



McGill

School of
Continuing Studies

École
d'éducation permanente

Intensive English Program
Intensive French Program
Customized Projects
| Health Care Plan

We are pleased to present your Blue Cross Group Benefits booklet outlining the coverage you and your dependent(s) are entitled to.

Basic and Supplementary Health Benefits are explained, as well as Accidental Dismemberment and Repatriation. You will find guidelines that will help you claim expenses covered by your Insurance Plan. Additional details on the scope of your coverage are also provided.

Your booklet contains valuable information and should answer most of your questions. We encourage you to read it carefully and to keep it handy for future reference. Remember to carry your insurance certificate with you at all times.

Should you need additional information, please contact Blue Cross Group Benefits Customer Services at 1 888 588-1212.

This booklet is based on the official texts of the insurance contract governing the Plan. These texts set forth the detailed provisions of the program and take precedence in the event of any conflict with this document.

The masculine gender, whenever it appears in the text of this booklet, shall be deemed to include the feminine.

Prepared by Aon Hewitt, August 2016.

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Eligibility and participation*

Who can enrol in the Plan?

You are eligible and must participate in the Plan if you meet the following conditions:

- you are a student registered at McGill University in an intensive language course
- you are not a Canadian citizen, nor a landed immigrant

or

- you are a Canadian citizen but not a resident of Canada.

You may also enrol your dependent(s) in the Plan, namely your spouse and dependent child(ren), as defined in the following section. If you wish to include your dependent(s), you must do so when you register for your courses. Otherwise, proof of insurability will be required.

Cancellation or change of coverage can only be done before the second week of classes in a session.

Who pays for my coverage?

The cost of your coverage is entirely at your charge.

When does my coverage become effective?

Your coverage becomes effective at the latest of the following dates:

You	Your dependent(s)
<ul style="list-style-type: none">• date on which you arrive in Canada• 7 days prior to the start of the session or semester	<ul style="list-style-type: none">• date on which your coverage becomes effective• date on which they arrive in Canada• date on which they become your dependent(s) (see the definition of dependent(s), on page 4)

How long is my coverage effective?

The period of coverage may not exceed 104 consecutive days for the entire semester (Fall 1 and 2, or Winter 1 and 2, or Summer 1 and 2). The coverage will end 7 days after the end of the semester if you do not register for the first session of the subsequent semester.

If you do register for the first session of a subsequent semester, an extension of coverage will be provided so that there is no gap in coverage between semesters.

All students and their dependent(s) must obtain a Blue Cross insurance card from the School of Continuing Studies at the beginning of each semester.

When does participation end for me and my dependent(s)?

You and your dependent(s) stop being covered at the earliest of the following circumstances:

You	Your dependent(s)
<ul style="list-style-type: none">• when you withdraw from McGill University's intensive language program• when you present a proof of coverage under the Canadian Federal or Provincial governmental plans• when you leave Canada on a permanent basis• if you are repatriated to your country of origin for medical reasons, following Blue Cross' recommendation• 7 days after the end of the semester or session	<ul style="list-style-type: none">• when your coverage terminates• when you present a proof of coverage for them under the Canadian Federal or Provincial governmental plans• when they leave Canada on a permanent basis• if they are repatriated to their country of origin for medical reasons, following Blue Cross' recommendation• when they no longer qualify as dependent(s)

* Please note that eligibility and participation varies for customized project programs and other non-credit courses.

Definitions

Session

The intensive language sessions during which you may be covered.

Fall session 1	from September to October
Fall session 2	from November to December
Winter session 1	from January to February
Winter session 2	from March to April
Summer session 1	from May to June
Summer session 2	from July to August

Contract year

Each academic year, defined as the period going from September 1 to August 31 of the following year.

Dependent(s)

Your spouse and/or dependent child(ren).

Spouse

The person, of opposite sex or same sex, who is:

- legally married to you, or
- designated by you on your application and, with whom you have been living on a permanent basis for at least one year (this period does not apply if a child is born of such union).

At any given time, only one person may be insured as your spouse.

Dependent Child(ren)

Unmarried financially dependent child(ren), until they reach age 18.

Person insured

You and any of your dependent(s), covered under this Insurance Plan.

