Concordia University Graduate Students' Association

Students – Non-residents of Québec

Contract Number: 140012 and 141014

Effective: September 1, 2023

Issued: September 7, 2023

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Benefit Summary

In this section, you will find the options which are available to you under each benefit. For more information on each benefit, please refer to the appropriate section in this booklet, including exclusions, limitations and other conditions that apply to your plan.

You 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. You must also choose a coverage option covering one or more dependents to be eligible for that benefit.

Opt out

As part of the enrolment process, you must choose one of the coverage options. If you do not make an election when you become eligible for coverage, you will be covered for single coverage until the end of your period of coverage.

You have the right to opt out of the Group benefits coverage annually or permanently within the *change of coverage period*. After that period, you will no longer have the right to opt out of your Group benefits coverage.

Note: If you are requesting an annual opt out, you will not be covered under the group benefits plan for the entire period of coverage.
If you are requesting a permanent opt out of your group benefits plan, you will not be covered under the group benefits plan for the entire duration of your registration with Graduate Students' Association. You may enroll again for another period of coverage by visiting *www.studentcare.ca*.

Your coverage option does not have to be the same for all benefits.

Your chosen coverage option will remain in effect until the end of the period of coverage.

Benefits	Student Accidental Death and Dismemberment Benefit Dependent Accidental Death and Dismemberment Benefit * Extended Health Care Benefit Dental Benefit
Coverage options	Single: Student only Family: Student, spouse and children Single-parent: Student and children Couple: Student and spouse
Period of coverage	Autumn semester: September 1 to August 31 of the following year. Winter semester: January 1 to August 31.
Benefit year	September 1 to August 31
Change in options	Your coverage option can be changed due to a *life event change*. You must submit a request to ***Studentcare*** within 31 days of the *life event change*.

General Information

About this booklet

The information in this student benefits booklet is important to you. It provides the information you need about the group benefits available through Graduate Students' Association's contract with Securian Canada.

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Benefits are underwritten by Canadian Premier Life Insurance Company.

Your group benefits may be modified after the effective date of this booklet. The contract holder will receive written notification of changes to your group plan. ***Studentcare*** will notify you of these changes by updating their website. The notification will supplement your group benefits booklet.

If you have any questions about the information in this student benefits booklet, or you need additional information about your group benefits, please contact ***Studentcare***.

Eligibility

To be eligible for group benefits, you must be an active member of Concordia's Graduate Students' Association. Please contact ***Studentcare*** for specific eligibility information.

A student who participates at an Exchange Program or at an internship outside their province of residence remains insured with the current Group benefits plan, provided that the student is insured under a government health and hospitalization plan for expenses incurred outside your province of residence.

If you and your spouse are both students, each of you may be eligible for coverage subject to the following limitations:

- only one student can choose coverage for dependents, and
- an individual covered as a student cannot be covered as a dependent.

Your dependents become eligible for coverage on the date you become eligible or the date they first become your dependent, whichever is later. You must be covered in order for your dependents to be eligible.

Who qualifies as your dependent

Your dependent must be your spouse or your child and a resident of Canada.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for 12 consecutive months, is an eligible dependent. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law and are under age 21.

A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 26 as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support and is not married nor in any other formal union recognized by law.

In these cases, you must notify Securian Canada within 31 days of the date the child attains the limiting age. ***Studentcare*** can give you more information about this.

Enrolment

You may be automatically covered under this plan or you may be eligible to self-enrol. Please contact ***Studentcare*** for enrolment procedures. For a dependent to receive coverage, you must request dependent coverage.

You may opt out provided that you complete the opt out form during the applicable *change of coverage period*. If you choose to opt out, you must provide proof that you have comparable coverage. You will not be covered for Accidental Death and Dismemberment if you opt out of Extended Health Care. For opt out information and *change of coverage* deadlines contact ***Studentcare***.

When coverage begins

Your coverage begins on the date you become eligible for coverage.

If you are not an active member of Graduate Students' Association on the date coverage would normally begin, your coverage will not begin until you are again an active member.

A dependent's coverage begins on the later of the following dates:

- the date your coverage begins.
- the date the dependent becomes eligible for coverage, as long as the dependent is acquired and enrolled within the reserved period at the beginning of each benefit year.

However, for a dependent, other than a newborn child, who is hospitalized, coverage will begin when the dependent is discharged from hospital and is actively pursuing normal activities.

Once you have family coverage, any subsequent dependents will be covered automatically. However, for claims paying purposes, you must advise ***Studentcare*** of the name of any subsequent dependent.

