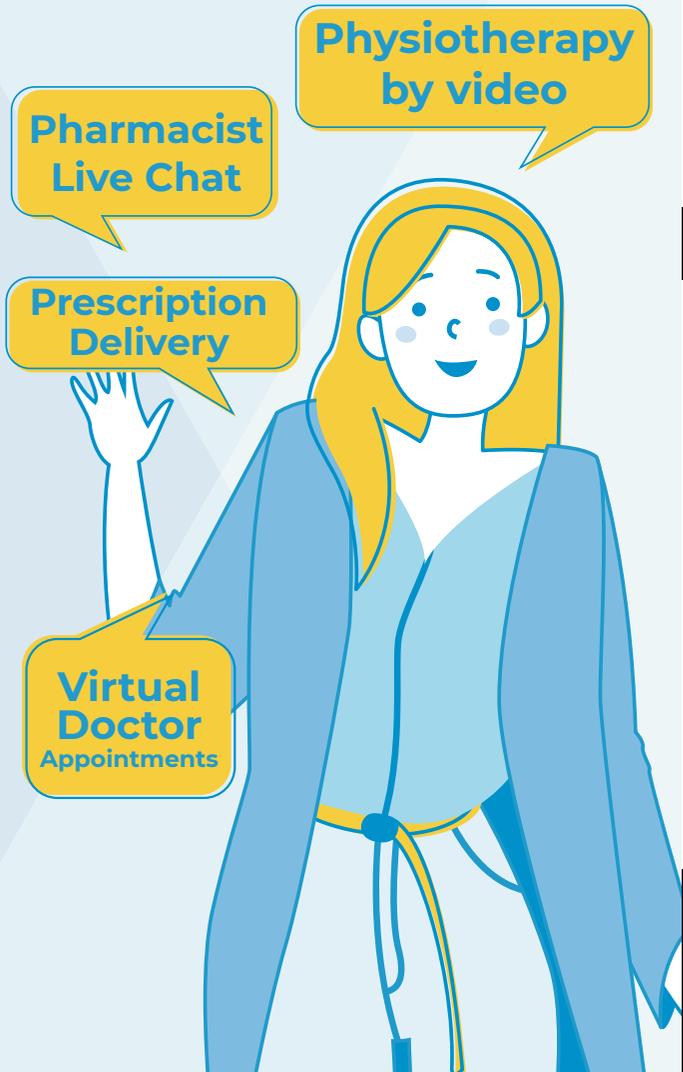


**Direct2U**  
HEALTH HUB

Access virtual health care services including 24/7 medical appointments through **Direct2U Doctors**.

Visit the **Direct2U Health Hub** online.



# PARENT PORTAL

The Parent Portal provides key information and services available to parents.



FIND A DOCTOR

SUBMIT A CLAIM

VIEW CLAIM HISTORY

DOWNLOAD FORMS

[www.studentvip.ca](http://www.studentvip.ca)

## IMPORTANT CONTACTS



**studentVIP**

1-888-509-7797  
MONDAY TO FRIDAY  
8:00AM- 5:00PM EST  
INFO@STUDENTVIP.CA



1-800-243-1348  
MONDAY TO FRIDAY  
8:00AM- 5:00PM EST  
ISHP@COWANGROUP.CA

TRAVEL ONLY



1-800-243-1348  
24/7

# KINDERGARTEN TO GRADE 12 INTERNATIONAL STUDENT HEALTH PROGRAM



## BENEFIT SUMMARY



**studentVIP**

[www.studentvip.ca](http://www.studentvip.ca)

This is a summary only. Full policy details can be found on your school page online at [studentvip.ca](http://studentvip.ca).

# A SUMMARY OF YOUR COVERAGE



## HOSPITAL (emergency only)

Charges for room and board in a hospital are limited to the semi-private accommodation level, emergency room fees, and hospital charges for out-patient services when medically required.



## DIAGNOSTIC SERVICES

X-rays and lab tests for purpose of diagnosis.



## ONGOING CARE

Up to \$5,000.



## PHYSICIAN/SURGEON

The services of a legally qualified Physician or Surgeon (other than an immediate family member).



## PSYCHIATRIC HOSPITALIZATION

- A. Hospitalization up to a lifetime maximum of \$60,000.
- B. Fees billed separately for the services of a psychiatrist provided on an in-patient basis, up to a lifetime maximum of \$60,000.
- C. The initial visit to the physician.



## OUTPATIENT PSYCHIATRIC/PSYCHOLOGICAL COUNSELLING

- A. Psychiatrist, psychologist or general practitioner, up to a lifetime maximum limit of \$10,000 per policy.
- B. Social worker, up to a maximum of \$500 /per policy period.
- C. The initial visit to the physician.



## TRAUMA COUNSELLING

6 sessions.



## IMMUNIZATIONS

Up to \$100 for any immunization recommended by a Canadian Public Health authority.



## COVID-19

Medically required testing, doctor's appointments and hospitalization. See Policy for details.



## DENTAL ACCIDENTAL INJURY

Up to a maximum of \$4,000.



## DENTAL EMERGENCY

Up to \$1,000 for relief of pain caused by anything other than a blow to the face. Up to \$100 per tooth to extract impacted wisdom teeth.



## PHYSIOTHERAPIST, CHIROPRACTOR, LICENSED CHIROPODIST, MASSAGE THERAPIST, OSTEOPATH, PODIATRIST, ACUPUNCTURIST, SPEECH THERAPIST, OR NATUROPATH

If deemed essential on an emergency basis only:  
Up to a maximum limit of \$1,000 per policy, per practitioner.



## ANNUAL PHYSICIAN VISIT\*

1 visit for a general check-up during a 12 consecutive month period.



## EYE EXAM\*

1 visit to an optometrist to a maximum limit of \$100.



## PRESCRIPTION DRUGS

- A. 60 day supply relating to an initial emergency.
- B. 100% of eligible charges when hospitalized



## AIR TRANSPORTATION

- Maximum limit of \$300,000 if medically necessary for either:
  - A. Air ambulance to the nearest hospital or to a hospital in your home country
  - B. Transportation on a licensed airline, including the cost for additional seats to accommodate a stretcher if required, to return you to your province or territory of residence in Canada or your home country; and the cost of a medical attendant if required



## EMERGENCY GROUND TRANSPORTATION

Ground Ambulance: \$10,000  
Taxi (in lieu of ambulance): \$125



## TRAVEL COVERAGE

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

Coverage in your home country is only in force if the trip is expressly taken in order to participate in a school organized sporting or extra-curricular event.



## FAMILY TRANSPORTATION

- A. If you are hospitalized for 7 days or more, you have coverage up to \$5,000 for 2 immediate family members to join you.
- B. Expenses incurred by each immediate family member up to a maximum benefit of \$1,500.



## ACCIDENTAL DEATH AND DISMEMBERMENT

If a covered loss occurs due to Injury, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule as follows:  
Common Carrier Principal Sum: \$100,000  
24 Hour Accident Principal Sum: \$ 50,000



## MEDICAL EQUIPMENT & SUPPLIES

Rental of crutches or hospital type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances.



## REPATRIATION

- A. In the event of the death of the insured person a maximum limit of \$20,000 for preparation of remains and return to the home country.  
This benefit also applies to burial or cremation at the place of death should the family opt not to repatriate the remains.
- B. A maximum limit of \$20,000 for the cost of one-way transportation, including air ambulance, including the cost of a medical attendant if required, to return you to your home country.

