360° GROUP INSURANCE

Your Group Insurance Plan

ASSOCIATION DES ÉTUDIANTS DE HEC MONTRÉAL (AEHEC), ASSOCIATION ÉTUDIANTE DES PROGRAMMES DE CERTIFICAT DE HEC MONTRÉAL (AEPC), ASSOCIATION DES ÉTUDIANTS AUX CYCLES SUPÉRIEURS DE HEC MONTRÉAL (AECS) ET ASSOCIATION DES ÉTUDIANTS AU MBA DE HEC MONTRÉAL (AEMBA)

Policy No. Q904

Regular and International Students

Desjardins Insurance

Life • Health • Retirement

Your Group Insurance Plan

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Policy No. Q904

Regular and International Students

Desjardins Financial Security Life Assurance Company
1 866 647-5013

To obtain your certificate number, visit www.aseq.ca

This document is a summary of your Group Insurance Policy.

Version of September 1, 2021

TABLE OF CONTENTS

CLASSES

Class	Category
101	Regular Students – with choice of options Basic or Enhanced plans
102	International Students – with choice of options Basic or Enhanced plans

GENERAL GUIDELINES

CLASSES 101 AND 102

Eligibility Requirements:

The Student must be a member of one of the following associations:

- Association des étudiants de HEC Montréal (AEHEC)
- Association étudiante des programmes de certificat de HEC Montréal (AEPC)
- Association des étudiants aux cycles supérieurs de HEC Montréal (AECS)
- Association des étudiants au MBA de HEC Montréal (AEMBA)

The Student who participates at an Exchange Program or at an internship outside his province of residence remains insured with the current Group Insurance Plan, provided that he is insured under a government health and hospitalization plans for expenses incurred outside his province of residence.

Commencement of Student Insurance:

The participation to the insurance is automatic upon registration at the educational institution.

Insurance plan premiums are part of the refundable fees.

The Student is automatically insured with a single coverage for the benefits listed below for the entire period of coverage.

- Student Accidental Death and Dismemberment Benefit **(class 101)**
- Extended Health Care Benefit (Enhanced plan) **(class 101)**
- Dental Benefit (Enhanced plan) **(classes 101 and 102)**

For more information concerning the benefits, please refer to the Benefit overview.

Commencement of Dependents Insurance:

When the student chooses a family, single-parent or couple coverage type, the insurance for his dependents becomes effective from the beginning of the period of coverage.

Termination of Student Insurance:

The Insurance of the Student will terminate on the earliest of the following dates:

1) the end of the period of coverage,
2) the date specified in the Benefit overview,
3) the date of termination of the policy.

Termination of Dependents Insurance:

The Dependent insurance will terminate on the earliest of the following dates:

1) the date the insurance of the Student terminates,
2) the date the Dependent is no longer considered a dependent, or
3) the end of the period for which required premiums for Dependent insurance were paid on behalf of the Student.

Period of Coverage:

Autumn semester: September 1st to August 31st of the following year.

Winter semester: January 1st to August 31st.

Benefits:

The Student can choose among the benefits below. However, the Extended Health Care Benefit must be taken in combination with the Accidental Death and Dismemberment Benefit. These two benefits are not offered separately.

- Student Accidental Death and Dismemberment Benefit **(class 101)**
- Dependent Accidental Death and Dismemberment Benefit * **(class 101)**
- Extended Health Care Benefit (Basic and Enhanced plans) **(class 101)**
- Dental Benefit (Enhanced plan) **(classes 101 and 102)**

* The Student must have chosen a coverage type covering one or more dependents to be eligible for that benefit.

For more information concerning the benefits, please refer to the Benefit overview.

Coverage types:

The Student can choose among the coverage types below. The Student will automatically get a single coverage until the end of the Period of coverage if not choice is made.

- Single: Student only
- Family: Student, spouse and children
- Single-parent: Student and children
- Couple: Student and spouse

The coverage type chosen will remain in effect until the end of the Period of coverage.

The Coverage Type does not have to be the same for all benefits.

The coverage type can be changed due to a life event provided a request is submitted to ASEQ within 31 days of the event.

A life event is defined as:

- marriage, new common-law spouse,
- birth or adoption of a Child,
- a Dependent Child returns to school.

Opt out:

The Student has the right to opt out of the Group Insurance Plan annually or permanently within the change of coverage period. After that period, the student will no longer have the right to opt out of his Group Insurance Plan.

A Student requesting an annual opt out will not be covered by the Group Insurance Plan for the entire period of coverage.

The Student will automatically be enrolled for the following period of coverage.

A Student requesting a permanent opt out of the Group Insurance Plan will not be covered by the Group Insurance Plan for the entire duration of his registration with the policyholder. The Student may enroll again for another period of coverage by visiting www.aseq.ca.

Change of coverage period:

The change of coverage period is at the beginning of the period of coverage and is determined by the policyholder.

The student will no longer have the right to opt out of his Group Insurance Plan after that period.

To obtain the exact dates of the Change of coverage period, the student must visit www.aseq.ca.

Procedure for modifications:

The Student must visit www.aseq.ca to:

- Modify his benefits;
- Change his coverage type; and
- Opt out of the Group Insurance Plan

The Student can make changes only within the Change of coverage period.

Similar insurance and coverage validation:

The Extended Health Care Insurance (Basic and Enhanced plans) does not replace the coverage provided by the Quebec drug insurance plan or any other private insurance plan.

The Student must validate if he is covered by another insurance plan offering similar benefits to this plan. This plan could be offered by either his employer, his parents or his spouse. If this is the case, he may benefit from a co-ordination of benefits.

BENEFIT OVERVIEW

STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

CLASS 101

Nota: The Student who is insured for the Health Insurance Benefit of the Group Insurance plan is automatically insured for the Accidental Death and Dismemberment Benefit.

Amount of Insurance:	$4,000
Benefit Termination:	On every August 31 or on the date on which the Student ceases to be Insured, whichever occurs first.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

CLASS 101

Nota: The Student who is insured for the Health Insurance Benefit of the Group Insurance plan for himself and his dependents is automatically insured for the Dependent Accidental Death and Dismemberment Benefit.

Amount of Insurance:	Spouse: $4,000 Each Child: $4,000
Commencement of Newborn Children Insurance:	24 hours after birth
Benefit Termination:	On every August 31 or on the date on which the Student ceases to be Insured or the date on which the Dependent ceases to be Insured, whichever occurs first.