If there are additional conditions for a particular benefit, these conditions will appear in the appropriate benefit section later in this booklet.

Changes affecting your coverage

From time to time, there may be circumstances that change your coverage.

For example, your student status may change, or the contract holder may change the group contract. Any resulting change in the coverage will take effect on the date of the change in circumstances.

However, if you or one of your dependents, other than a newborn child, are hospitalized on the date when the change occurs, the change in coverage cannot take effect before that person is discharged and is actively pursuing normal activities.

Updating your records

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to ***Studentcare***:

- change of dependents.
- change of name.
- change of beneficiary.
- change of student ID number.

Accessing your records

For insured benefits, you may obtain copies of the following documents:

- your enrolment form or application for insurance.
- any written statements or other record, not otherwise part of the application, that you provided to Securian Canada as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the contract.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

All requests for copies of documents should be directed to our Customer Care centre by calling toll-free at 1-866-969-5949.

When coverage ends

As a student, your coverage will end on the earlier of the following dates:

- August 31st of each year.
- the end of the period for which premiums have been paid to Securian Canada for your coverage.
- the date the group contract ends.

A dependent's coverage terminates on the earlier of the following dates:

- the date your coverage ends.
- the date the dependent is no longer an eligible dependent.
- the end of the period for which premiums have been paid for dependent coverage.

The termination of coverage may vary from benefit to benefit. For information about the termination of a specific benefit, please refer to the appropriate section of this student benefits booklet.

However, if you die while covered by this plan, coverage for your dependents will continue, until the earlier of the following dates:

- the end of the benefit year following the date of your death.
- the date the person would no longer be considered your dependent under this plan if you were still alive.
- the date the benefit provision under which the dependent is covered terminates.

Replacement coverage

The group contract will be interpreted and administered according to all applicable legislation and the guidelines of the Canadian Life and Health Insurance Association concerning the continuation of insurance following contract termination and the replacement of group insurance.

Securian Canada will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

Making claims

Securian Canada is dedicated to processing your claims promptly and efficiently. You should contact ***Studentcare*** to get the proper form to make a claim.

There are time limits for making claims. These limits are discussed in the appropriate sections of this student benefits booklet. If you fail to abide by these time limits, you may not be entitled to some or all benefit payments.

All claims must be made in writing on forms approved by Securian Canada.

For the assessment of a claim, Securian Canada may require medical records or reports, proof of payment, itemized bills, or other information Securian Canada considers necessary. Proof of claim is at your expense.

Legal actions

Limitation period for 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*.

Limitation period for any other province:

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* or other applicable legislation of your province or territory.

Coordination of benefits

If you or your dependents are covered for Extended Health Care or Dental Care under this plan and another plan, our benefits will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a coordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

The maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

Where both plans contain a coordination of benefits clause, claims must be submitted in the order described below.

Claims for you and your spouse should be submitted in the following order:

- the plan where the person is covered as an employee. If the person is an employee under two plans, the following order applies:
  - the plan where the person is covered as an active full-time employee.
  - the plan where the person is covered as an active part-time employee.
  - the plan where the person is covered as a retiree.
- the plan where the person is covered under a student health or dental plan provided through an educational institution.
- the plan where the person is covered as a dependent.

Claims for a child should be submitted in the following order:

- the plan where the child is covered as an employee.
- the plan where the child is covered under a student health or dental plan provided through an educational institution.
- the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.
- the plan of the parent whose first name begins with the earlier letter in the alphabet if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the child, in which case the following order applies:

- the plan of the parent with custody of the child.

- the plan of the spouse of the parent with custody of the child.
- the plan of the parent not having custody of the child.
- the plan of the spouse of the parent not having custody of the child.

When you submit a claim, you have an obligation to disclose to Securian Canada all other equivalent coverage that you or your dependents have.

Studentcare can help you determine which plan you should claim from first.

Medical examination

We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.

Recovering overpayments

We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

Assignments

For Life benefits, no rights or interests can be assigned.

For all other benefits, Securian Canada reserves the right to refuse assignments.

Definitions

Here is a list of definitions of some terms that appear in this student benefits booklet. Other definitions appear in the benefit sections.

Accident

An accident is a bodily injury that occurs solely as a direct result of a violent, sudden, and unexpected action from an outside source.

Change of coverage period

The change of coverage period is the period a student can modify or opt out of coverage. The period is at the beginning of the period of coverage and is determined by the Graduate Students' Association.

A student will no longer have the right to opt out of the group benefits plan after that period.

Doctor

A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.

Illness An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.

Insured person The student or one of their insured dependents.

