

Your Group Insurance Plan



**HEALTH AND HOSPITALIZATION
GROUP INSURANCE PLAN FOR
FOREIGN STUDENTS OF CEGEPS
AND PRIVATE COLLEGES**

Policy no. N004



Desjardins
Financial Security®

Money working for people

Life, health, retirement

Your Group Insurance Plan

HEALTH AND HOSPITALIZATION GROUP INSURANCE PLAN FOR FOREIGN STUDENTS OF CEGEPS AND PRIVATE COLLEGES

Policy no. N004

Insurer: Desjardins Financial Security Life Assurance Company

This document is an integral part of the Insurance Certificate. It is a summary of your Group Insurance Policy. Only the Group Insurance Policy may be used to settle legal matters.

This electronic version of the booklet has been updated on August 1, 2009. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

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IMPORTANT

In the event of a medical emergency or hospitalization in the United States only, you must immediately contact "Sigma Assistel" Voyage Assistance service at the following number:

1 800 465-6390

OVERVIEW

If a participant incurs expenses for himself as a result of an accident, illness or pregnancy, he is entitled to reimbursement of incurred eligible expenses, subject to the conditions of the GENERAL PROVISIONS and the following:

The reimbursement amount for each participant is limited to a lifetime maximum of \$500,000.

Eligible expenses under this plan are expenses incurred for services or appliances recommended by a physician and which are necessary to treat the participant. Appliances must be purchased and services dispensed while this contract is in force. Expenses incurred for eligible appliances and services must conform to the reasonable and customary standards of the concerned health professions normal practice.

Incurred expenses for health professionals services are eligible provided the specialist is a member in good standing of his professional association or, if such organization does not exist, provided the pertinent professional association is recognized by the insurer. The health professional must not ordinarily reside in the participant's home or be related to him by birth or marriage. Except for a physician or nurse in a hospital, only one treatment or visit per day, by the same professional, is eligible for a participant.

DESCRIPTION OF BENEFITS

DRUGS

Eligible charges for drugs are reimbursed at a rate of 90% after deducting a co-pay of \$5 per prescribed drug. The maximum payable amount is \$15,000 per policy year, excluding drugs received while hospitalized.

a) **Drugs**

Drugs that are necessary for treatment, including oral and injection contraceptives and morning-after pill, that are available only on prescription from a physician or a dental surgeon (code "PR," "C" or "N" in the Compendium of Pharmaceuticals and Specialities) and dispensed by a pharmacist or by a physician if there is no pharmacist.

Also eligible are drugs available on prescription that are necessary for the treatment of certain pathological conditions, excluding homeopathic preparations, and for which the therapeutic indication suggested by the manufacturer in the Compendium of Pharmaceuticals and Specialities is directly linked to the treatment of cardiac problems, pulmonary problems, diabetes, arthritis, Parkinson's disease, epilepsy, cystic fibrosis or glaucoma.

Drugs prescribed during a treatment must not exceed a 1-month supply.

Certain drugs prescribed by a physician are not payable, such as the following:

- i) over-the-counter products;
- ii) vitamins, minerals;
- iii) smoking cessation aids;
- iv) cosmetics and beauty-care products;
- v) drugs or substances used on a preventive basis;

- vi) drugs which are experimental in nature or obtained under the *Programme fédéral de médicaments d'urgence*;
- vii) so-called natural products and homeopathic preparations;
- viii) food supplements used to supplement or complement a diet;
- ix) sunscreens;
- x) drugs used in fertility treatment, for artificial insemination or for in vitro fertilization;
- xi) growth hormone;
- xii) sclerosing injections.

b) Intra-uterine devices

Expenses incurred for intra-uterine devices are eligible for reimbursement.

BASIC COVERAGE

Reimbursement

Eligible expenses under the basic coverage are payable in full, with no deductible.

a) Hospital Expenses

Expenses incurred for a hospital stay, up to the maximum of the public ward rate, based on the schedule of fees for foreign citizen, including all relevant medical charges and up to 60 days per illness or injury per policy year.

Expenses incurred for hospital treatment on an outpatient basis.

b) Physicians

Physician or surgeon's fees, up to the amount set by the *Fédération des médecins omnipraticiens du Québec* fee schedule for its members with regards to foreign non-residents.

c) Psychiatry

Expenses incurred for a hospital stay in a psychiatric unit, up to the maximum of the public ward rate, based on the schedule of fees for foreign citizen, including all relevant medical charges and up to 40 days per episode.