Your Plan at a glance

Your Plan is divided into four categories. A detailed description of each coverage is presented in the following section of this booklet.

Coverage	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Basic Health Benefits	<ul style="list-style-type: none">• You• Your spouse• Your dependent child(ren)	100% Subject to the maximum specified for each benefit ¹	None	Up to a lifetime maximum of \$500,000 per person insured
Supplementary Health Benefits	<ul style="list-style-type: none">• You• Your spouse• Your dependent child(ren)	80% Subject to the maximum specified for each benefit ⁽¹⁾	None	\$15,000 per contract year, per person insured
Accidental Dismemberment	<ul style="list-style-type: none">• You	N/A	None	Depending on the nature of the injury
Repatriation (in case of death)	<ul style="list-style-type: none">• You• Your spouse• Your dependent child(ren)	N/A	None	\$3,000 per person insured

⁽¹⁾ According to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

Types of coverage

- Single (only you)
- Dependent (you and your spouse or you and your dependent child)
- Family (you, your spouse and at least one dependent child or you and more than one dependent children)

Extent of coverage

Coverage under the Insurance Plan are provided on a 24-hour basis, 12 months a year, in Canada, and **only upon emergency requiring a hospitalization outside of Canada.**

Health Benefits cover:

- physical injury
- sickness

- The medical condition must be certified by a physician.
- You and your dependent(s) will not be covered for any pre-existing medical conditions.

Definition of pre-existing condition

A medical condition for which you or your dependent(s) have consulted a physician, been treated by a physician or been prescribed medication during the 3-month period preceding the effective date of insurance. For insurance purposes, such a condition will cease to be considered a pre-existing condition on the date you or your dependent(s) have completed a period of 12 consecutive months following the effective date of insurance without any physician consultation, medical treatment or drug prescription for this condition. Even if you or your dependent(s) have not consulted a physician during the three-month period preceding your arrival in Canada, the medical condition is considered as a pre-existing condition by the Insurer if the state of health shows obviously that the condition existed at the time of arrival in Canada. Moreover, is also considered a pre-existing condition, any state of condition for which symptoms have been ignored or for which a medical advice has not been followed, or for which recommended investigation treatment, examination or intervention have not been done. The pre-existing condition applies in all cases of congenital disease, whether or not diagnosed.

The pre-existing condition will not apply if this plan replaces a similar coverage the student had with a group insurance plan offered by a recognised Canadian educational institution, for a period of 12 consecutive months immediately prior to the present coverage.

Limitation

Coordination of benefits

You and/or your dependent(s) may be entitled to compensation for medical expenses under another group insurance such as the *Société de l'assurance automobile du Québec (SAAQ)*, or the *Act respecting assistance for victims of crime* and similar programs.

If expenses are incurred for medical services of the same nature as those covered under the Basic Health Benefits and/or Supplementary Health Benefits of the Plan, the amount of compensation you and/or your dependent(s) receive from other coverage will be deducted from the eligible expenses you may submit according to the provisions of this Insurance Plan.

Make sure to declare the existence of the above coverage by indicating **yes** or **no** on the claim form in the appropriate section.

Currency

Insured amounts which are payable under the contract are expressed in Canadian dollars.

Your detailed benefits

Basic Health Benefits

The Basic Health Benefits are provided on a 24-hour basis, 12 months a year, in Canada. **Please note that only Emergency Health Care requiring a hospitalization is covered outside of Canada⁽¹⁾⁽²⁾.**

	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Hospitalization	<ul style="list-style-type: none"> You Your spouse Your dependent child(ren) 	100%	None	Up to a lifetime maximum of \$500,000 per person insured for all services combined
Physicians' fees				
Diagnostic Tests				
Dental Care (accidental)				
Medical Evacuation				
		Subject to the maximum specified for each benefit ⁽¹⁾		

⁽¹⁾ According to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

⁽²⁾ Please refer to page 7 for specifics related to Emergency Health Care in the section Hospitalization outside Canada.

Hospitalization

Read the following instructions carefully before engaging any hospital-related expenses.

Important Notice

Due to limitations in coverage, **pre-authorization is always required for hospital confinement or surgery.**

- Ask your physician to fill out the **Pre-authorization Request for Hospitalization** form available at the School of Continuing Studies.
- Once completed, return the form to Blue Cross for verification (see address on page 14).
- A reply from Blue Cross will be provided within 5 working days.

