made.

Dependent means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the contract;
- b) your unmarried child under age 21;
- c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
- d) your unmarried child any age, if totally disabled by reason of mental or physical disability and remains continuously so disabled and is considered a dependent as defined under the Income Tax Act.

Your child (your or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or are dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

Emergency means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your dependent is medically able to return to your province of residence.

First paid claim means the actual date a claim is paid by Green Shield in a Benefit Year.

DEFINITIONS

Injury means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

Plan member means you, when you are enrolled for benefits.

Reasonable and customary means in the opinion of Green Shield, the usual charge of the Provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

Rendered amount means the amount charged by a provider for a service and submitted for payment of a claim.

Semi-private room for hospital accommodation means a room having only two treatment beds, that is provincially funded and in Canada.

CONVERSION - PRISM CONTINUUM® PROGRAM

The PRISM CONTINUUM® Program offers three plans that are focused on providing coverage for you if you are leaving the Green Shield plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost Green Shield benefits within the last 60 days and are looking for guaranteed coverage.

Call 416.601.0429 in the Toronto area or toll-free at 1.800.667.0429 for an information package or visit our website at greenshield.ca. Coverage is guaranteed if you apply within 60 days of losing your Green Shield benefits.

OUR COMMITMENT TO PRIVACY

The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service. It consists of the following key principles:

1. We ask for your personal information for the following purposes:

- To establish your identification
- To provide you and/or your dependents with the applicable benefit coverage
- To protect you and us from error and fraud
- To provide ongoing access to other services at Green Shield

2. Consent

When you enrolled in your group benefit plan as a plan member, your personal information was obtained and used only with your consent. We obtained your consent before we:

- Provided benefit coverage
- Offered you other Green Shield services
- Obtained, used or disclosed to other persons, information about you unless we were obliged to do so by law or to protect our interests
- Used your personal information in any way we did not tell you about previously

Your consent can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing group and benefit plan members and their dependents, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

3. Withdrawal of Consent

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information, or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield website at greenshield.ca.



ace life

***BASIC ACCIDENTAL
DEATH
AND DISMEMBERMENT
INSURANCE PLAN***

For the Students of:
ORGANIZATION OF PART-TIME STUDENTS

Policy Number:
SG10303530

Underwritten by:
ACE INA Life Insurance

This brochure has been prepared in connection with a group plan underwritten by ACE INA Life Insurance. For ease of reference it contains a brief description only and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this brochure. For the exact provisions applicable, please consult your Employer.

COVERAGE

The plan offers you full 24-hour protection against accidents, on or off the job, on business, on vacation, at home, regardless of your health history.

ELIGIBILITY

All active, part-time students of the policyholder, under age 70.

BENEFIT AMOUNT

Flat \$5,000

In the event of your death, the benefit amount is payable to the beneficiary you have named under your Group Life Insurance Plan or in the absence of such designation, to your Estate.

SCHEDULE OF LOSSES

Accidental Death & Dismemberment

If such injuries shall result in any one of the following specific losses within one year from the date of the accident, ACE INA Life Insurance will pay the percentage of the benefit amount, based on the amount stated under the benefit amount section, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

Percentage of Benefit Amount

Loss of Life	100%
Loss of Both Hands or Both Feet	300%
Loss of Entire Sight of Both Eyes	300%
Loss of One Hand and One Foot	300%
Loss of One Hand and Entire Sight of One Eye	300%
Loss of One Foot and Entire Sight of One Eye	300%
Loss of Speech and Hearing in Both Ears	300%
Brain Death	100%
Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet or combination of Hand and Foot or Arm and Leg	300%
Quadriplegia	300%
Paraplegia	300%
Hemiplegia	300%
Loss of One Arm or One Leg	225%
Loss of Use of One Arm or One Leg	225%
Loss of One Hand or One Foot	210%
Loss of Entire Sight of One Eye	210%
Loss of Use of One Hand or One Foot	210%
Loss of Speech or Hearing in One Ear	150%
Loss of Thumb and Index Finger of Same Hand	50%
Loss of Use of Thumb and Index Finger of Same Hand	50%
Loss of Four Fingers of Same Hand	33 1/3%
Loss of Hearing in One Ear	150%
Loss of All Toes of Same Foot	25%
Loss of One Finger	10%

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, the actual severance through or above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regard to toes, the actual severance of both phalanges of all toes of the same foot. If an Insured Person suffers complete severance of a hand, foot, arm or leg as described above, then ACE INA Life Insurance will pay the amount specified in the Schedule of Losses even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, or leg provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

Repatriation Benefit

When injuries covered by this plan result in a loss of life outside fifty (50) kilometers from your city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed \$15,000.