EXTENDED HEALTH CARE BENEFIT (BASIC AND ENHANCED PLANS)

CLASS 101

Deductible Amount

All Expenses including Preventive Vaccines:

Basic and Enhanced Plans: Nil

Percentage of Reimbursement

Drugs listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ):

Basic Plan: Not covered

Enhanced Plan: Not covered (except Oral contraceptives and antidepressants)

Oral contraceptives, antidepressants and neurostimulants listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ):

Basic Plan: Not covered

Enhanced Plan: 100%

Oral contraceptives, antidepressants and neurostimulants not listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ):

Basic Plan: Not covered

Enhanced Plan:

1) Generic drugs: 100% of the lowest priced equivalent drug available on the market
2) Brand name drugs:
   - 100% of the brand name drug if no equivalent drug is available on the market
   - 100% of the lowest priced equivalent drug available on the market

Other Expenses:	**Basic and Enhanced Plans:** 100%
<u>Limits for Eligible Expenses</u>	
Global Maximum for all expenses:	**Basic and Enhanced Plans:** $10 000 per Insured Person per Period of coverage. Not applicable to Preventive Vaccines, Eye Exams, Hospitalisation and Services of a private teacher.
Oral contraceptives, antidepressants and neurostimulants:	**Basic Plan:** Not covered **Enhanced Plan:** Reasonable and Customary Charges
Preventive Vaccines:	**Basic and Enhanced Plans:** Payable amount of $150 per Insured Person per Period of coverage.
Short-Term Hospitalization Expenses:	**Basic and Enhanced Plans:** The cost of a semi-private room for each day of Hospitalization with no limit as to the number of days.
Long-term Hospitalization Expenses:	
• **Convalescent / Rehabilitation Centre:**	**Basic and Enhanced Plans:** The cost of a semi-private room for each day of Hospitalization with a limit of 100 days per Insured Person, per illness.
Nursing Care:	**Basic and Enhanced Plans:** Payable amount of $10,000 per Insured Person each Period of coverage.

Paramedical Services:

Basic Plan:

Payable amount of $20 per visit, up to a maximum of $400 for each of the following disciplines per Insured Person each Period of coverage:

- Dietician
- Osteopath
- Podiatrist or Chiropodist *

* The maximum amount applies to all specialists of this discipline.

Payable amount of $40 per visit, up to a maximum of $600 per Insured Person each Period of coverage, for services of a chiropractor.

Payable amount of $50 per visit, up to a maximum of $750 per Insured Person each Period of coverage, for services of a physiotherapist.

Payable amount of $50 per visit, up to a maximum of $500 per Insured Person each Period of coverage, for all services of a psychologist or a psychotherapist.

Enhanced Plan:

Payable amount of $20 per visit, up to a maximum of $400 for each of the following disciplines per Insured Person each Period of coverage:

- Dietician
- Podiatrist or Chiropodist *

* The maximum amount applies to all specialists of this discipline.

Payable amount of $40 per visit, up to a maximum of $600 per Insured Person each Period of coverage, for the services of a chiropractor.

Payable amount of $40 per visit, up to a maximum of $650 per Insured Person each Period of coverage, for the services of a osteopath.

Payable amount of $50 per visit, up to a maximum of $750 per Insured Person each Period of coverage, for the services of a physiotherapist.

Payable amount of $80 per visit, up to a maximum of $800 per Insured Person each Period of coverage, for all services of a psychologist or a psychotherapist.

Imaging techniques ordered by a chiropractor, an osteopath or a podiatrist:

Basic and Enhanced Plans:

Up to one x-ray exam per specialist and included in the payable amount for these specialists.

Vision Care:

- **Eye exams:**

Basic and Enhanced Plans:

Payable amount of $60 per Insured Person each Period of coverage.

Eyeglasses, Contact Lenses and surgery:

- **Eyeglasses and Contact Lenses:**

Basic and Enhanced Plans:

Payable amount of $150 per Insured Person once in any 24 month period.

- **Eyeglasses replacement or repairs if accidentally damaged:**

Basic and Enhanced Plans:

Payable amount of $150 per Insured Person once in any 24 month period.

- **Eye surgery:**

Basic and Enhanced Plans:

Payable amount of $150 per Insured Person each Period of coverage.

Services of a private teacher:

Basic and Enhanced Plans:

$10 per hour up to a maximum of $300 per accident or sickness for Student only.

<u>Benefit Termination</u>:

On every August 31 or on the date on which the Student ceases to be Insured, whichever occurs first.

DENTAL CARE BENEFIT (ENHANCED PLAN)

CLASSES 101 AND 102

Fee Guide Year:	Current year
Deductible Amount:	Nil
Percentage of Reimbursement	
Preventive Services:	70%
Basic Services, Endodontics and Periodontics:	50%
Maximum Benefit	
Preventive, Basic, Endodontics and Periodontics Services:	Combined maximum of $1,000 per Insured Person each Period of coverage.
Frequency:	For recall oral examination and fluoride treatment: 12 months For polishing: 6 months
Limitations:	Reimbursement of fees for composite restorations performed on posterior teeth are limited to the fees for amalgam restorations.
Benefit Termination:	On every August 31 or on the date on which the Student ceases to be Insured, whichever occurs first.

DEFINITIONS

Wherever used in the policy:

Accident means any event due to sudden and unforeseeable external causes that inflicts bodily injuries that are certified by a Physician, directly and independently of any other cause. It does not mean any form of disease, or degenerative process, an inguinal, femoral, umbilical or incisional hernia, or any infection other than an infection of a visible, external cut or wound accidentally sustained.

Change of coverage period means the period during which the Student can modify or opt out of his coverage. That period is predetermined by the policyholder and falls at the beginning of the period of coverage. The student will no longer have the right to opt out or modify his Group Insurance Plan after that period. The student must visit www.aseq.ca to opt out or modify his Group Insurance Plan.

Child means a person who is residing in Canada who, at the time of the event that results in a claim, has no spouse and is dependent upon the Student or the Student's Spouse for financial support and maintenance. A Child must be the Student or the Spouse's natural or adopted child, and:

1) be under 22 years of age,

2) be under 26 years of age and a full-time student at an accredited educational institution, or

3) have reached the age of majority and be incapacitated due to a mental or physical disability on the date he was eligible as either 1) or 2) above.

The Child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent upon the Student or the Student's Spouse for financial support and maintenance due to a mental or physical disability. In addition, he must be living with the Student or the Spouse who exercises parental authority or have legal guardianship as if the Child were a minor.

Dependent means a Spouse or Child who resides in Canada. However, if a Dependent resides outside Canada he will be deemed to reside in Canada provided he is covered under a provincial medical plan and prior written approval is obtained from the insurer.

Hospital means any institution designated as a Hospital by law, recognized by the insurer and providing 24 hours per day:

1) medical and surgical treatment for sick or injured individuals, and

2) nursing care.

Without limitation, this term does not include a nursing home, home for the aged or chronically ill, a rest home, Convalescent/rehabilitation Centre or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Illness means any health deterioration or bodily disorder certified by a Physician. For the purposes of the policy, organ donations and related complications are also considered illnesses.

Immediate Family means a person who is the Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Student.

Insured Person means the Student or one of his insured Dependents, as the case may be.

Insurer means Desjardins Financial Security Life Assurance Company.

Period of coverage means the period extending from September 1st to August 31st of the following year for autumn semester or from January 1st to August 31st for winter semester.

Physician means a qualified medical practitioner who is legally licensed to practice medicine by the jurisdiction in which he operates.

Policyholder means the company or group indicated on the application and specified on the cover page of the policy.