If there is no hospitalization, consultation expenses incurred for the treatment of psychiatric troubles, up to a maximum of \$5,000 per participant per policy year.

d) Maternity

Reasonable charges for pregnancy or any complication related thereto, or for childbirth, including caesarean section and hospital charges for the nursery.

Charges for a therapeutic abortion performed by a licensed physician.

If the participant was not covered under a similar benefit in Canada during the year preceding her enrolment, charges related to pregnancy are eligible only if the normal delivery is due more than 30 weeks following her enrolment.

This exclusion does not apply in the case of a miscarriage or premature delivery following a conception that occurred six weeks before or after the enrolment date.

e) Nursing care and convalescent centre

Reasonable and customary charges for the services of a graduate nurse who does not ordinarily reside with the participant and who is not a member of participant's immediate family. Services must be prescribed by a physician or a duly licensed surgeon. Charges are limited to \$200 per day and a maximum of 60 days per injury, illness or accident per participant, per policy year.

Charges for convalescent centre must not exceed the daily rate and the \$200 maximum per day for the public ward in a hospital. Care must be provided in the home of the participant for the sole purposes of replacing a hospital stay and is limited to 30 days per injury, illness or accident per participant per policy year.

f) Ambulance

Reasonable and customary charges for transportation by a licensed ambulance from the place of the accident or illness to the nearest hospital if the participant's medical condition does not permit to use another mean of transportation.

g) Dental care due to an accident

Expenses incurred for treatment of injury to natural and healthy teeth by a dentist or dental surgeon within 180 days of the accident, up to a maximum of \$2,000 per participant per policy year.

h) Renal dialysis

Medical and hospital expenses incurred for renal dialysis, up to a lifetime maximum of \$10,000 per participant.

i) Human immunodeficiency virus (HIV)

Expenses incurred for the treatment of HIV infection, with or without symptom, of acquired immunodeficiency syndrome (AIDS), of AIDS-related complex (ARC) or HIV presence, up to a lifetime maximum of \$10,000 per participant.

j) Anaesthetic

Anaesthetic, up to \$50 per visit, and relevant physician fees for its administration during a surgery that is performed or not in the hospital.

k) Out of Canada

Reasonable and customary medical expenses incurred by the participant during a stay outside Canada will be payable provided that a physician recommended **emergency treatment** for sudden and unexpected injury or illness which occurs during a trip of no more than:

- 14 days in the United States or in any country other than the participant's country of permanent residence;
- 120 days in the participant's country of permanent residence or in a country where an internship recognized by the educational institution is offered and to which he is participating, excluding the United States.

If the stay out of Canada exceeds the maximum duration, the participant's coverage is interrupted until his return to Canada and will be reinstated upon return.

When applicable, eligible expenses will not exceed customary and reasonable charges set by the *Régie de l'assurance maladie du Québec*.

Eligible emergency medical expenses during a stay outside Canada include:

- Charges made for a stay in a public ward and for services and supply provided by the hospital;
- Medical care given by a physician or a duly licensed surgeon;
- Medical care received on an outpatient basis;
- Drugs available only on prescription of a physician;
- Transportation by ambulance, if the medical condition warrants it;
- Any other service or supply necessary from a medical point of view and usually eligible under the policy coverage.

Coverage for any health related problem that has already been diagnosed will only apply once per stay outside Canada.

All exclusions, restrictions and deductibles under the basic and extended health care coverages apply to expenses incurred by the participant while staying outside Canada.

In case of medical emergency or hospitalization, before initiating any expenses, you must immediately contact the "Sigma Assistel" Voyage Assistance service by calling the numbers indicated in paragraph I) below. To be in breach of that obligation can limit the reimbursement amount to \$25,000 in the United States.

l) "Sigma Assistel" Voyage Assistance service

If a participant incurs expenses as a result of an illness or accident in Canada or if he incurs expenses for emergency treatment of an injury or sudden and unexpected illness outside Canada, the participant can contact our "Sigma Assistel" Voyage Assistance service at any time. "Sigma Assistel" will take the necessary steps to provide the following services, if needed:

- i) 24-hour toll-free telephone assistance;
- ii) referral to physicians or health-care facilities;
- iii) assistance for hospital admission;
- iv) cash advances to the hospital when required by the facility, as provided for in the contract;
- v) repatriation of the insured to his country of residence, as soon as his state of health permits it, as provided for in the contract;
- vi) establishing and staying in contact with the insurer;
- vii) handling arrangements in the event of death, as provided for in the contract;
- viii) sending medical assistance and drugs to an insured who is too far from health care facilities to be transported there;
- ix) translation services for emergency calls;
- x) transmission of urgent messages to close friends or family in case of emergency;
- xi) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