Rehabilitation Benefit

When injuries result in a payment being made by ACE INA Life Insurance under any benefit excluding the Loss of Life Benefit, ACE INA Life Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of \$15,000 for special training provided:

- (a) such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries;
- (b) expenses are to be incurred within two years from the date of the accident;
- (c) no payment will be made for ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

When injuries result in your confinement as an in-patient in a hospital outside one hundred and fifty (150) kilometers from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, ACE INA Life Insurance will pay for the expense incurred by your family member, for the transportation by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of \$15,000.

"Member of your immediate family" means your spouse, (legal or common-law), parents, grandparents, children over age 18, brother, or sister.

Spousal Occupational Training Benefit

When injuries to you result in a payment being made by ACE INA Life Insurance under the Loss of Life Benefit, ACE INA Life Insurance will pay in addition, the expenses actually incurred, within 365 days from the date of the accident, by your spouse for a formal occupation training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications. The maximum payable hereunder is \$15,000.

Home Alteration and Vehicle Modification Benefit

In the event you sustain an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred within 3 years from the date of the accident for:

1. the one-time cost of alterations to your principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by you to make the vehicle accessible or driveable for you.

Benefit payments herein will not be paid unless:

- (i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum amount payable under both items 1 and 2 will not exceed \$10,000.

Day Care Benefit

If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your benefit amount or a maximum of \$5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed day care centre on the date of the accident or who enrolls in a legally licensed day care centre within 365 days following the date of the accident. The "Day Care Benefit" will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed day care centre.

"Dependent Child" means either a legitimate or illegitimate child, adopted child, step-child or any child who is in a parent-child relationship with you and who is twelve (12) years of age and under and dependent upon you for maintenance and support.

Special Education Benefit

If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under this policy, a "Special Education Benefit" up to 5% of your benefit amount, (subject to a maximum of \$5,000 per year), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any post-secondary institution beyond the 12th grade level, or was at the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "Special Education Benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

Bereavement Benefit

When injuries covered by this policy result in loss of life within 365 days from the date of the accident, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the Insured Person for up to six (6) sessions of grief counseling, by a Professional Counsellor, subject to a maximum of \$500.

"Professional Counsellor" means a therapist or counsellor who is licensed, registered or certified to provide such treatment.

In-Hospital Confinement Monthly Income

In the event you sustain an injury which results in a payment being made under the Schedule of Losses excluding the Loss of Life Benefit and you are hospital confined as an in-patient and are under the care of a legally qualified and registered physician or surgeon other than himself, ACE INA Life Insurance will pay for each full month, one percent (1%) of your Principal Sum, subject to a maximum benefit of \$2,500, or one-thirtieth of such monthly benefit for each day of partial month, retroactive to the 1st full day of such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.

"Hospital" as used herein means a legally constituted establishment which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

"In-Patient" means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day's room and board by the hospital.

Cosmetic Disfigurement Benefit

We will pay benefits if an Insured Person suffers from cosmetic disfigurement due to a burn subject to the following conditions:

- 1) the burn must be classified as a third-degree burn; and
- 2) the burn must be incurred as a result of participating in a covered activity.

All benefits payable are based on a percentage of the Principal Sum shown in the Schedule and depend on the area of the body which was burned

The following table is a burn schedule from which benefits can be determined. This table only represents the maximum % of the Principal Sum payable for any one covered loss. If the Insured Person suffers burns in more than one area as a result of any one accident, benefits will not exceed more than 100% of the Principal Sum.