Province of residence means

1) for a Canadian Student:

   a) the usual province of residence in which the student is covered under government health and hospital insurance plans; or

   b) the temporary province of residence in which the student is living during a school year and during which he is covered under government health and hospital insurance plans from another province;

2) for non-Canadian Student: the province of residence in which the student is living during a school year and in which he is covered under government health and hospital insurance plans, or equivalent plan approved by the Insurer. However, for dental care benefit, the student does not have to be covered under a government health and hospital insurance plans.

Spouse means an eligible person who is domiciled in Canada and who at the time of the event giving rise to a claim:

1) is legally married to or living in a civil union with the Student; or

2) has been living with the Student in a conjugal relationship for at least 12 months and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship; or

3) is living in a conjugal relationship with the Student who is the natural parent of the Spouse's Child and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship.

However, if two individuals fit the definition of Spouse, the Insurer will recognize only one Spouse for all benefits under the same plan in the following order:

1) the eligible Spouse whom the Student last designated as such in writing to the Insurer, subject to approval of any evidence of insurability required under the policy; or

2) the Spouse to whom the Student is legally married or with whom the Student is living in a civil union.

At any one time, only one person may be insured as a Spouse of the Student.

Student means the person who is domiciled in Canada and is a member of one of the associations listed below:

- Association des étudiants de HEC Montréal (AEHEC)
- Association étudiante des programmes de certificat de HEC Montréal (AEPC)
- Association des étudiants aux cycles supérieurs de HEC Montréal (AECS)
- Association des étudiants au MBA de HEC Montréal (AEMBA)

CLAIMS

NOTICE AND PROOF OF CLAIM

Notice and proof of any claim must be received by the Insurer within the time limit, if any, specified for each Benefit. However, if the policy terminates, no payment will be made unless the notice and proof of a claim is submitted to the Insurer within 90 days of the date of termination of the policy.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim, provided that the notice and proof of the claim are sent as soon as reasonably possible. However, no payment will be made if the notice and proof of claim are sent more than 12 months after the expenses were incurred.

Every action or proceeding against the Insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the insurance act or other legislation of the province of residence of the Student.

BENEFICIARY

The Insurer will recognize the beneficiary(ies) designated by the Student under the Employer's group insurance plan immediately prior to the Effective Date of the policy, unless the Insurer requires beneficiary(ies) to be designated again.

Subject to applicable laws, the Student may designate or revoke, at any time, one or several beneficiaries. Only the benefits that include a benefit payment in the event of the Student's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits. The rights of a beneficiary who dies before the Student revert to the latter. In the absence of a designated beneficiary, the amounts payable are paid according to applicable laws.

The amounts payable when a Dependent dies are paid to the Student, if alive. If the Student has died, the amounts are paid according to applicable laws.

The Insurer assumes no responsibility for the validity of any beneficiary designation or revocation.

CLAIMS

Claims under the policy must be submitted to the Insurer on the appropriate form.

Any living benefits will be paid to the Student unless otherwise indicated in the policy.

Within 90 days of a death, the beneficiary or the Student must submit to the Insurer proof of death, including a death certificate, proof of the Age of the Student or the insured Dependent, as well as any other information deemed useful by the Insurer.

MEDICAL EXAMINATIONS

From time to time, the Insurer will be entitled to have a claimant examined by a Physician or Physicians of its choice.

CO-ORDINATION OF BENEFITS

Your health and dental expenses, and those of your family, may be covered by more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the expenses you incur by submitting separate claims to each plan. In the insurance industry, we call this the coordination of benefits.

For further information concerning the coordination of benefits, the Student may contact ASEQ at (514) 789-8715.

STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DEFINITIONS

As used in this Benefit

Elements means a natural disaster such as an earthquake, storm, flooding, landslide or any other disaster of the same nature.

Hemiplegia means the total, irrecoverable and permanent paralysis of upper and lower limbs on the same side of the body.

Loss of Arm means the complete severance through or above the elbow.

Loss of Finger means the complete severance of two entire phalanges of one finger.

Loss of Foot means the complete severance through or above the ankle joint but below the knee joint.

Loss of Hand means the complete severance through or above the wrist but below the elbow joint.

Loss of Hearing, Sight or Speech means the total and irrecoverable loss of hearing, sight or speech that is certified by a licensed Physician of recognized standing and certified by the Royal College of Physicians and Surgeons of Canada or the Professional Corporation of Physicians of Quebec.

Loss of Leg means the complete severance through or above the knee joint.

Loss of Thumb means the complete severance of one entire phalanx of the thumb.

Loss of Toe means the complete severance of one entire phalanx of the big toe, and all phalanges of the other toes.

Loss of Use means the total and irrecoverable loss of use of a limb following a continuous period of complete disablement of such limb of not less than 12 months.

Paraplegia means the total, irrecoverable and permanent paralysis of both lower limbs.

Quadriplegia means the total, irrecoverable and permanent paralysis of both upper and lower limbs.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that

1) a Student suffered one of the specified losses below within 365 days of an Accident causing bodily injuries; and

2) the loss was the direct result of the Accident, independent of any other cause; and

3) the Accident occurred while the Student was insured under this Benefit;

the Insurer will pay the amount applicable to any such loss in accordance with the following Schedule of Losses and other applicable policy provisions.

SCHEDULE OF LOSSES

The amount payable shown below is a percentage of the amount specified in the BENEFIT OVERVIEW.

Loss of	Amount Payable
Life	100%
Hearing in Both Ears and Speech	100%
Sight of Both Eyes	100%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
Hearing in Both Ears or Speech	67%
Sight of One Eye	67%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
At least Four Fingers of the Same Hand	33%
Hearing in One Ear	25%
All Toes of One Foot	25%

Loss of Use of	Amount Payable
Both Arms or Both Hands	100%
Both Legs or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
Hemiplegia, Paraplegia, Quadriplegia	200%

DISAPPEARANCE

If a Student, while insured under this Benefit, disappears as a result of an Accident involving the sinking or disappearance of a conveyance in which he was riding and if his body is not found within 365 days of such Accident, it will be presumed, unless there is evidence to the contrary, that the Student suffered a loss of life as a result of a bodily injury caused by the Accident.

EXPOSURE

If a Student, while insured under this Benefit, suffers a loss due to unavoidable exposure to the Elements, the loss will be deemed to result from an Accident.

EXCLUSIONS AND RESTRICTIONS

1) No payment will be made for a loss resulting directly or indirectly, solely or partly from any of the following:

   a) suicide or intentionally self-inflicted injury, while sane or insane;

   b) an Illness that does not result from an Accident but that appears at the time of the Accident;

   c) dental or medical treatment, a surgical procedure or the administration of anaesthesia;

   d) war, whether the war be declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion;

e) travel or flight aboard any aircraft except solely as a passenger (and not as a pilot or crew member) in an aircraft that

   i) has a certificate of airworthiness or flight permit issued under the Aeronautics Act (Canada) or under the laws of the country where the aircraft is registered, and all the conditions under which the certificate or permit was issued have been complied with; and

   ii) is used for the sole purpose of transportation and not for aviation training or practice, or for experimental or test purposes;

f) committing, or attempting to commit a criminal offence.