Hospitalization in Canada

Expenses covered	Maximum*
<ul style="list-style-type: none"> • Room and board, routine nursing and other services incurred while hospitalized up to the standard ward charge for the hospital 	<p>The highest daily standard ward charge applied to Non-Canadians, by the hospital in which the person insured is confined, as applicable to teaching hospitals associated with McGill University</p> <p>Hospitalization for mental disabilities is subject to a maximum of 30 days (per contract year) for the first event, with an additional 5 days for possible subsequent relapses within the same contract year.</p>
<ul style="list-style-type: none"> • Expenses incurred for treatment received at the hospital, without hospitalization 	Up to the current Provincial Schedule of Fees of the <i>Régie de l'assurance maladie du Québec (RAMQ)</i>

For exclusions and limitations in your Basic Health Benefits, please refer to page 10

* For services incurred outside the province of Quebec in Canada applied up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

Hospitalization outside Canada

Hospital charges are eligible if they incur following an emergency resulting from an accident or sudden illness, while travelling outside Canada.

Expenses covered	Maximum
<ul style="list-style-type: none">• Room and board expenses• Laboratory fees• Any other expenses related to the treatment of the injury or sickness, while hospitalized	\$2,000 per day, in Canadian funds, for all services combined

Please also refer to *Medical evacuation to the country of origin*, page 8

Physicians' fees (elective* and pre-existing care excluded)

You and your dependent(s) are covered for charges made by a physician, surgeon, anaesthetist or radiologist, up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

* Treatment that is not medically required or for preventive purposes.

Please also refer to *Medical evacuation to the country of origin*, page 8

Psychiatrists' fees

Reimbursement of charges for treatment by a psychiatrist is based on the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*, up to a maximum of \$3,500 per contract year, per person insured.

Diagnostic Tests

You and your dependent(s) are covered for laboratory analyses (blood, urine), X-Rays (including CT scans), ultrasounds and electrocardiograms limited to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*. * You and your dependent(s) are covered for magnetic resonance imaging (MRI) up to two times the amounts specified in the Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

* For services incurred outside the province of Quebec in Canada applied up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

For exclusions and limitations in your Basic Health Benefits, please refer to page 10

Dental Care following an accident

You and your dependent(s) are covered for dental care made necessary due to an accident or when hospitalization is required. Please note that X-Rays will be required whenever a claim for dental care is submitted.

Expenses covered	Maximum
Following an accident <ul style="list-style-type: none"> Usual and customary fees for dental treatment of natural teeth when damage is sustained in an accident, provided that treatment is started within 30 days and terminated within 12 months following the accident 	None
Other dental treatment requiring hospitalization⁽¹⁾ <ul style="list-style-type: none"> Surgical extraction of a tooth or care dispensed to complement treatment of the dental condition which required the hospitalization (for example, impacted wisdom tooth) 	\$1,000 per contract year, per person insured for all services combined and based on treatment recognized by the <i>Régie de l'assurance maladie du Québec (RAMQ)</i> and the <i>Hospital Insurance Act</i>

⁽¹⁾ Excluding treatment received without hospitalization.

For exclusions and limitations in your Basic Health Benefits, please refer to page 10

Medical evacuation to the country of origin

This coverage applies if you or your dependent(s) are diagnosed as terminally ill, or if the diagnosis indicates that the condition you have will require long-term hospitalization or treatment for life-threatening injury or illness. Medical evacuation is subject to the approval of your attending physician and Blue Cross' medical consultant.

Expenses covered	Maximum
<ul style="list-style-type: none"> Charges for medical evacuation to your country of origin (or your dependent(s)' country of origin, if different from yours) by means of appropriate transportation 	\$10,000

Supplementary Health Benefits

The Supplementary Health Benefits are provided on a 24-hour basis, 12 months a year, in Canada. **Please note that only Emergency Health Care requiring a hospitalization is covered outside of Canada** ^{(1) (3)}.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
<ul style="list-style-type: none"> You Your spouse Your dependent child(ren) 	80% Subject to the maximum specified for each benefit ⁽¹⁾	None	\$15,000 per contract year, per person insured for all services combined ⁽²⁾

⁽¹⁾ According to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

⁽²⁾ Prescription drugs are not subject to this maximum.