COSMETIC BURN SCHEDULE

Body Part	Area Classification	Maximum Allowable % for Area Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	11	9%	99%
Hand & Forearm (Rt)	5	4.5%	22.5%
Hand & Forearm (Lft)	5	4.5%	22.5%
Upper Arm (Rt)	3	4.5%	13.5%
Upper Arm (Lft)	3	4.5%	13.5%
Torso (Front)	2	18%	36%
Torso (Back)	2	18%	36%
Thigh (Rt)	1	9%	9%
Thigh (Lft)	1	9%	9%
Lower Leg (Rt) (below knee)	3	9%	27%
Lower Leg (Lft) (below knee)	3	9%	27%

*The percentage shown is based on 100% of the Body Part identified being burned. Please refer to the Schedule for the amount of the Principal Sum. In the event benefits are payable under the policy, only one benefit, the largest will be paid.

Continuance of Coverage

If you are (1) laid off on a temporary basis, (2) temporarily absent from the curriculum due to short-term disability, (3) on leave of absence, or (4) on maternity leave, coverage shall be extended for 12 months, subject to the payment of premiums. If you assume other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of such other occupation.

Seat Belt Benefit

In the event you sustain an injury which results in a payment being made under the Schedule of Losses, your benefit amount will be increased by 10%, if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt. Due proof of seat belt use must be provided as part of the written proof of loss.

“Vehicle” means a private passenger car, station wagon, van, or jeep-type automobile. “Seat Belt” means those belts that form a restraint system.

Identification Benefit

In the event accidental Loss of Life is sustained by you not less than one hundred and fifty (150) kilometers from your normal place of residence and identification of the body by a member of the immediate family has been requested by the police or a similar governmental authority, ACE INA Life Insurance will reimburse the reasonable expenses actually incurred by such member for:

- transportation by the most direct route to the city or town where the body is located; and
- hotel accommodation in such city or town, subject to a maximum duration of three (3) days.

The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the Insured Person. The maximum amount payable will not exceed \$15,000 for all such expenses.

Payment will not be made for board or other ordinary living, travelling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.

Benefits payable under this section will be limited to only one (1) policy in the event this benefit is contained in two (2) or more policies issued to the Policyholder by ACE INA Life Insurance.

Accident Medical Reimbursement Expense Benefit

If on account of such injuries the Insured Person shall require treatment by a legally qualified physician or surgeon, confinement in a legally constituted hospital, employment of a trained nurse, x-ray examination, the use of an ambulance or prescribed prosthetic appliance up to \$1,000, ACE INA Life Insurance, subject to the maximum amount of \$10,000, will pay the actual expense incurred therefore within 52 weeks from the date of accident to the extent that such expense (1) exceeds the deductible amount (if any) and (2) exceeds and does not duplicate the cost of any such services covered under the terms of any existing plan of health insurance services.

Accident Dental Expense

When injury to whole and sound teeth shall, within thirty (30) days from the date of the accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, ACE INA Life Insurance will pay the necessary expense actually incurred therefore by or behalf of you within fifty-two (52) weeks after the date of the accident, not to exceed in the aggregate the amount of \$1,000 and does not duplicate the cost of any such services covered under the terms of any existing plan of dental insurance services - Benefits as the result of any one accident subject to a deduction of \$100.

Teeth which have been capped or crowned shall, for purposes of this policy, be considered whole and sound except where they have undergone endodontic treatment. If an injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy shall cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without injury to the remaining tooth structure, the policy shall not cover the cost of treatment necessitated thereby.

Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory of the Insured Person's residence.

Funeral Expense

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for customary funeral expenses but shall not exceed the maximum amount of \$2,500.

The term "customary funeral expenses" as used in this policy means the services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased Insured Person and the costs incurred for the purchase of a cemetery plot, tomb or a mausoleum for the burial or interment of the deceased including a plaque, tombstone or monument.

Psychological Therapy Benefit

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the Insured Person for up to three (3) sessions of grief counseling, by a Professional Counsellor, subject to a maximum of \$5,000. "Professional Counsellor" means a therapist or Counsellor who is licensed, registered, or certified to provide such treatment.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you. If your body has not been found within one year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it shall be presumed, subject to all other conditions of this policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this policy.