2) For multiple losses to the same limb due to any one Accident, only one loss, corresponding to the most significant loss, will be paid. For all losses due to any one Accident, the aggregate amount payable will not exceed 100% of the Amount of Insurance specified in the BENEFIT OVERVIEW, except in the case of Hemiplegia, Paraplegia and Quadriplegia, where the total amount payable will not exceed 200% of the Amount of Insurance specified in the BENEFIT OVERVIEW.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

Before settling any death claim, the Insurer will require written satisfactory proof of the occurrence, cause and circumstances of the death, the eligibility of the deceased at the time of death, the date of birth of the deceased, and the right of the claimant to receive the proceeds.

Subject to applicable legislation, the Insurer may request an autopsy in order to assess its liability in connection with a death claim.

Any other claim must be submitted to the Insurer within 30 days of the Accident and written proof within 90 days of such Accident.

In the case of a disappearance, as specified under the DISAPPEARANCE provision of this Benefit, the Insurer will pay the claim on presentation of a declaratory judgment of death.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DEFINITIONS

As used in this Benefit

Elements means a natural disaster such as an earthquake, storm, flooding, landslide or any other disaster of the same nature.

Hemiplegia means the total, irrecoverable and permanent paralysis of upper and lower limbs on the same side of the body.

Loss of Arm means the complete severance through or above the elbow.

Loss of Finger means the complete loss of two entire phalanges of one finger.

Loss of Foot means the complete severance through or above the ankle joint but below the knee joint.

Loss of Hand means the complete severance through or above the wrist but below the elbow joint.

Loss of Hearing, Sight or Speech means the total and irrecoverable loss of hearing, sight or speech that is certified by a licensed Physician of recognized standing and certified by the Royal College of Physicians and Surgeons of Canada or the Professional Corporation of Physicians of Quebec.

Loss of Leg means the complete severance through or above the knee joint.

Loss of Thumb means the complete loss of one entire phalanx of the thumb.

Loss of Toe means the complete loss of one entire phalanx of the big toe, and all phalanges of the other toes.

Loss of Use means the total and irrecoverable loss of use of a limb following a continuous period of complete disablement of such limb of not less than 12 months.

Paraplegia means the total, irrecoverable and permanent paralysis of both lower limbs.

Quadriplegia means the total, irrecoverable and permanent paralysis of both upper and lower limbs.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that

1) a Dependent suffered one of the specified losses below within 365 days of an Accident causing bodily injuries; and

2) the loss was the direct result of the Accident, independent of any other cause; and

3) the Accident occurred while the Dependent was insured under this Benefit;

the Insurer will pay the amount applicable to any such loss in accordance with the following Schedule of Losses and other applicable policy provisions.

COMMENCEMENT OF NEWBORN CHILDREN INSURANCE

Insurance for a newborn Child of a Student with insured Dependents will commence in accordance with the terms specified in the BENEFIT OVERVIEW and the policy provisions, including those that pertain to the COMMENCEMENT OF DEPENDENT INSURANCE.

SCHEDULE OF LOSSES

The amount payable shown below is a percentage of the amount specified in the BENEFIT OVERVIEW.

Loss of	Amount Payable
Life	100%
Hearing in Both Ears and Speech	100%
Sight of Both Eyes	100%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
Hearing in Both Ears or Speech	67%
Sight of One Eye	67%
One Hand or One Foot	67%

Loss of	Amount Payable
Thumb and Index Finger of the Same Hand	33%
At least Four Fingers of the Same Hand	33%
Hearing in One Ear	25%
All Toes of One Foot	25%

Loss of Use of	Amount Payable
Both Arms or Both Hands	100%
Both Legs or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Thumb and Index Finger of the Same Hand	33%
Hemiplegia, Paraplegia, Quadriplegia	200%

DISAPPEARANCE

If a Dependent, while insured under this Benefit, disappears as a result of an Accident involving the sinking or disappearance of a conveyance in which he was riding and if his body is not found within 365 days of such Accident, it will be presumed, unless there is evidence to the contrary, that the Dependent suffered a loss of life as a result of a bodily injury caused by the Accident.

EXPOSURE

If a Dependent, while insured under this Benefit, suffers a loss due to unavoidable exposure to the Elements, the loss will be deemed to result from an Accident.

EXCLUSIONS AND RESTRICTIONS

1) No payment will be made for a loss resulting directly or indirectly, solely or partly from any of the following:

   a) suicide or intentionally self-inflicted injury, while sane or insane;

   b) an Illness that does not result from an Accident but that appears at the time of the Accident;

   c) dental or medical treatment, a surgical procedure or the administration of anaesthesia;

d) war, whether the war be declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion;

e) travel or flight aboard any aircraft except solely as a passenger (and not as a pilot or crew member) in an aircraft that

i) has a certificate of airworthiness or flight permit issued under the Aeronautics Act (Canada) or under the laws of the country where the aircraft is registered, and all the conditions under which the certificate or permit was issued have been complied with; and

ii) is used for the sole purpose of transportation and not for aviation training or practice, or for experimental or test purposes;

f) committing, or attempting to commit a criminal offence.

2) For multiple losses to the same limb due to any one Accident, only one loss, corresponding to the most significant loss, will be paid. For all losses due to any one Accident, the aggregate amount payable will not exceed 100% of the Amount of Insurance specified in the BENEFIT OVERVIEW, except in the case of Hemiplegia, Paraplegia and Quadriplegia, where the total amount payable will not exceed 200% of the Amount of Insurance specified in the BENEFIT OVERVIEW.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

Before settling any death claim, the Insurer will require written satisfactory proof of the occurrence, cause and circumstances of the death, the eligibility of the deceased at the time of death, the date of birth of the deceased, and the right of the claimant to receive the proceeds.

Subject to applicable legislation, the Insurer may request an autopsy in order to assess its liability in connection with a death claim.

Any other claim must be submitted to the Insurer within 30 days of the Accident and written proof within 90 days of such Accident.

In the case of a disappearance, as specified under the DISAPPEARANCE provision of this Benefit, the Insurer will pay the claim on presentation of a declaratory judgment of death.

EXTENDED HEALTH CARE BENEFIT (BASIC AND ENHANCED PLANS)

DEFINITIONS

As used in this Benefit

Convalescent/Rehabilitation Centre means an institution in Canada designated as such by law and recognized by DFS, and which:

1) provides care and treatment to patients under the supervision of a Physician or a registered nurse,

2) provides the services of a registered nurse on site and on duty 24 hours per day, and

3) maintains a daily record of each patient under the care of a Physician.

Without limitation, this term does not include ahome for the aged, chronically ill, mentally ill, rest home or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Day Surgery means any surgery performed by a Physician that requires local or general anaesthesia, with the exception of any minor surgery performed in the office of the Physician.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Drugs available on prescription means drugs prescribed by a Physician or a dental surgeon. This will also include certain drugs requiring a prescription when prescribed by other health practitioners where permitted to do so by provincial law.

Equivalent drug means a brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

Hospitalization means

1) to be admitted to a Hospital as an Inpatient, or

2) any Hospital stay for Day Surgery.

In-patient means a person admitted to and assigned a bed in a Hospital In-patient area on the order of a Physician.