Travel assistance is provided by "Sigma Assistel" 24 hours a day, year round. Here are the phone numbers to dial depending on the source of the call:

Calls from	Dial
Montreal area	(514) 875-9170
Canada and United States	1 800 465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Anywhere Worldwide	(514) 875-9170 (collect call)

m) Repatriation in case of complex and continuing medical care

If the diagnostic shows that the participant's health condition requires a long-term hospitalization for complex and continuing medical care, reasonable and customary charges for participant's repatriation in his country of permanent residence by a proper mean of transportation. The repatriation is subject to the participant's attending physician and the insurer's medical consultant approvals.

In the case the participant does not comply with the insurer's decision to repatriate him in his country of permanent residence, the insurance terminates at the proposed repatriation date.

n) Repatriation in case of death

In the case of death of the participant, the insurer will reimburse the cost of preparing and returning the body of the deceased to his country of permanent residence, including ambulance fees and charges made for the stay in the morgue, up to \$10,000. The family can choose the option of a reimbursement of the cremation charges and/or burial of the participant where the death occurred, up to \$4,000. The cost of the coffin or urn is not reimbursed.

EXTENDED HEALTH CARE COVERAGE

Reimbursement

Eligible expenses under the Extended Health Care Coverage are payable at a rate of 80%, with no deductible. Furthermore, for benefits a) to h) below, a global maximum reimbursement of \$1,000 per participant, per policy year is applicable for all these specialists.

a) Physiotherapist

Reasonable and customary charges for physiotherapy treatments dispensed by a licensed physiotherapist, up to \$500 per participant per policy year.

b) Chiropractor

Reasonable and customary charges made by a certified chiropractor, including x-rays for treatment purposes, up to \$500 per participant per policy year.

c) Osteopath

Reasonable and customary charges made by a certified osteopath, including diagnostic x-rays and laboratory tests, up to \$500 per participant per policy year.

d) Podiatrist

Reasonable and customary charges made by a podiatrist, including diagnostic x-rays and laboratory tests, up to \$500 per participant per policy year.

e) Psychologist

Reasonable and customary charges incurred for the services of a licensed psychologist, up to \$500 per participant per policy year.

f) Occupational therapist

Reasonable and customary charges incurred for the services of a certified occupational therapist, including diagnostic x-rays and laboratory tests, up to \$500 per participant per policy year.

g) Acupuncturist

Reasonable and customary charges incurred for the services of a licensed acupuncturist, up to \$500 per participant per policy year.

h) Dietician

Reasonable and customary charges incurred for the services of a dietician in case of diabetes, up to \$500 per participant per policy year.

i) Eye examination

Expenses incurred for eye exams by a licensed optometrist or ophthalmologist, up to one exam per participant per policy year.

j) X-rays and laboratory tests

Reasonable and customary charges for diagnostic X-rays and laboratory tests.

Prior approval from the insurer is mandatory for any **specific** blood test or X-ray (such as scanner, computerized axial tomography, MRI examination and mammography). Such approval can be obtained by contacting the client services.

k) Other supplies and services

Current expenses for rental of light weight health appliances, upon prior approval from the insurer, such as crutches, plasters, splints, canes, arm supports, trusses, orthopaedic supplies, walkers as well as conventional wheelchairs.

Such appliances must be prescribed by the attending physician and necessary from a medical point of view. Rental fees must not exceed the purchase price.

Reasonable and customary charges incurred for whole blood, blood plasma and oxygen, including the rental equipment for its administration.

EXCLUSIONS

No reimbursement is made for expenses incurred directly or indirectly for the following:

- a) hearing aids, glasses, contact lenses, dental prostheses or artificial limbs;
- b) flight aboard any aircraft except solely as a passenger in a public carrier licensed for carriage of passengers for gain or hire;
- c) any annual medical checkup (routine or not) except a consultation for birth control;
- d) medical exam required by a third party, including medical exams for immigration purposes, telephone consultations with a physician, experimental drugs, preventive medications or vaccines;
- e) elective treatment or surgery;
- f) cosmetic or plastic surgery;
- g) treatment, surgery or dental procedure, subject to the provisions applicable in case of accident;
- h) civil or foreign war, acts committed by foreign enemies, hostilities (declared or not), rebellion, revolution, insurrection or military power;