Conversion Privilege

On the date of termination of employment or during the 60 day period following termination of employment, you may convert your insurance to an individual insurance policy of ACE INA Life Insurance. The individual policy will be effective either as of the date that the application is received by ACE INA Life Insurance or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same, as a person would ordinarily pay when applying for an individual policy at that time. The amount of insurance benefit converted will not exceed that amount prior to the termination of coverage.

Waiver of Premium

If you are under age 65 and become totally disabled* while you are insured under this plan and satisfactory evidence of your total disability is provided to ACE INA Life Insurance on an annual basis, payment of premium will be waived until the earlier of the following occurs:

- a) you return to school;
- b) you attain age 65;
- c) the master policy underwritten by ACE INA Life Insurance is terminated.

Once you return to school, your coverage will continue only upon the commencement of premium payments.

*You will be considered totally disabled if your disability prevents school attendance and has existed continuously for a period of at least 12 months or is in accordance with the waiver of premium requirements under the Policyholder's Group Life Insurance Policy.

EXCLUSIONS

The plan does not cover any loss, which is the result of:

1. intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
2. war or any act thereof;
3. flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, power line inspection, pipeline inspection, aerial photography or exploration;
4. full-time, active duty in the armed forces.
5. flying as pilot or crew member in any aircraft or device for aerial navigation.

HOW TO CLAIM

In the event of a claim, claim forms can be obtained from the Plan Administrator.

Notice of claim must be given to ACE INA Life Insurance within 30 days from the date of the accident, the beginning of the disability or after the survival period, and subsequent proof of claim must be submitted to ACE INA Life Insurance within 90 days from the date of the accident or after survival period.

Failure to give notice of claim or furnish proof of claim within the time prescribed in the policy condition will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed. In no event, will ACE INA Life Insurance accept notice of claim beyond one (1) year.

GENERAL PROVISIONS

Beneficiary

An employee or any spouse has the right to name a beneficiary when he applies for insurance.

It is understood that the beneficiary designation made under the Policyholder's Group Life Insurance Policy shall be recognized as the beneficiary under the policy, unless a further designation has been made that specifically identifies the policy. Failing such designation, all benefits will be paid to the estate of the insured person.

All other indemnities of the policy will be payable to the insured person.

An insured person can change his beneficiary at any time, where permitted by law. The Company assumes no responsibility for the validity of such designation or change of beneficiary.

The beneficiary designation made by the insured person (if any) under the replaced policy has been retained. The insured person should review the existing designation to ensure it reflects his/her current intention.

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

Legal Actions

No action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with requirements of the policy. For residents of Alberta and British Columbia: 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. For residents of Manitoba: 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. For residents of Ontario: 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 Limitations Act, 2002. Otherwise, every action must be brought within one year from the date of loss or such longer period as may be required under the law applicable in the insured person's province of residence.

Change of Insurer

An insured person under a former policy may not be excluded from the new policy or be denied benefits solely because of a pre-existing condition limitation that was not applicable or that did not exist in the former policy, or because the person is not at work on the date of coming into force of the new policy.

The insured person and any claimant under the policy has the right, as determined by law applicable in the insured person's province of residence, to obtain a copy of his/her application, any written evidence of insurability (as applicable) and the Policy, on request, subject to certain access limitations.

10/12

**Viator™ Group Out-of-Province/Canada
Travel Medical Emergency Insurance**

National Student Health Network

Policy #:28556323
Administrator: RSA Travel Insurance Inc.
Underwriter: Royal & Sun Alliance Insurance Company of Canada

A summary of your benefits can be found at the following link:

<http://www.rsatravelinsurance.com/nshn/eng/60/PlanSummary.html>

For assistance with a claim, or for coverage inquiries, please contact Global Excel Management Inc., company appointed by the Insurer to provide medical assistance and claims services under the policy, directly at toll free 1.866.870.1898 or 819.566.1898.

To extend your coverage beyond the coverage period shown below, please contact RSA Travel Insurance Inc. at toll free 1.877.562.5412 or 819.562.5412.

While travelling, please ensure to carry the Medical Assistance card provided to you on the RSA Travel Insurance Inc.'s website.