Medical Emergency means any acute and unexpected condition, Illness or injury requiring immediate medical treatment.

Medical Recommendation means the order to provide medication or care given by a Physician, dental surgeon or a podiatrist duly authorized to do so in the normal performance of his profession.

Orthesis means any orthopaedic appliance constructed of rigid material, such as metal or plastic, used to maintain a part of the body in the correct position. Elastic supports are not included in this category.

Period Of Hospitalization means any continuous period of Hospitalization in a Canadian Hospital or successive periods of Hospitalization resulting from the same Illness or Accident and separated by less than 60 consecutive days during which the Insured Person was not hospitalized. If, during a given period, Hospitalization results from an Illness or Accident entirely unrelated to the Illness or Accident that resulted in the previous Hospitalization, this Hospitalization will be treated as a new Period Of Hospitalization.

Prosthesis means an appliance used to replace all, or part, of a limb or organ.

Reasonable and Customary Charges means the charges generally paid in the area where the services or supplies are provided for a like service or supply and limited to the prevailing charge in the area for the like service or supply. A like service or supply is one of the same nature and duration that requires the same skill and is performed by a provider of similar training and experience.

Sound Tooth means a natural tooth that is not afflicted with any pathology either itself or in the adjacent structures. In addition, a tooth that has been treated or repaired and restored to normal function will be considered sound.

PAYMENT OF BENEFIT

Upon receipt of Proof of Claim satisfactory to the Insurer that a Student, or one of his Dependents, while insured under this Benefit, incurred Eligible Expenses, the Insurer will reimburse the portion of expenses in excess of the Deductible, where applicable, subject to the applicable Percentage of Reimbursement and the limits specified in the BENEFIT OVERVIEW, and in accordance with the other applicable provisions of this Benefit and the policy.

To be eligible, the expenses must have been incurred as a result of Illness, pregnancy or an Accident, and cover care:

1) which is medically necessary to treat the Insured Person;

2) which is generally provided for an Illness or injury of similar type or seriousness; and

3) which, unless otherwise indicated, was on the prior recommendation of the attending Physician.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided.

COMMENCEMENT OF DEPENDENT INSURANCE

If a Dependent is hospitalized on the day his insurance would normally become effective, the effective date of insurance is delayed, and his insurance will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Student, with Dependents who are already covered, will become insured at birth.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Student must pay in any Period of coverage before reimbursement will be made under this Benefit. The Deductible is specified in the BENEFIT OVERVIEW.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the BENEFIT OVERVIEW is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by the Insurer, in accordance with the provisions of this Benefit.

ELIGIBLE EXPENSES IN CANADA – EXTENDED HEALTH CARE

Eligible Expenses include charges for the following and must be incurred:

1) in the Student's province of residence; and

2) outside the Student's province of residence, but in Canada, for any reason other than a Medical Emergency.

Eligible Expenses are payable in accordance with the Province where the services are rendered.

HOSPITALIZATION EXPENSES

Hospital: Hospital charges for active treatment for each day of Hospitalization, with no limit as to the number of days, up to the maximum specified in the BENEFIT OVERVIEW.

Convalescent/Rehabilitation Centre: semi-private accommodation and meals in a licensed Convalescent or Rehabilitation Centre, provided that the Insured Person was admitted within 14 days of discharge from a Hospital to which he was confined as an In-patient and that this stay was primarily required for rehabilitation and not custodial care, up to the maximum specified in the BENEFIT OVERVIEW.

DRUGS (ENHANCED PLAN ONLY)

Only oral contraceptives, anti-depressants and neurostimulants are covered under the Group Insurance Plan.

Oral contraceptives, anti-depressants and neurostimulants listed on the Liste des médicaments of the *Régie de l'assurance maladie du Québec* (RAMQ): The difference between the amount eligible and the amount paid by the drug provincial plan of the *Régie de l'assurance maladie du Québec* (RAMQ), up to the maximum specified in the BENEFIT OVERVIEW.

Oral contraceptives, anti-depressants and neurostimulants not listed on the *Liste des médicaments of the Régie de l'assurance maladie du Québec* (RAMQ): The cost of the drug, up to the maximum specified in the BENEFIT OVERVIEW.

VACCINES

Vaccines that are not covered by the Quebec drug Insurance plan, up to the payable amount specified in the BENEFIT OVERVIEW. The fees related to the administration of the vaccines are not covered.

PRIOR AUTHORIZATION DRUGS

Prior authorization by the Insurer is required for certain drugs listed on the Insurer's website. A prior authorization form completed by the Physician must be submitted to the Insurer in order to determine whether the prescribed drug meets the prior authorization criteria established by the Insurer. The criteria are based, in particular, on clinical practice guidelines and recommendations issued by health technology assessment agencies and they include verification that:

1) the drug is prescribed for a therapeutic indication approved by Health Canada, and

2) the drug's effectiveness is satisfactory compared to its associated cost.

Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

The Insurer reserves the right to reimburse an equivalent or biosimilar drug when a less expensive equivalent or biosimilar drug is available on the market.

HEALTH PROFESSIONALS

Nursing Care: Services of a registered nurse, a licensed practical nurse or a registered nursing assistant are eligible, up to the payable amount specified in the BENEFIT OVERVIEW per Insured Person, provided the patient is not confined in a Hospital and the services are medically necessary, are not rendered solely for custodial care, supervision or companionship and psychotherapy, and come within the competence of such nurse. In addition, the nurse must not be related to the Student or to any of his Dependents by birth or marriage, and must not ordinarily reside in his or his Dependent's home.

Paramedical Services: Services of the practitioner disciplines specified in the BENEFIT OVERVIEW and up to the maximum amount specified, provided that the practitioner is operating within his recognized field. He must be a member in good standing of his professional association that must be recognized by the Insurer. For each discipline, the maximum is limited to one visit per day. Unless otherwise indicated in the BENEFIT OVERVIEW, these services do not require prior Medical Recommendation.

AMBULANCE

In the event of a Medical Emergency, or if the Insured Person must be transferred to another Hospital, transportation by a licensed ground ambulance

1) from the place of the Accident or Illness to the nearest Hospital where adequate medical treatment is available;

2) between Hospitals; and

3) from the Hospital to the place of residence of the Insured Person, when his condition warrants it.

Medical Emergency transportation by a licensed air ambulance to the nearest Hospital where adequate treatment is available, or to another Hospital when certified as medically necessary by the attending Physician.

MOBILITY AIDS

Wheelchair: Purchase and repair, or rental, at the discretion of the Insurer, up to the cost of a non-motorized wheelchair, unless the Insured Person's health condition requires a motorized wheelchair.

Walkers or crutches: Purchase or rental, at the discretion of the Insurer.

ORTHOPAEDIC SUPPLIES

Spinal brace: Purchase, but not repair.

Brace for a limb, truss and plaster: Purchase, but not the repair or replacement.

Hospital bed: Purchase and repair, or rental, at the option of the Insurer, up to the cost of a non-electric hospital bed, unless the Insured Person's health condition requires an electric bed.