Life event change Life event changes include but are not limited to:

- marriage or any other formal union recognized by law, or common-law.
- birth or adoption of a child.
- Dependent child returns to school.
- divorce.
- separation.
- loss or acquisition of spouse's benefit coverage.
- death of a dependent.

Student An active member of the Graduate Students' Association.

Studentcare ***Studentcare*** is the third party administrator.

We, our and us We, our and us mean Securian Canada.

Extended Health Care (Medicare Supplement)

General description of the coverage

In this section, *you* means the student and all dependents covered for Extended Health Care benefits.

Extended Health Care coverage pays for eligible services or supplies for you that are medically necessary for the treatment of an illness. However, there are additional eligibility requirements that apply to drugs (see *Prior authorization program* for details).

Medically necessary means generally recognized by the Canadian medical profession as effective, appropriate, and required in the treatment of an illness in accordance with Canadian medical standards.

To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.

To be eligible, the services or supplies must be rendered by an authorized Securian Canada provider. Please visit *www.Students-healthportal.securiancanada.ca* for more information.

Reference to Doctor may also include a nurse practitioner – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Securian Canada will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs*.

An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date the service is received or the supplies are purchased or rented.

The benefit year is from September 1 to August 31.

Deductible

There is no deductible for this coverage.

Prescription drugs

Drugs covered under this plan must have a Drug Identification Number (DIN) and be approved under *Drug evaluation*.

We will cover 80% of the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist:

- drugs and oral contraceptives that legally require a prescription.
- life-sustaining drugs that may not legally require a prescription.
- injectable drugs and vitamins.
- compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN.
- diabetic supplies.
- products to help a person quit smoking that legally require a prescription.
- varicose vein injections.
- vaccines, up to a maximum of $50 per person per benefit year.

Payments for any single purchase are limited to quantities that can reasonably be used in a 34 day period or, in the case of certain maintenance drugs, in a 100 day period as ordered by a doctor.

We will not pay for the following, even when prescribed:

- infant formulas (milk and milk substitutes), minerals, proteins, vitamins, and collagen treatments.
- the cost of giving injections, serums and vaccines.
- treatments for weight loss, including drugs, proteins and food or dietary supplements.
- hair growth stimulants.

- drugs for the treatment of infertility.
- drugs for the treatment of erectile dysfunction.
- drugs that are used for cosmetic purposes.
- natural health products, whether or not they have a Natural Product Number (NPN).
- drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.
- biologic drugs, if there is a biosimilar treating the same indication, you meet the age eligibility requirement for your provincial drug benefit plan and such plan's biosimilar initiative or program (the *program*) targets the biologic drug. This exclusion will apply even if the *program* does not require you to switch to a biosimilar for your treated condition. If there is a medical reason requiring you to take the biologic, then you and your doctor need to complete and submit an exception form for our consideration
- non-biological complex drugs, if there is a subsequent entry version treating the same indication, you meet the age eligibility requirement for your provincial drug benefit plan and such plan's biosimilar initiative or program (the *program*) targets the non-biological complex drug. This exclusion will apply even if the *program* does not require you to switch to a subsequent entry version for your treated condition. If there is a medical reason requiring you to take the non-biological complex drug, then you and your doctor need to complete and submit an exception form for our consideration.

Drug evaluation The following drugs will be evaluated and must be approved by us to be eligible for coverage:

drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017.

drugs covered under this plan and subject to a significant increase in cost.

Drug expenses are eligible for reimbursement only if incurred on or after the date of our approval.

We will assess the eligibility of the drug based on factors such as:

comparative analysis of the drug cost and its clinical effectiveness.

recommendations by health technology assessment organizations and provinces.

availability of other drugs treating the same or similar conditions(s).

plan sustainability.

Drug substitution limit

Charges in excess of the lowest priced equivalent drug are not covered unless the doctor specifies in writing that no substitution for the prescribed drug may be made.

Prior authorization program

The prior authorization (PA) program applies to a limited number of drugs and, as its name suggests, prior approval is required for coverage under the program. If you submit a claim for a drug included in the PA program and you have not been pre-approved, your claim will be declined.

In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form.

You will be eligible for coverage for these drugs if the information you and your doctor provide meets our clinical criteria based on factors such as:

- Health Canada Product Monograph.
- recognized clinical guidelines.
- comparative analysis of the drug cost and its clinical effectiveness.

- recommendations by health technology assessment organizations and provinces.
- your response to preferred drug therapy.

If not, your claim will be declined.