- i) committing, or attempting to commit an illegal act or criminal offence;
- j) organ transplantation;
- k) treatment considered as experimental in nature and that is not of common use as per Canadian Medical Association;
- l) treatment in a rehabilitation centre, a convalescent home or travel for health reasons, except for the provisions applicable to convalescent centre;
- m) speech therapy treatments;
- n) dietary services, except for diabetes cases;
- o) naturopathy or massage therapy services;
- p) treatment or surgical procedure while travelling, if the purpose of the trip is to receive medical or hospital services, even if the trip is made on recommendation of a physician;
- q) any treatment or hospitalization related to a relapse of an illness for which the participant has been repatriated;
- r) drugs, hormones, products and injections used in the treatment of obesity;
- s) products and drugs used for the treatment of sexual dysfunctions;
- t) detoxification.

PRE-EXISTING CONDITIONS

Charges incurred for an illness or an injury for which symptoms appeared before the effective date of insurance are eligible, up to a lifetime maximum of \$20,000 per participant.

This limit does not apply if the participant has not received medical treatment, consultation, care, medical services or medication during the 3-month period prior to the effective date of insurance or during a period of 12 consecutive months following the effective date of insurance.

Furthermore, asthma, epilepsy and diabetes are not considered as pre-existing conditions.

For students enrolled in a particular education program for a less than 12 months period, the \$20,000 pre-existing conditions limit is reduced in proportion with the number of months used to calculate the premium divided by 12. Furthermore, if the particular education program is for less than 12 months period, asthma, epilepsy and diabetes are considered to be pre-existing conditions.

GENERAL PROVISIONS

DEFINITIONS

Accident: an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of violent nature that inflicts, directly and independently of any other cause, bodily injuries.

Emergency: situation when an immediate medical treatment is required to ease pain or an acute suffering as a result of an illness or unforeseeable and unexpected injury.

Foreign student: for the purpose of health and hospitalization insurances, a student enrolled at a cegep or private college, who is participating in the group insurance plan and who is not a Canadian citizen or a permanent resident. However, a student who is a Canadian citizen, who lives outside Canada and comes back to Quebec to study without residing in Quebec on a permanent basis, is considered as a foreign student under the group insurance plan.

Hospital: any hospital that is designated as such by law and is intended to provide hospital care and services. The hospital must be approved and covered under a provincial hospital insurance act (outside Canada, any hospital with a similar status).

Illness: any health deterioration or bodily disorder certified by a physician, including pregnancy and any complication thereto or for childbirth, including caesarean section and hospital charges for the nursery. This definition also includes therapeutic abortion performed by a licensed physician.

Injury: bodily injury for which a medical treatment is necessary.

Participant: a foreign student entitled to insurance.

Particular education program: a certified education program not leading to a college diploma.

Physician: any legally qualified medical practitioner lawfully entitled to practice medicine.

Policyholder: college institutions (cegeps, institutes and private colleges) participating in the group insurance plan.

Policy year: 12-month period from August 1st to July 31st of the following year.

ELIGIBILITY

Any foreign student enrolled or deemed to be enrolled at a cegep or private college is eligible for insurance.

PARTICIPATION

Participation is compulsory for any eligible foreign student.

However, any eligible foreign student is exempted from participating if he proves to the satisfaction of the college institution that he was granted health or hospitalization insurance as a recipient of a scholarship from an organization or if he proves his protection by the *Régie de l'assurance maladie du Québec* under a health and income security reciprocal agreement.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is that indicated on the application form provided by the college institution. However, for a new student who holds a letter confirming his admission at the cegep or private college, the insurance will be effective on the 1st of the month preceding the beginning of the first session at the cegep or private college or, if later, on the date the student arrives in Canada.

For students enrolled in a particular education program, the coverage is effective 15 days before the program begins.

EXTENT OF PROTECTION

The participant's protection is effective in Canada, 24 hours a day. The protection is also effective while the student temporarily stays out of Canada.

PARTICULAR EDUCATION PROGRAM

For foreign students enrolled in a particular education program offered by a cegep or private college participating in the group insurance plan, the coverage is effective 15 days before the program begins and ceases 15 days after the end of the program. Premium is based on the number of days of coverage divided by 30, the result being rounded to the next higher whole number. Premium is calculated by using this number multiplied by the monthly premium.