Orthopaedic shoes: Purchase, up to a payable amount of $200 per Insured Person each Period of coverage. Orthopaedic shoes are defined as custom-molded shoes specifically designed for an individual to correct a foot defect, as well as open-toed shoes, in-flare or out-flare shoes, straight-laced shoes and shoes required for Denis Browne braces. For an Insured Person domiciled in Quebec, these appliances are eligible provided they are manufactured and billed by laboratories licensed under the Public Health Protection Act. The cost of modifications or adjustments to stock item footwear is also eligible; in-depth shoes and off-the-shelf shoes that are regular stock are excluded.

PROSTHESIS

Expenses incurred for a Prosthesis or an Orthesis are eligible, provided these appliances are manufactured (and billed in the case of podiatric ortheses and arch supports) by laboratories licensed under the Public Health Protection Act.

Podiatric Orthesis or arch support: Purchase, up to a payable amount of $350 per Insured Person each Period of coverage.

Artificial limb and myoelectric prosthetic: Purchase, up to a payable amount of $10,000 per prosthesis per Insured Person. Repair, up to a payable amount of $10,000 per repair per Insured Person. Replacement when it is required due to a physiological change up to a payable amount of $10,000 per prosthesis per Insured Person.

Artificial eye: Purchase, including reimbursement for one polishing or one re-making of the artificial eye each Period of coverage, per Insured Person.

External breast Prosthesis: Purchase of an external breast Prosthesis when required because of total or radical mastectomy that has been performed while the Insured Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, including the purchase of surgical brassieres breast prosthesis.

Hearing aids: Purchase on the written prescription of a licensed otolaryngologist, including repairs, up to a payable amount of $250 per Insured Person for any period of 2 consecutive periods of coverage.

THERAPEUTIC EQUIPMENT

Oxygen, and equipment required for its administration: Purchase or rental, at the discretion of the Insurer.

Apnea monitor: Purchase or rental, at the discretion of the Insurer.

Drainage pump and chest percussion accessories: Purchase.

TENS nerve stimulators: Purchase or rental, at the discretion of the Insurer.

Other therapeutic equipment: Purchase or rental, at the discretion of the Insurer, provided such equipment is medically required and is intended to cure or treat the affliction. This category of equipment includes, for example, non-union bone stimulators, insulin pumps, aerosol therapy equipment and intermittent positive pressure breathing machines.

MEDICAL SUPPLIES

Colostomy, ileostomy or uretherostomy supplies: Purchase.

Elastic support stockings: Purchase of medium or firm (over 20 mm/Hg) support stockings dispensed in a pharmacy or a medical facility, including pressure gradient hose.

Supplies for paraplegics: Purchase, provided such supplies are required for the treatment and the care of a paraplegic Insured Person.

Catheter: Purchase.

Medical supplies for gavage: Purchase.

Medical supplies necessary following a tracheotomy: Purchase.

Medical supplies necessary for the treatment of diabetes: Purchase (syringes, needles and alcohol swabs).

Liquid Nitrogen necessary for the treatment of plantar wart: Purchase.

Opaque glass necessary during radiotherapy or psoriasis treatments: Purchase.

Compressive garments for the treatment of burns: Purchase.

Medicated dressings: Purchase.

DIAGNOSTIC SERVICES

Imaging techniques (including X-ray and ultrasound), diagnostic laboratory tests and radiotherapy or radium therapy. Such procedures do not include services received in a Hospital, ultrasounds related to pregnancies and magnetic resonance imaging (MRI).

DENTAL TREATMENT DUE TO AN ACCIDENT

The services of a dentist required to repair and replace healthy teeth as a result of an accidental blow to the mouth received while the Insured Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, but not as a result of voluntarily or involuntarily putting food or any other object in his mouth. Dental services must be rendered within 12 months of the accident; otherwise, a treatment plan deemed satisfactory by the Insurer will be required before that deadline. No benefit is payable for services provided more than 2 years after the date of the accident. Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners where the Student resides.

OTHER TREATMENTS

Radiotherapy or treatment of blood coagulation problems. Such procedures do not include services received in a Hospital.

VISION CARE

Eye examinations: Including eye refraction, provided they are performed by a qualified ophthalmologist or a licensed optometrist, up to the payable amount specified in the BENEFIT OVERVIEW.

EYEGLASSES, LENSES AND EYE SURGERY

Eyeglasses or contact lenses and their replacement, provided they are prescribed in writing by a qualified ophthalmologist or a licensed optometrist and dispensed by a qualified ophthalmologist, a licensed optometrist or a qualified optician; or surgery to correct myopia, hypermetropia and astigmatism, up to the payable amount specified in the BENEFIT OVERVIEW.

Eyeglasses after a cataract surgery: Purchase of one pair, provided that they are required as a result of cataract surgery and that vision can be improved to at least 20/40, up to a payable amount of $200 per Insured Person per surgery.

HOSPITAL ALLOWANCE

An hospital allowance, up to a payable amount of $50 per day and up to a maximum of 30 days per period of in-patient hospitalization. Proof of hospitalization must be provided with the claim. Out-patient services are not considered as a hospitalization.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling the Insured Person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the Insured Person with information on the following topics:

- health
- nutrition
- physical fitness
- availability of local resources
- immunization
- lifestyle
- child care

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the regular health care provider of the Insured Person, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the Student and of his Dependents.

The Insured Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1 877 875-2632

ELIGIBLE EXPENSES - OUTSIDE CANADA

If an Insured Person incurs Medical non emergency expenses, Eligible Expenses will be reimbursed, except hospitalization expenses, in accordance with the BENEFIT OVERVIEW or this benefit as if they were incurred in Quebec, provided they are eligible under this Benefit in the normal province of residence of the Insured Person, and not payable by a government body or under another private insurance plan.

RESTRICTIONS, EXCLUSIONS AND LIMITATIONS

1) No reimbursement will be made under this Benefit for the following:

   a) services or treatment that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount;

b) services, treatment or supplies that a person receives without charge or that are reimbursed under a provincial or federal law. If a person is not covered under the laws in question, the Insurer will not reimburse the expenses that would normally be covered under the hospital or health insurance legislation in force in the Insured Person's province of residence;

c) services, treatment or supplies which are experimental in nature;

d) expenses incurred for any surgically implanted item, except for crystalline lenses if covered under the policy;

e) services, treatment or supplies provided to the Student by the Employer;

f) wheelchairs adapted or designed for sports activities;

g) robotic walking aid apparatus;

h) monitoring devices such as stethoscopes, sphygmomanometers and similar equipment, and domestic appliances such as air purifiers, humidifiers, air conditioners, whirlpools and other similar equipment;

i) glucometer or reflectant meter;

j) intra-uterine devices and other contraceptive devices;

k) equipment such as "Obus form" type;

l) training, exercise programs, physical fitness programs using equipment or floor exercises, floating baths, mud baths, therapeutic baths, relaxation exercises, gym exercises, stretching and strengthening exercises, postural evaluations and ear candling;

m) diapers for incontinence;

n) dental services, except those provided for in this Benefit;

o) dental services and supplies for the purposes of full mouth reconstructions, for vertical dimension correction or for any other temporomandibular joint dysfunction;

p) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes;

q) services, treatment or supplies not included in the list of Eligible Expenses;

r) Eligible Expenses which result directly or indirectly from the following:

    i) cosmetic treatment;

    ii) committing, or attempting to commit a criminal offence;

iii) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

iv) war, whether the war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion;

v) driving a motorized Vehicle while impaired by drugs, or with an alcohol level that exceeds the limit set under the Criminal Code of Canada; the Eligible Expenses incurred for detoxification treatment and the expenses incurred for the purchase of medication covered under the Quebec drug insurance plan are not subject to this exclusion;

s) services, treatment or supplies for the treatment of alcoholism and drug addiction;

t) services, treatment or supplies for fertility treatment;

u) sunglasses or safety glasses.