Our prior authorization forms are available from the following sources:

- our website at *www.Students-healthportal.securiancanada.ca*
- our Customer Care centre by calling toll-free 1-866-969-5949

Other health professionals allowed to prescribe drugs

We reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

Benefit year maximum

For Prescription drugs, the maximum amount we will pay is $10,000 per person in a benefit year.

Hospital expenses in your province

We will cover 100% of the costs for hospital care in the province where you live.

We will cover out-patient services in a hospital, except for any services explicitly excluded under this benefit, and the difference between the cost of a ward and a semi-private hospital room.

Hospital allowance

The amount payable is $75 per day for a maximum of 30 days for treatment of an illness due to the same or related causes.

A *hospital* is a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital.

Expenses out of your province

We will cover emergency services while you are outside the province where you live.

We will cover the cost of:

- a semi-private hospital room.
- other hospital services provided outside of Canada.
- out-patient services in a hospital.
- the services of a doctor.

Expenses for all other services or supplies eligible under this plan are also covered when they are incurred outside the province where you live, subject to the reimbursement level and all conditions applicable to those expenses.

Emergency services

We will pay 100% of the cost of covered emergency services.

Emergency services mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established management program that existed prior to the person leaving the province where the person lives.

Emergency means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor.

At the time of an emergency, you or someone with you must contact Securian Canada's Emergency Travel Assistance (ETA) provider. All invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan), must be pre-authorized by Securian Canada's ETA provider prior to being performed, except in extreme circumstances where surgery is performed on an emergency basis immediately following admission to a hospital.

If contact with Securian Canada's ETA provider cannot be made before services are provided, contact with Securian Canada's ETA provider must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances where contact could reasonably have been made, then Securian Canada has the right to deny or limit payments for all expenses related to that emergency.

An emergency ends when you are medically stable to return to the province where you live.

As soon as Securian Canada's ETA provider is notified that you have a medical emergency, its staff, or a physician designated by Securian Canada's ETA provider, will, when necessary, attempt to establish communications with the attending medical personnel to obtain an understanding of the situation and to monitor your condition. If necessary, Securian Canada's ETA provider will also guarantee or advance payment of the expenses incurred to the provider of the medical service.

Securian Canada's ETA provider may determine, in consultation with an attending physician, that it is necessary for you to be transported under medical supervision to a different hospital or treatment facility or to be sent home. In these cases, Securian Canada's ETA provider will arrange, guarantee, and if necessary, advance the payment for your transportation.

Securian Canada or Securian Canada's ETA provider, based on available medical evidence, will make the final decision whether you should be moved, when, how and to where you should be moved and what medical equipment, supplies and personnel are needed.

You do not have to send claims for doctors' or hospital fees to your provincial medicare plan first. This way you receive your refund faster. Securian Canada and Securian Canada's ETA provider coordinate the whole process with most provincial plans and all insurers, and send you a payment for the eligible expenses. Securian Canada's ETA provider will ask you to sign a form authorizing them to act on your behalf.

If you are covered under this group plan and certain other plans, we will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association. The plan from which you make the first claim will be responsible for managing and assessing the claim. It has the right to recover from the other plans the expenses that exceed its share.

Emergency services excluded from coverage

Any expenses related to the following emergency services are not covered:

- services that are not immediately required or which could reasonably be delayed until you return to the province where you live, unless your medical condition reasonably prevents you from returning to that province prior to receiving the medical services.
- services relating to an illness or injury which caused the emergency, after such emergency ends.
- continuing services, arising directly or indirectly out of the original emergency or any recurrence of it, after the date that Securian Canada or Securian Canada's ETA provider, based on available medical evidence, determines that you can be returned to the province where you live, and you refuse to return.
- services which are required for the same illness or injury for which you received emergency services, including any complications arising out of that illness or injury, if you had unreasonably refused or neglected to receive the recommended medical services.
- where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or any emergency arising directly or indirectly out of that illness or injury.

Medical services and equipment

We will cover 80% of the costs (100% for private duty nurse and ambulance services) for the medical services listed below when ordered by a doctor (the services of a licensed dentist do not require a doctor's order).

- out-of-hospital private duty nurse services when medically necessary. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse, or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you. The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties. There is a limit of $25,000 per person during any 3 consecutive benefit years.
- we will cover the following services up to a combined maximum of $250 per person per occurrence:
  - transportation in a licensed ambulance, if medically necessary, that takes you to and from the nearest hospital that is able to provide the necessary medical services.
  - transportation in a licensed air ambulance, if medically necessary, that takes you to the nearest hospital that provides the necessary emergency service.
- dental services, including braces and splints, to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while you are covered. These services must be received within 12 months of the accident. We will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner in the province where the you live. The guide must be the current guide at the time that treatment is received. There is a limit of $2,500 per person per accident.
- wigs following chemotherapy, up to a maximum of $300 per person in a benefit year. Wigs do not require a doctor’s order.
- medically necessary therapeutic equipment, other than those described below, rented, or purchased at our request, that meets your basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs. The maximum we will pay in a person’s lifetime is $10,000.

