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# Overall sum insured: \$5,000,000 CAD

All coverage is determined by Cigna at time of occurrence or claim, and this document serves only as a summary of benefits. Any discrepancies between this document and the Policy, the Policy shall govern. Full policy wording including benefit limits, exclusions and termination provisions are available in the Policy.

# **Hospital & Medical Expenses**

These benefits provide coverage for emergency medical care like going to the doctor or hospital, emergency surgery, x-rays, and lab tests.

## Hospital services - 100%

charges for Treatment provided on an Emergency in-patient or out-patient basis as follows:

- a) Hospital room and board charges up to the semi-private room rate (private room where medically required); and
- b) drugs administered while confined to a Hospital; and
- c) any other services or supplies;

## Psychiatric hospitalization - 100% up to \$60,000 lifetime max

charges for admittance to Hospital for suicide, attempted suicide, self-inflicted injuries, mental or emotional disorders (including by not limited to stress, anxiety, panic attacks, depression, eating disorders/weight problems), or psychiatric Treatment

## Physician fees – 100%

charges made by a Physician for professional services or Treatment including all Medically Necessary follow up care until the initial Emergency has resolved and the condition has stabilized. Physician Services includes;

- consultation for birth control counselling or prescriptions; and
- treatment for ADD/ADHD Consultants; and
- Acne Consultations with a Dermatologist

#### Psychiatrist fees - 100% up to \$60,000 lifetime max

charges separately billed by a Psychiatrist for in-patient services up to maximum shown.

#### Laboratory & diagnostic testing – 100%

charges for technical and interpretive services. Any major diagnostic procedure including but not limited to computerized axial tomography (CAT scan), magnetic resonance imaging (MRI), cardiac catheterizations, scopes, etc.

## Private duty nursing - 100% up to \$15,000 max

when ordered by the attending Physician, charges made by a registered nurse, registered nurse assistant or home care worker.

## STD-STI testing -100%

charges for consultation, screening or testing for sexually transmitted diseases or sexually transmitted infections performed in Canada.

## Immunizations 100% up to \$100 per vaccine max

if required by Your course of studies or recommended by a Public Health Authority (i.e. flu shot) charges for immunizations, including tuberculosis (TB) testing, are covered to the maximum shown.

## Annual physician visit -100%

charges for one visit to a Physician in Canada for a non-emergency exam and associated tests are covered.

## Wart treatment 100% up to \$500 max

charges for Treatment of any type of warts up to maximum shown.

## **Medication**

## These benefits cover expenses for prescriptions and other medication and supplies.

## Prescription medication - 100% up to 60-day supply max

- a) when prescribed by a Physician and dispensed by a licensed pharmacist to Treat any Emergency Medical Condition or Injury.
- b) Medication is limited to a 60-day supply of any one type unless prescribed while a Hospital in-patient.

## Diabetic supplies 100% up to \$500 max

charges for diabetic supplies including syringes, test strips and insulin are covered to the maximum shown.

Asthma Supplies – 100% up to \$500 max

## **Vision Benefits**

## These benefits cover expenses relating to eye care.

#### Examinations – 100% up to \$150

one vision and eye health evaluation including but not limited to eye health examination, dilation, refraction and prescription for glasses.

## Counselling

These benefits cover expenses for mental health and wellness such as talking to a professional about feelings and emotions.

## Psychotherapy - \$100% up to \$10,000

charges for out-patient care including psychiatric and psychological counselling up to the maximum shown.

Social Worker - 100% up to \$500 max

Trauma Counselling- 100% up to 6 session max

## **Dental Care**

These benefits provide coverage for emergent and accidental dental care only. This does not include routine care like teeth cleanings, cosmetic care, or orthodontics (braces).

## **Emergency dental care**

charges made by a licensed Dentist or dental surgeon for Emergency Treatment for the immediate relief of pain and suffering, including wisdom teeth up to the maximum shown.

- Emergency & Accidental Dental 100% up to \$4,000 max
- Emergency Pain Relief 100% up to \$1,000 max
- Wisdom Teeth Extractions- 100% up to \$100 max

## **Wellness**

These benefits cover expenses from wellness providers such as physiotherapy and massage therapy, even medical equipment like crutches, too.

## Paramedical fees - 100% up to \$1,000 per practitioner

when prescribed by a Physician, charges made by a chiropractor, osteopath, naturopath, acupuncturist, chiropodist, podiatrist, physiotherapist, speech therapist, massage therapist and occupational therapist are covered up to maximum shown.

## Medical equipment and supplies 100%

charges for medical supplies if required as a result of a covered Sickness or Injury, such as dressings and prosthetic appliances and including rental charges for wheelchairs, crutches, Hospital type beds or other appliances not to exceed the purchase price.