2) Exclusions applicable to drugs

No reimbursement will be made under this Benefit for the following:

a) all drugs, except those provided for in this Benefit;

b) products and drugs, including hormones and injections, used in the treatment of obesity;

c) contraceptives (prophylactics and contraceptive jellies and foams) except those provided for under this Benefit;

d) the following products, whether or not prescribed:

i) shampoos and other scalp care products, including hair growth products;

ii) beauty-care products;

iii) cosmetics;

iv) so-called "natural" products and homeopathic preparations;

v) sun-tan emulsions (sunscreens);

vi) soaps;

vii) over-the-counter laxatives;

viii) over-the-counter antacids;

ix) skin softeners;

x) disinfectants and ordinary dressings;

xi) mineral water;

xii) any infant milk formulas;

xiii) proteins and food supplements (i.e. products used to supplement or complement a diet);

e) sclerosing injections used in the treatment of varicosities, telangiectasia and minor dilation when this treatment is primarily for cosmetic and not therapeutic purposes;

f) products and drugs used in the treatment of sexual dysfunctions;

g) products or drugs used as smoking cessation aids;

h) expenses used to cover the Quebec drug insurance plan deductible and co-insurance amount for individuals insured under this public plan.

3) Exclusions applicable to drugs requiring prior authorization

The Insurer reserves the right to apply certain restrictions, exclusions and limitations namely to services, products or drugs that do not meet the Insurer's prior authorization criteria as of the date the expense is incurred.

4) Additional Limitations Applicable to Drugs

For biologic drugs, the Insurer reserves the right to reimburse a less expensive biosimilar drug if available on the market.

5) Additional Exclusions Applicable to Drugs

No reimbursement is made for:

a) Drugs or products that are on the Insurer's list of excluded drugs or products. This list is available on the Insurer's website. In part, the list is based on the drug or product's effectiveness and cost, clinical practice guidelines and recommendations issued by health technology assessment agencies.

b) Drugs or products that are or should be administered in a hospital or hospital setting, as determined by the Insurer. This includes drugs or products that require special supervision during treatment due to the severity of the patient's condition, the complexity of the treatment or for safety reasons. In part, the Insurer uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CLAIMS section of the policy, and to the provisions below.

Total benefits payable under this Benefit and, if applicable, the STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT and the DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT if included under the policy cannot exceed the amount of Eligible Expenses incurred.

If expenses incurred by the Insured Person are eligible for payment under both this Benefit and, if applicable, the STUDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT and the DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT if included under the policy, such expenses will be payable under the ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS prior to any payment under this Benefit. As such, the liability of the Insurer under this Benefit will be limited to the unpaid balance of these Eligible Expenses.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

NOTICE AND PROOF OF CLAIM

All claims must be submitted to the Insurer along with any receipts no later than 12 months after the end of the Period of coverage during which expenses were incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 12 months after the date on which coverage terminates.

DENTAL CARE BENEFIT (ENHANCED PLAN)

DEFINITIONS

As used in this Benefit

Dental Hygienist means a person licensed by an accredited dental faculty to perform dental prophylaxis.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Fee Guide means the Dental Association Fee Guide for General Practitioners of the Province in which the service is provided to the Insured Person, for the Year mentioned in the BENEFIT OVERVIEW.

PAYMENT OF BENEFIT

On receipt of Proof of Claim satisfactory to the Insurer that an Insured Person, while covered under this Benefit, incurred Eligible Expenses which were necessary and which were for services recommended by a Dentist, the Insurer will reimburse the expenses in excess of the Deductible, if any, subject to the Percentage of Reimbursement and maximums specified in the BENEFIT OVERVIEW, and in accordance with other applicable policy provisions.

To be eligible, the expenses must have been performed

1) by a Dentist; or

2) by a Dental Hygienist under the supervision of a Dentist; or

3) by a licensed denturist when such services are within the scope of his licence.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided. However, with respect to a bridge, crown or denture, the date of insertion of such appliance will be the date such expense was incurred, and with respect to root canal therapy, the date of the final treatment will be the date that expense was incurred.

COMMENCEMENT OF DEPENDENT INSURANCE

If a Dependent is hospitalized on the day his insurance would normally become effective, the effective date of insurance is delayed, and his insurance will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Student with Dependents who are already covered becomes insured at birth.

DEDUCTIBLE

The Deductible is the amount of Eligible Expenses that the Student must pay in any Period of coverage before reimbursement will be made under this Benefit. The Deductible is specified in the BENEFIT OVERVIEW.

PERCENTAGE OF REIMBURSEMENT

The Percentage of Reimbursement specified in the BENEFIT OVERVIEW is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by the Insurer, in accordance with the provisions of this Benefit.

ELIGIBLE EXPENSES IN CANADA

PREVENTIVE SERVICES

EXAMINATIONS

- Complete oral examination, once every 36 months
- Recall oral examination, according to the frequency specified in the BENEFIT OVERVIEW
- Specific oral examination, once every 6 months
- Emergency oral examination

RADIOGRAPHS (X-RAYS)

- Complete series of periapical films or panoramic radiographs, limited to one series in any 36 months
- Intra oral films, including bitewing films, and radiographs to diagnose a symptom or examine progress of a particular course of treatment
- Interpretation of radiographs from another source
- Photography
- Radiograph of the hand and wrist as a diagnostic aid for dental treatment

LAB TESTS AND EXAMINATIONS

- Bacteriologic cultures/smears to determine pathological agents
- Biopsies
- Pulp vitality tests
- Unmounted diagnostic casts

CASE PRESENTATION AND EXPLANATION

- Consultation with a patient (a day other than the examination date)

PREVENTIVE SERVICES

- Oral hygiene instruction (once every 12 months)
- Polishing, according to the frequency specified in the BENEFIT OVERVIEW

- Light scaling for preventive purposes rather than therapeutic, limited to a maximum of 4 units per Period of coverage, combined with therapeutic scaling
- Topical application of fluoride, according to the frequency specified in the BENEFIT OVERVIEW
- Finishing restorations
- Pit and fissure sealants, for Children under Age 16
- Interproximal discing
- Space maintainers for missing primary teeth, for Children under Age 16
- Prophylactic odontotomy/enameloplasty

ORAL SURGERY

- Extractions – impacted tooth

OTHER SERVICES

Only general anaesthesia and conscious sedation are covered. These expenses are eligible if they are administered in conjunction with extractions.