- medically necessary non-therapeutic equipment rented, or purchased at our request, that meets your basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs.
- hospital bed. Eligible expenses are limited to the cost of a non-electrical bed, except if the person's medical condition warrants the use of an electric hospital bed.
- wheelchairs. Eligible expenses are limited to the cost of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.
- casts, splints, trusses, braces or crutches.
- breast prostheses required as a result of surgery, up to a maximum of $200 per person in any 24 month period.
- surgical brassieres required as a result of surgery, up to a maximum of 2 brassieres per person in any 24 month period.
- artificial eyes. Including 1 polishing and 1 remaking per person per benefit year.
- artificial limbs and myoelectric appliances, limited to a lifetime maximum of:
  - $10,000 per prosthesis per person for initial purchase.
  - $10,000 per person per benefit year for repairs and replacements.
  - $10,000 per prosthesis per person for replacements required as a result of a psychological change.
- stump socks, up to a maximum of 5 pairs per person in a benefit year.
- elastic support stockings, including pressure gradient hose, up to a maximum of $500 per person in a benefit year.

- custom-made orthotic inserts for shoes, when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of $350 per person in a benefit year.
- custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist or chiropodist, up to a maximum of $500 per person in a benefit year.
- hearing aids prescribed by an ear, nose and throat specialist, up to a maximum of $500 per person over a period of 5 benefit years. Repairs are included in this maximum.
- radiotherapy or coagulotherapy.
- oxygen, plasma and blood transfusions.
- glucometers prescribed by a diabetologist or a specialist in internal medicine, up to a lifetime maximum of $700 per person.
- constant positive airway pressure (CPAP) machines, including masks and supplies.
- TENS machines, when prescribed by a doctor, up to a lifetime maximum of $700 per person.
- colostomy, ileostomy or urethrostomy supplies.
- intrauterine devices (IUDs), up to a maximum of $50 per person per benefit year.

Private tutorial services (for students only)

We will cover 100% of the cost of private tutorial services of a qualified teacher, limited to $10 per hour up to a maximum of $300 per illness or accident. This benefit is payable from the first day of illness or accident if it causes confinement to home or hospital for at least 7 consecutive days.

Paramedical services

We will cover 100% of the costs up to a maximum of:

- $20 per visit and $400 per person per specialty in a benefit year for the qualified paramedical practitioners listed below:
  - chiropractors, including a maximum of one x-ray examination each benefit year.
  - osteopaths or osteopathic practitioners, including a maximum of one x-ray examination each benefit year.
  - athletic therapists, or athletic therapists who are active members of the Canadian Athletic Therapists Association (CATA) or of a provincial association approved by Securian Canada.
- $60 per visit and $750 per person per specialty in a benefit year for the qualified paramedical practitioners listed below:
  - massage therapists.
  - physiotherapists.

We will also cover 80% of the costs of qualified psychologists, social workers, guidance counsellors and psychotherapists, up to a combined maximum of $750 per person per benefit year.

Qualified means a person who is a member of the appropriate governing body established by the provincial government for their profession. In the absence of a governing body, the person must be an active member of an association approved by us.

Qualified paramedical practitioners must:

- belong to a regulatory body or in the absence of a regulatory body, belong to an association approved by us,
- be licensed or registered, as required by the applicable provincial regulatory body,
- have undergone appropriate training and obtained necessary credentials in support of the services or supplies rendered,

- maintain clinical records and files consistent with the reasonable practices and standards of others in their field or as may be required by a regulatory body or association,
- produce clinical records and files to us upon request and generally act in a manner that is responsive to inquiries from us, and
- not engage in administrative practices unacceptable to Securian Canada.

This is not an exhaustive list of qualifications. We have the sole discretion to determine whether a paramedical practitioner is qualified to render a service or provide a supply. To the extent that the qualifications listed above apply to clinics, we have the sole discretion to determine whether a clinic is qualified such that claims for services or supplies rendered at that clinic are eligible for reimbursement under this plan.

Vision care

We will cover the cost of contact lenses, eyeglasses or laser eye correction surgery. Contact lenses or eyeglasses must be prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician. Laser eye correction surgery must be performed by an ophthalmologist.