- Hearing Aid (due to injury) 100% up to \$400 max
- Leg Brace (due to injury)- 100% up to \$1,000 max
- Orthotics (due to injury)- 100% up to \$400 max
- Eyeglasses (due to injury) 100%

## Educational Services – 100% up to \$20/hour up to \$400 max

if confined to a Hospital, rehabilitation facility or Your home within 100 days of, and as a result of, a covered Sickness or Injury, and the confinement continues for at least 30 consecutive school days, the insurance company will pay, from the first day of confinement, the actual expenses incurred for the private educational service of a qualified provider to the maximum shown.

## Corrective Device defect, malfunction and theft protection – 100% up to \$1,000

if a required corrective device is stolen and not recovered or suffers a malfunction or defect which renders the device unusable, the insurance company will pay the maximum shown in the schedule to replace or repair the Corrective Device. The insurance company will not pay for defects or malfunctions which are covered by the manufacturer's warranty.

\*This benefit requires prior written approval from the Administrator.

## Travel

# These benefits provide coverage for emergency medical care when travelling outside of the province and outside of Canada.

Travel outside Canada (other than to home country) is covered subject to the following conditions:

- a) More than 50% of the total coverage period must be spent in Canada
- b) Travel to the US is limited to 30 days per trip Expenses will not be paid when incurred in home country except where the trip to home country is expressly taken in order to participate in a school-organized sporting or extra-curricular event

## **Transportation**

## These benefits are for transporting the patient when sick, injured or if the patient dies.

#### Ground ambulance transportation – 100% up to \$10,000 max

charges for transportation by licensed ambulance service to the nearest Hospital, including transfers between Hospitals when ordered by the attending Physician.

#### Taxi / Rideshare (Uber. Lyft, etc) – 100% up to \$125 max

If a local taxi/commercial car service is required to get You to and from a Hospital, medical clinic or pharmacy for eligible Treatment.

## Repatriation 100% up to \$20,000 max

Following any covered emergency evacuation, the Carrier will pay for one of the following:

- a) you will be transferred to your permanent residence via a one-way economy airfare or;
- b) You will be transferred back to your original study location or the location from which you were evacuated via a one-way economy airfare.

If your transportation needs to be medically supervised a qualified medical attendant will escort you.

## Repatriation of Mortal Remains-100% up to \$20,000 max

The costs associated with the transportation of mortal remains from the place of death to the home country will be covered.

In addition, assistance will be provided by the Carrier or its designee for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

## Burial at host country- 100% up to \$20,000 max

if death occurs the Carrier will pay the costs for the cremation or burial of Your remains at the location where death occurs.

## Air Transportation-100% up to \$300,000 max

charges in response to an Emergency Sickness or Injury to transport You to the nearest or most appropriate Hospital up to a maximum shown as follows.

- a) the extra cost of a one-way fare on a commercial airline; or
- b) the cost to accommodate a stretcher to transport You on a commercial airline if a stretcher is Medically Necessary plus the cost of a round-trip fare, reasonable meal and overnight accommodation expenses and professional fees for the services of a qualified medical attendant (other than a Family Member) to accompany You, when an attendant is Medically Necessary or required by the airline; or
- c) the cost for air ambulance transportation when Medically Necessary.

#### Emergency Family Travel Arrangements - 100% - See maximums below

If You are hospitalized for more than 7 days, the Carrier will cover the costs of airfare for an immediate family member up to \$5,000 overall max. Additional expenses such as food are covered up to \$150/ day up to \$1,500 overall max.

#### **Return of Dependent Children- 100%**

If Dependent child(ren) are left unattended by virtue of the evacuee's absence alone following a covered evacuation, a one-way economy airfare will be provided to their place of residence

## **Pregnancy**

These benefits are for expenses relating to a pregnancy including the delivery costs and pregnancy termination.

## Pregnancy - 100% up to \$25,000 max (combined with pregnancy complications)

charges for pre-natal, childbirth and newborn care (up to 15 days) are covered to the maximum shown in the Schedule.

<sup>\*</sup>if this benefit is selected Repatriation of remains cannot be elected.

<sup>\*</sup>benefit requires prior written approval from the Administrator.

<sup>\*</sup>Land ambulance costs at each end of the flight or connecting flights are included if Medically Necessary.

<sup>\*</sup>The attending Physician must certify that You are medically fit for the type of transfer selected.

<sup>\*</sup>This benefit requires prior approval from the Administrator.

## Pregnancy – serious complications 100% up to \$25,000 max (combined with pregnancy)

charges related to serious complications of pregnancy, including newborn care (up to 15 days), are covered to a combined maximum shown.

• Serious complications include miscarriage, stillbirth, infection, threat of life to mother or baby, preeclampsia/ eclampsia, incompetent cervix, and hemorrhage, and do not include normal conditions of pregnancy including but not limited to morning sickness, spotting, ultrasounds, blood and urine testing including testing for gestational diabetes.

Pregnancy Termination (Abortion) -100% / 1 per policy period max