TERMINATION OF INSURANCE

Insurance of a participant ceases on the earliest of the following dates:

- a) the date the period covered by the premiums paid to the insurer for the participant expires;
- b) the date the foreign student is eligible to a government health care plan in Canada;
- c) the date the foreign student is no longer enrolled in a cegep or private college participating in the group insurance plan;
- d) the date coinciding with the 15th day of a stay in the United States or in any country other than his country of permanent residence, regardless of the purpose of the trip;

- e) the date coinciding with the 121st day of a stay in his country of origin or in any other country where he is participating to an internship recognized by the college institution (except in the United States where the stays have to be limited to 14 days as mentioned in paragraph d) above);
- f) the date the foreign student permanently leaves Canada;
- g) the repatriation date proposed by the insurer when the participant refuses the insurer's decision to repatriate him in his country of permanent residence, as indicated in the DESCRIPTION OF BENEFITS;
- h) for students enrolled in a particular education program, 15 days after the end of the program;
- i) the first day of the month following the participant's 65th birthday;
- j) the date on which the contract terminates.

However, for cases mentioned in paragraph d) and e) above, insurance will be reinstated upon return in Canada.

In case of withdrawal during the session, coverage will cease 15 days after the enrolment of the participant at the cegep or private college has terminated, even if the expiration date indicated on the insurance card is later.

EXTENSION OF BENEFITS IN CASE OF HOSPITALIZATION UPON TERMINATION OF INSURANCE

If the participant is confined to a hospital on the date his insurance terminates, eligible expenses incurred as a result of such confinement are payable up to the number of days provided for under this policy.

COORDINATION OF BENEFITS

If the participant is insured under another insurance plan or any other social law effective in his province of residence, and is therefore entitled to receive a reimbursement for expenses that are payable under this policy, the insurer's responsibility under this policy is limited to the unpaid balance of eligible expenses.

Benefits payable under any other insurance plan include benefits the participant would have been entitled to receive if a claim had been submitted.

CLAIMS

The settlement of claims depends on the analysis of the information provided by the claimant on the claim form. Accurate information ensures the prompt settlement of a claim. Insurance claim forms are available at the insurer's head office and from the group insurance administrator of the cegep or private college where the student enrolled.

All benefits are payable in Canadian currency to the participant. However, when the claim is about an unpaid account of eligible expenses, benefits are paid to the supplier of the services.

The insurer is not liable for claims submitted more than 12 months after the event that gives rise to the claim occurred.

Duly completed claim forms along with the receipted original invoice must be returned to:

**DESJARDINS FINANCIAL SECURITY
LIFE ASSURANCE COMPANY
C.P. 3950
Lévis (Québec)
G6V 8C6**

CLIENT SERVICES

For additional information regarding insurance coverages, insurance claims or hospitalization claims, the participant can contact our client services between 8 a.m. and 5 p.m., Monday through Friday at the following numbers:

Quebec area: (418) 838-7580
Other areas (toll-free): 1 866 838-7580

You can also contact us by electronic mail at the following address:
groupservice@dfs.ca

NUMBERS IN CASE OF EMERGENCY

Beyond opening hours, in case of medical emergency or hospitalization, you can contact our "Sigma Assistel" Voyage Assistance service, 24 hours a day, year round, at the following numbers:

Calls from	Dial
Montreal area	(514) 875-9170
Canada and United States	1 800 465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Anywhere Worldwide (collect call)	(514) 875-9170

HEALTH ASSISTANCE SERVICE

Health Assistance service is a confidential telephone service enabling you to speak with health care professionals and to obtain information on health, nutrition, physical fitness, immunization, childcare, lifestyle, availability of local resources, etc. This service is offered to you 24 hours a day, year round, at the following numbers:

Montreal area: (514) 875-2632
Other areas (toll-free): 1 877 875-2632

ACCESS TO THE BOOKLET ON THE INTERNET

You can consult this booklet on our internet site at the following address: www.dfs.ca. To access, follow these steps:

1. In Groups and Businesses section, click the «Consult my File» button.
2. If it is your first visit, click the «To Register» button and follow the instructions.
3. If you already registered, enter your User ID and password and click the «Confirm» button.
4. In the I want information section, click on «Information on the Plan» button.
5. Click on the «Detailed description» hyperlink.

Our Commitment to Our Plan Members

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

At Desjardins Financial Security, the needs of the Plan Members are at the heart of the organization. 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.



Money working for people

www.dfs.ca

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Committed to sustainable development, Desjardins Group favours the use of paper that is manufactured in Canada in accordance with recognized environmental standards.