We will cover 100% of these costs up to a maximum of $100 per person in any 24-month period.

We will also cover 100% of the costs for services of an ophthalmologist or licensed optometrist, up to a maximum of $60 per person per benefit year.

We will not pay for sunglasses, magnifying glasses, or safety glasses of any kind, unless they are prescription glasses needed for the correction of vision.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused you to incur medical expenses.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us the amount by which the sum of the benefits paid under this plan and your net recovery exceeds 100% of the actual cost of the medical expenses for which benefits were paid. Your net recovery does not include your legal costs.

We have the right to withhold or discontinue payments if you refuse or fail to comply with any of these terms.

When coverage ends

Extended Health Care coverage will end on August 31st of each year.

Coverage may also end on an earlier date, as specified in *General Information*.

If the Extended Health Care benefit terminates, coverage for dental services to repair natural teeth damaged by an accidental blow will continue, if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

Payments after coverage ends

If you are totally disabled when your coverage ends, benefits will continue for expenses that result from the illness that caused the total disability if the expenses are incurred:

- during the uninterrupted period of total disability,
- within 90 days of the end of coverage, and
- while this provision is in force.

For the purpose of this provision, a student or a dependent is totally disabled if prevented by illness from performing their normal activities.

What is not covered

We will not pay for the costs of:

- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under *Integration with government programs*.

- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- equipment that Securian Canada considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers).
- any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments. *Experimental or investigational treatments* mean treatments that are not approved by Health Canada or other government regulatory body for the general public.
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- services or supplies for which no charge would have been made in the absence of this coverage.

We will not pay benefits when the claim is for an illness resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- participation in a criminal offence.

Integration with government programs

This plan will integrate with benefits payable or available under the government-sponsored plan or program (the *government program*). The covered expense under this plan is that portion of the expense that is not payable or available under the government program, regardless of:

- whether you have made an application to the government program,
- whether coverage under this plan affects your eligibility or entitlement to any benefits under the government program, or
- any waiting lists.

When and how to make a claim

To make a claim, complete the claim form that is available from ***Studentcare***.

In order for you to receive benefits, we must receive the claim no later than:

- 365 days (12 months) after the date you incur the expenses, or
- 90 days after the end of your Extended Health Care coverage, whichever is earlier.

Dental Care

General description of the coverage

In this section, *you* means the student and all dependents covered for Dental Care benefits.

Dental Care coverage pays for eligible expenses that you incur for dental procedures provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

To be eligible, the services or supplies must be rendered by an authorized Securian Canada provider. Please visit *www.Students-healthportal.securiancanada.ca* for more information.

For each dental procedure, we will only cover reasonable and customary charges. We will not cover more than the fee stated in the Dental Association Fee Guide for general practitioners in the province where the treatment is received. Payments will be based on the current guide at the time the treatment is received.

When a fee guide is not published for a given year, the term *fee guide* may also mean an adjusted fee guide established by Securian Canada.

Reasonable and customary charges mean:

- charges considered necessary for the treatment and maintenance of a person's oral health, according to standard Canadian dental procedures and practices, and
- charges of a reasonable frequency and duration, as determined by Securian Canada.

When deciding what we will pay for a procedure, we will first find out if other or alternate procedures could have been done. These alternate procedures must be part of usual and accepted dental work and must obtain as adequate a result as the procedure that the dentist performed. We will not pay more than the reasonable cost of the least expensive alternate procedure.

If you receive any temporary dental service, it will be included as part of the final dental procedure used to correct the problem and not as a separate procedure. The fee for the permanent service will be used to determine the reasonable and customary charge for the final dental service.

An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date your dentist performs a single appointment procedure. For procedures which take more than one appointment, you incur an expense once the entire procedure is completed.

The benefit year is from September 1 to August 31.

Deductible

There is no deductible for this coverage.

Benefit year maximum

We will not pay more than $500 per person for each benefit year for all services.

Predetermination

We suggest that you send us an estimate, before the work is done, for any major treatment or any procedure that will cost more than $500. You should send us a completed dental claim form that shows the treatment that the dentist is planning and the cost. Both you and the dentist will have to complete parts of the claim form. We will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

Preventive dental procedures

Your dental benefits include the following procedures used to help prevent dental problems. They are procedures that a dentist performs regularly to help maintain good dental health.

We will pay 50% of the eligible expenses for these procedures.

Oral examinations

1 complete examination every 36 months.

1 recall examination every 12 months.