⁽³⁾ Please refer to page 7 for specifics related to Emergency Health Care in the section Hospitalization outside Canada.

You and your dependent(s) are covered for the following:

Expenses covered	Maximum
Breast prosthesis when required following a mastectomy	1 per breast per 2 calendar years
The difference between semi-private room and standard ward accommodation in a hospital located in Canada	According to the Schedule of Fees in the <i>Hospital Insurance Act</i>
Charges for prescription drugs and medicines, including insulin, needles, reagent strips for diabetes and iron supplements Drugs are reimbursed up to a 90-day supply⁽¹⁾	None
If medically required, out-of-hospital professional services of registered nurses	\$5,000 per contract year, per person insured
Charges for physiotherapy, provided such treatment is prescribed by a physician or surgeon	\$750 per contract year, per person insured
Local ambulance services	\$150 per contract year, per person insured
Vaccinations	Up to a maximum of \$300 per contract year
Blood transfusions, artificial limbs and eyes (initial cost only), casts, braces, trusses, crutches, rental of standard manual wheelchair, CPAP (Continuous Positive Airway Pressure) and BIPAP (Bi-level Positive Airway Pressure)	Based on the current Provincial Schedule of Fees of the <i>Régie de l'assurance maladie du Québec (RAMQ)</i>
Charges of a certified psychologist who is a member of the Canadian or Provincial Psychological Association	Eligible maximum of \$40 for 1 st visit and \$22 per visit for subsequent treatment, subject to a maximum reimbursement of \$200 per contract year, per person insured
Charges for intra-uterine devices and diaphragms	\$50 per contract year, per person insured for all items combined

⁽¹⁾ Drugs and medicines are covered if they are only available when prescribed by a physician in Quebec and are not offered over-the-counter. However, eligible drugs under this plan may be covered only for the therapeutic indications set forth by Blue Cross or the *Régie de l'assurance maladie du Québec (RAMQ)*.

For exclusions and limitations in your Supplementary Health Benefits, please refer to page 10

Accidental Dismemberment

This coverage provides for bodily injuries you may sustain while you are covered under the Plan.

In order to be covered, the injury must be solely due to an external, violent and accidental event. It must result directly, and independently of all other causes, in any one of the losses listed below, within 365 days of the date on which you were injured.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
You	N/A	None	Depending on the nature of the injury

Blue Cross will pay the amount specified hereunder for the injury you sustained **provided you are still alive**.

Nature of the injury	Amount reimbursed
Loss of two limbs or both eyes	\$15,000
Loss of one arm or one leg	\$11,000
Loss of one complete hand or foot	\$8,000
Loss of complete sight of one eye	\$2,000
Loss of thumb or index finger	\$2,000

If you suffer several losses due to the same injury, only the highest of the applicable amounts will be paid rather than the sum of these amounts.

The complete and irrecoverable loss of use of a limb or complete and irrecoverable loss of sight is treated as complete severing of a limb.

The loss of a fraction of a limb is not covered.

Repatriation (in case of death)

If you or your dependent(s) die while in Canada, Blue Cross will pay for funeral and repatriation expenses up to the maximum indicated in the table below.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
<ul style="list-style-type: none"> • You • Your spouse • Your dependent child(ren) 	N/A	None	\$3,000 per person insured

Exclusions and limitations

Your Insurance Plan does not cover the following:

General

- Injuries or charges arising from the following events:
 - Self-destruction or self-inflicted incurred injuries, while sane or insane
 - Insurrection, war or participation in a riot
 - Military service
 - Injury or illness resulting directly or indirectly from any force or threat entailing the use of nuclear, chemical or biological agents or weapons by a person, a group of persons or an organization for a political, religious or ideological purpose
 - Committing or attempting to commit a criminal offence
- Charges incurred while not under active treatment by a physician or surgeon
- Charges for Basic Health Benefits and Supplementary Health Benefits in excess of the current schedule of fees in the *Hospital Insurance Act* and the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*, unless otherwise specified
- Charges incurred while outside Canada except for an emergency
- Charges incurred following emergency outside Canada, when those charges would not have been eligible under the Plan if they had been incurred in Canada
- Charges related to treatment for aesthetic purposes
- Charges for treatments rendered by a chiropractor, osteopath, chiroprapist and/or podiatrist, as well as by any other health specialist not mentioned in this document
- All prenatal care and related tests, including ultrasounds
- Services not listed in this document