BASIC SERVICES, ENDODONTICS AND PERIODONTICS

RESTORATIONS

- Amalgam (silver)
- Composite restorations in accordance with the LIMITATIONS provision of the Dental Care section in the BENEFIT OVERVIEW
- Retentive pins for amalgam and composite restorations
- Preformed stainless steel and polycarbonate crowns, for Children under Age 16
- Caries / trauma / pain control, separate procedure from restoration

ENDODONTICS

- Treatment of disease of the pulp chamber and pulp canals (root canal therapy)

PERIODONTICS

Treatment of the soft tissue (gums) and bone supporting the teeth. However the following expenses are limited:

a) post-operative visits, 4 visits per Period of coverage

b) curettage performed by a Dentist, once per period of 60 months

c) adjustments to periodontal appliance to control bruxism only, limited to one adjustment per Period of coverage

MAINTENANCE OF REMOVABLE DENTURES

- Repair
- Structure addition (to an existing removable dentures)
- Relining
- Rebasing
- Adjustments to dentures, 3 months after insertion
- Denture adjustments including minor adjustments, once every 6 months.

ORAL SURGERY

- Extractions - uncomplicated and complex
- Removal of residual roots
- Surgical exposure of teeth
- Alveoplasty, gingivoplasty, stomatoplasty and osteoplasty
- Alveolar ridge reconstruction
- Extension of mucous folds
- Excisions
- Incisions
- Frenectomy
- Miscellaneous surgical procedures

ELIGIBLE EXPENSES OUTSIDE CANADA

Payment will be made for dental treatment rendered while travelling outside Canada, but only to the extent that payment would have been made under this Benefit if such treatment had been rendered in the normal province of residence of the Insured Person when the Insured Person is not studying in Canada (international students) provided it is not emergency services. Payment will be limited to the fees indicated in the Quebec Fee Guide.

RESTRICTIONS, EXCLUSIONS AND LIMITATIONS

Reimbursement will not be made for any portion of the charge in excess of the suggested fee in the appropriate Fee Guide, as specified in the BENEFIT OVERVIEW. When there are two or more courses of treatment available to adequately correct a dental condition, this plan will provide reimbursement for the treatment that incurs the lowest cost consistent with good dental care.

Reimbursement of lab fees will be limited to the reasonable and customary charge for such services in the area where the services are provided. However, in no event will the total reimbursement of lab fees exceed 60% of the suggested fee in the appropriate Fee Guide, as specified in the BENEFIT OVERVIEW, for the particular dental treatment requiring the lab services.

Reimbursement of fees for composite restorations performed on posterior teeth may be limited to the fees for amalgam restorations as specified in the LIMITATIONS provision of the Dental Care section in the BENEFIT OVERVIEW.

No reimbursement will be made under this Benefit for the following:

1) any dental treatment which is for cosmetic purposes when the form and function of the teeth are satisfactory and no pathological condition exists;

2) charges for nutritional counselling;

3) any dental services or supplies, including X-rays, provided for full mouth reconstruction, for vertical dimension correction, for the restoration of occlusion, for the correction of temporomandibular joint dysfunction or for permanent splinting of teeth;

4) charges levied by a Dentist for broken appointments, completion of claim forms or advice by telephone;

5) expenses incurred for bacteriologic cultures/smears followed by a Chlorzoïn treatment;

6) expenses incurred for implants;

7) expenses incurred for duplicate diagnostic casts (unmounted);

8) expenses incurred for anaesthesia administered by acupuncture;

9) any dental treatment that is not yet approved by the Canadian Dental Association or that is for experimental purposes;

10) dental services, treatment or supplies that the individual received without charge or that a government health plan prohibits from being paid;

11) services, treatment or supplies provided to the Student by the Employer;

12) any dental treatment rendered outside Canada except as specifically provided under the ELIGIBLE EXPENSES OUTSIDE CANADA provision;

13) dental services and supplies not included in the list of Eligible Expenses;

14) Eligible Expenses that result directly or indirectly from the following:

a) committing, or attempting to commit a criminal offence;

b) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;

c) war, whether war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion.

CO-ORDINATION OF BENEFITS

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CLAIMS section of the policy.

PRE-DETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for an Insured Person is expected to exceed $500, the Student should submit a detailed treatment plan to the Insurer before treatment commences. The Insurer will then advise the Student of the amount of reimbursement for which the Insured Person is eligible in accordance with the provisions of the policy. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates, and the cost of such treatment.

The treatment plan submitted must be completed by the Dentist who first proposed the treatment, otherwise the Student will be required to submit a new treatment plan to the Insurer for re-assessment.

BENEFIT TERMINATION

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

No benefits are payable for expenses incurred after the date the insurance of the Student terminates, even if a detailed treatment plan under the PRE-DETERMINATION OF BENEFIT provision was filed and benefits were determined by the Insurer prior to such termination date.

PROOF OF CLAIM

The Student is not required to submit a claim to DFS if the Dentist uses the Electronic Data Interchange (EDI).

All claims must be submitted to the Insurer along with any receipts no later than 12 months after the end of the Period of coverage during which expenses were incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 12 months after the date on which coverage terminates.

DFS reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

YOU SHOULD KNOW

For any question about Eligible Expenses, please contact **ASEQ** at (514) 789-8715.

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

GENERAL INQUIRIES

To obtain your certificate number, visit **www.aseq.ca** To obtain any other information, visit the "Contact us" section of Desjardins Financial Security's website at **www.desjardinslifeinsurance.com**.

BENEFICIARY

This provision removes or restricts the right of the Student to designate persons to whom or for whose amounts are to be payable for some benefits:

Only the benefits that include a benefit payment in the event of the Student's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits.

ACCESS TO THE POLICY

Upon request to Desjardins Financial Security, the Student may obtain a copy of his application, his insurability report and the policy.

PROCEDURE TO FOLLOW IN CASE OF DISSATISFACTION

You must first contact ASEQ at (514) 789-8715 or send an e-mail to **plaintes@aseq.ca**.

If you are not satisfied with the response you received, you can file a complaint with the Dispute Resolution Officer of Desjardins Financial Security Life Assurance Company. The role of the Officer is to evaluate the merit of the decisions and practices of our company when one of its customers believes he has not obtained the service to which he is entitled.

There are three ways to reach the Dispute Resolution Officer

In writing, at the following address:

Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

By e-mail at: disputeofficer@dfs.ca

By phone at: 1 877 838-8185

For further information on the procedure to follow in case of dissatisfaction or complaint, or to obtain our complaint form, we invite you to visit the “Contact us” section of our website at **www.desjardinslifeinsurance.com**.

Our commitment to students

You are entitled to our attention and respect. We make it a point to be available to provide you with any assistance you may require. You can rely on our knowledgeable team. We are committed to settling your claims objectively and diligently, and to delivering the kind of service you have come to expect.

At Desjardins Insurance, your needs are our primary concern. Your financial security is vital to us and, as such, we will provide financial support in the event of illness, an accident or death.

Please accept this brochure which summarizes our financial obligations toward you.

desjardinslifeinsurance.com

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Insurance
Life • Health • Retirement

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