1 specific examination every 6 months.

Emergency examinations.

X-rays

1 complete series of x-rays or 1 panoramic every 24 months.

Intra oral films and bitewing x-rays.

X-rays, including hand and wrist, to diagnose a symptom or examine progress of a particular course of treatment.

Interpretation of x-rays from another source.

Photography.

Other services

Required consultations between two dentists.

Required consultation with a patient.

Polishing (cleaning of teeth) and topical fluoride treatment once every 12 months.

Finishing restorations.

Emergency or palliative services.

Diagnostic tests and laboratory examinations.

Removal of impacted teeth and related anaesthesia.

Provision of space maintainers for missing primary teeth, for a child under age 16.

Pit and fissure sealants, for a child under age 16.

Oral hygiene instruction once every 12 months.

Interproximal Disking (Interproximal Reduction).

Prophylactic odontotomy.

Basic dental procedures

Your dental benefits include the following procedures used to treat basic dental problems.

We will pay 50% of the eligible expenses for these procedures.

Fillings Amalgam, composite, acrylic or equivalent. Composite restorations performed on posterior teeth are limited to the fees for amalgam restorations.

Extraction of teeth Removal of teeth, except removal of impacted teeth (*Preventive dental procedures*).

Basic restorations Prefabricated metal restorations and repairs to prefabricated metal restorations, other than in conjunction with the placement of permanent crowns.

Oral surgery Surgery, other than the removal of impacted teeth (*Preventive dental procedures*).

Endodontics Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.

Periodontics Treatment of disease of the gum and other supporting tissue.

Scaling and root planing, you are covered up to a combined maximum of 4 units of 15 minutes per benefit year.

Occlusal equilibration, up to a maximum of 3 units of 15 minutes per benefit year.

Gingival curettage – definitive surgical procedure performed by the dentist under local anaesthesia. You are covered for 1 gingival curettage per site every 60 months.

Adjustments. You are covered for 1 bruxism adjustment per benefit year.

Post surgical visit. You are covered for 4 post surgical visits per benefit year.

Retentive pins For amalgam and composite fillings.

Crowns Preformed stainless steel and polycarbonate crowns, for a child under age 16.

Caries, trauma and pain control You are covered for sedative fillings that are applied to very deep cavities to reduce pain.

This procedure includes local anaesthesia, removal of decay or removal of existing restoration, occlusal adjustment, pulp cap and placement of a sedative filling.

Repair Repair of dentures.

Rebase or reline Rebase or reline of an existing partial or complete denture.

Denture adjustments Denture adjustment after insertion. This procedure includes 3 month follow-up care.
Denture adjustments including minor adjustments, once every 6 months

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused you to incur dental expenses.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us the amount by which the sum of the benefits paid under this plan and your net recovery exceeds 100% of the actual cost of the dental expenses for which benefits were paid. Your net recovery does not include your legal costs.

We have the right to withhold or discontinue payments if you refuse or fail to comply with any of these terms.

When coverage ends

Dental Care coverage will end on August 31st of each year.

Coverage may also end on an earlier date, as specified in *General Information*.

Payments after coverage ends

If the Dental Care benefit terminates, you will still be covered for procedures to repair natural teeth damaged by an accidental blow if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

What is not covered

We will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

We will not pay for services or supplies that are not usually provided to treat a dental problem.

We will not pay for:

- procedures performed primarily to improve appearance.
- the replacement of dental appliances that are lost, misplaced, or stolen.
- charges for appointments that you do not keep.
- charges for completing claim forms.
- services or supplies for which no charge would have been made in the absence of this coverage.
- supplies usually intended for sport or home use, for example, mouthguards.
- procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- charges related to the temporomandibular joint (TMJ) treatment.
- charges related to implants, including surgery charges.
- transplants, and repositioning of the jaw.
- experimental treatments.

We will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- teeth malformed at birth or during development.
- participation in a criminal offence.

When and how to make a claim

To make a claim, complete the claim form that is available from your ***Studentcare***. The dentist will have to complete a section of the form.

In order for you to receive benefits, we must receive a claim no later than:

- 365 days (12 months) after the date you incur the expenses, or
- 90 days after the end of your Dental Care coverage, whichever is earlier.

We can require that you give us the dentist's statement of the treatment received, pre-treatment x-rays and any additional information that we consider necessary.

Accidental Death and Dismemberment

General description of the coverage

Accidental Death and Dismemberment coverage provides benefits if, due to an accident occurring while covered, you, your spouse or your child die or suffer any of the losses listed in the table under *What we will pay*.