Basic Health Benefits

Hospitalization and surgery

- Charges related to hospital confinement or surgery, other than for emergencies, when the person insured has failed to obtain the required pre-authorization
- Hospitalization for elective purposes, or hospitalization to correct a pre-existing condition, as defined on page 5 under Extent of coverage, other than to treat an emergency relapse
- All hospitalization charges and treatments related to pregnancy
- Organ transplants, whether donor or recipient

Dental Care

- Charges for dental work performed in a dentist's office or in the hospital, **without hospitalization**

Vision Care

- Charges for eye exams, glasses and contact lenses

Supplementary Health Benefits

- Drugs and medical treatment
 - Charges incurred for the treatment of a pre-existing medical condition, unless there is an emergency relapse. However, this does not apply to maintenance treatment for minor disabilities
 - Medicines, professional treatment or injections for the prevention rather than the cure of disease, including, but not restricted to, those received for immigration and travel (except vaccination which is covered under this plan)
 - Vitamins, fertility and weight-control treatments and any related drugs other than contraceptive drugs
 - Sexual stimulants, as well as drugs used to treat erectile dysfunctions
 - Drugs as well as drug formats or preparations without medical necessity
 - Drugs and medicine which can be bought over-the-counter
 - Smoking cessation aids and other lifestyle treatments
- Charges incurred for prosthetic appliances for aesthetic purposes

Important Notice

In the absence of medical contra-indication, Blue Cross may require that the person insured* who is hospitalized outside the province of Quebec be repatriated to that province or transferred to other medical facilities. Refusal by the person insured* cancels all rights to benefits.

* Either you or one of your dependent(s).

Your claims

It is Blue Cross Group Benefits' objective to pay claims fairly and promptly. You can facilitate the payment of your claims by following these guidelines.

Prescription drugs will only be reimbursed up to a 3-month provision

Claims related to Health Benefits (Basic and Supplementary)

Hospital

Hospitalization in Quebec	Hospitalization outside Quebec
If you are hospitalized within Quebec, payment will be made directly to the hospital. Thus, you do not have to fill out the Extended Health Care Benefits Claim Form. On admittance, notify the hospital of your coverage with Blue Cross.	For hospitalization outside of Quebec, ask the hospital to give you a standard claim form and send it promptly to Blue Cross Group Benefits. Be sure to record your contract and certificate number on all forms.
Refer to page 6 under <i>Hospitalization</i> for the instructions regarding pre-authorization.	In order to verify your coverage, the hospital must contact CanAssistance at 1 800 361-6068 (toll-free in Canada and the USA / collect call 514-286-8411 elsewhere in the World). This service is available 24 hours a day and 7 days a week.

Important Notice

Due to limitations in coverage, the hospital's Administration Services must obtain pre-authorization for hospital confinement or surgery from Blue Cross.

Other Health Benefits, excluding Hospitalization

- You must pay first. Payment will then be made to you or to the provider of services, if you so request.
- Payments are made in Canadian funds according to the current Provincial Schedule of Fees of Régie de l'assurance maladie du Québec (RAMQ). For expenses incurred outside Canada, the exchange rate used will be the one in effect when the claim payment is processed.
- Claim payments are processed within 2 to 3 weeks. If you did not receive your cheque after that delay, contact Blue Cross Group Benefits Customer Services at 1 888 588-1212.

For more information regarding your coverage, please contact us at 1 888 588-1212

As Blue Cross does not operate on a direct payment system, **all prescriptions** must be **paid in full by you** at the time of purchase. The original receipt must be submitted to Blue Cross with a completed **Extended Health Care Benefits Claim** form for reimbursement according to the terms of the policy.

eClaims - NEW

Submitting claims can also be done online by scanning or taking a photo of your receipts and submitting them through the secure Member Services site: www.medavie.bluecross.ca or Medavie Blue Cross Mobile App: www.medavie.bluecross.ca/app.