Accidental coverage

Amount

$2,000 – Student
$2,000 – Spouse
$2,000 – Child per child

Coverage ends

Coverage will end on August 31st of each year. Coverage may also end on an earlier date, as specified in *General Information*.

Who we will pay

If you suffer any of the losses listed in the table under *What we will pay*, other than loss of life, the benefit is payable to you. If you die, Securian Canada will pay the benefit to your last-named beneficiary on file with ***Studentcare***.

If you have not named a beneficiary, the benefit amount will be paid to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.

A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If you reside outside Québec and desire to designate a minor as your beneficiary, you may wish to designate someone else to receive the death benefit in trust for the minor. If a trustee is not designated, applicable legislation may require that a death benefit payable to a minor be paid instead to a court, or guardian or public trustee. If you reside in Québec and have designated a minor as beneficiary, the death benefit will be paid to the parent(s)/legal guardian of the minor on the minor's behalf. Alternatively (and regardless of whether you reside outside or in Québec), you may wish to consider designating your estate as beneficiary and provide the executor(s) with directions in your will as to the entitlement of the minor. You are encouraged to consult a legal advisor.

If a dependent suffers any of the losses listed in the table under *What we will pay*, the benefit is payable to you.

If the person, to whom a benefit is payable is not able to give a valid discharge, Securian Canada may pay up to $2,000 to any person Securian Canada considers appropriate. As long as this payment is made in good faith, Securian Canada will be fully discharged to the extent of the payment.

What we will pay

We will pay for this benefit if you, your spouse, or your child:

- accidentally drown.
- disappear in an accident while travelling. This only applies if the means of transportation disappears, sinks, is wrecked, forced to land or stranded and the body is not found within one year. There must be no evidence that you, your spouse or your child are still alive.
- are in an accident or exposed to the elements and, as a direct result, you, your spouse or your child suffer one of the losses listed below within one year of that accident or exposure.

The amount that we will pay is a percentage of the Accidental Death and Dismemberment coverage. The percentage depends on the loss suffered. The following table shows the percentages we use to determine the payment.

TABLE OF LOSSES

Loss of life	100%
Loss of both arms or both legs	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	67%
Loss of four fingers on the same hand	33%
Loss of thumb and index finger on the same hand	33%
Loss of all toes on the same foot	25%

Loss of use of both arms or both legs	100%
Loss of use of both hands or both feet	100%
Loss of use of one hand and one foot	100%
Loss of use of one arm or one leg	75%
Loss of use of one hand or one foot	67%
Loss of use of thumb and index finger on the same hand	33%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	67%
Loss of speech	67%
Loss of hearing in both ears	67%
Loss of hearing in one ear	25%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. We will not pay more than 100% of the amount of coverage if an accident results in more than one loss. This does not include quadriplegia, paraplegia or hemiplegia, where we will pay a maximum of 200%.

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or foot. Loss of sight, speech or hearing must be total and permanent.

Loss of use must be total and must have continued for at least one year. Before we pay the benefit, you must provide proof that the loss is permanent.

What is not covered

We will not pay for losses that are the result of:

- self-inflicted injuries, by firearm or otherwise.

- a drug overdose.
- carbon monoxide inhalation.
- attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions.
- flying in an aircraft, descending from an aircraft or being exposed to any hazard related to an aircraft, while:
  - receiving flying lessons.
  - performing any duties in connection with the aircraft.
  - being flown for a parachute jump.
  - a member of the armed forces if the aircraft is under the control of or chartered by the armed forces.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- full-time service in the armed forces of any country.
- participation in a criminal offence.

When and how to make a claim

For any loss other than death, the claim must be received by Securian Canada within one year after the loss.

If the claim is the result of a death, the claim should be made as soon as possible after the death occurred.

Claim forms are available from ***Studentcare***.

Respecting your privacy

Respecting your privacy is a priority for Securian Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *http://www.securiancanada.ca/privacy-statement*.

About Securian Canada

We're here for all Canadians and their families – however they define family – because everything we do helps build secure tomorrows. Our practical, life-ready insurance and protection solutions are designed to help provide financial security, so that Canadians can spend more time making every moment count.

For over 65 years, we've been giving Canadians the confidence to face life's uncertainties. Securian Canada brings together strong local roots and expertise, a North American footprint, and a global perspective – all while innovating at the speed the markets we serve expect.

Together with our U.S. parent company – Securian Financial – Securian Canada is a leading insurance provider in the Canadian Financial Institution and Association & Affinity markets. We offer insurance solutions built with genuine care – providing specialized experiences to those we serve.

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140012-09-2023