Filling out your claim form

When you have to claim expenses covered by your Insurance Plan for Basic and Supplementary Health Care, please use the **Extended Health Care Benefits Claim Form**, available at the McGill University's School of Continuing Studies.

Make sure to indicate the following information on the claim form:

- your name
- your dependent(s) name if you are claiming for your spouse or child(ren)
- your contract number: 95257
- your certificate number (student ID number)
- the date on which services were rendered to you or your dependent(s)
- the nature of the service performed (your physician should indicate the appropriate RAMQ codes)
- for **prescription drugs**:
 - the date of purchase
 - physician's name
 - type of medication
 - prescription number
 - insured person receiving the treatment (either you or your dependent(s))
 - written proof of the existence of other coverage by indicating **yes** or **no** in the appropriate section



Important Notice

Charges should be itemized by service received, **stating the appropriate Régie de l'assurance maladie du Québec (RAMQ) code**, rather than presented as a total amount.

Send your completed form with your **original** bills or receipts directly to Blue Cross Group Benefits at the following address:

**Blue Cross Group Benefits
Group Claim Department
P.O. box 3300, postal station "B"
Montreal (Quebec) H3B 4Y5**

In order to be reimbursed, claims are to be sent to Blue Cross Group Benefits no later than 90 days following the termination of coverage.

Claims related to Accidental Dismemberment

Please contact Blue Cross Customer Services to obtain the appropriate claim form. Once completed you should send the form to Blue Cross with a written proof of the occurrence of loss giving rise to such claim.

Claims related to repatriation in case of death

Please contact Blue Cross Customer Services to obtain the appropriate claim form. Once completed, the form should be sent to Blue Cross with a written proof of death of the person insured as soon as possible.

Further information on your Insurance Plan

McGill University's School of Continuing Studies does not have RAMQ codes or Quebec rates. Please direct your queries to Blue Cross Group Benefits Customer Services at 1 888 588-1212 or at the following address:

Blue Cross Group Benefits
550 Sherbrooke St. West
Montreal, Quebec
H3A 6T6

Protection of your personal information

The personal information transmitted to us will be kept in your Blue Cross Group Benefits insurance file.

This information is requested by Blue Cross in order to process your claims.

Only Blue Cross Group Benefits employees and its duly authorized representatives will have access to this information in the company's current business practices.

Your file will be held at Blue Cross Group Benefits offices.

Upon a 30-day written notice, you will be entitled to access the personal information contained in your file and, if applicable, to ask that your file be corrected, according to the provisions of the *Québec Act Respecting the Protection of Personal Information in the Private Sector* (bill 68).

Please forward your request to:

Person in charge of the access to information
Blue Cross Group Benefits
550 Sherbrooke St. West
Montreal, Quebec
H3A 6T6

Other information

Health services referrals

For your convenience, a list of medical clinics and health service providers close to McGill University is provided on page 15 of this booklet. Neither McGill University nor Blue Cross may be held responsible for the quality of services provided to you or your dependent(s) through these clinics and providers.

If you have paid Student Services fees, you may use the facilities of McGill Student Health Services. Upon presentation of your Blue Cross insurance card, this service will bill the insurance company directly and in accordance with the Provincial Schedule of Fees.

Legal considerations

Waiver of liability

As a condition precedent to the providing of benefits under the Basic Health Benefits and Supplementary Health Benefits of this contract, Blue Cross shall be held free of any liability for any act or omission of any hospital or any other person rendering any of the service provided thereunder.

False pretenses

The rights of a person insured to benefits under the contract shall terminate automatically if such person insured should aid any person in obtaining or attempting to obtain by false pretenses any benefits hereunder and Blue Cross shall be immediately relieved of all liability for expenses, otherwise eligible, incurred after the date of termination of such rights.

Hospitals and clinics in Montreal

St. Mary's Hospital Center

3830 Lacombe Ave.

Montreal

Phone: 514-345-3511

www.smhc.qc.ca

Glen – MUHC

1001 Decarie Boulevard

Montreal

Phone: 514-934-1934

www.muhc.ca

Jewish General Hospital

3755 Côte Ste. Catherine Road

Montreal

Phone: 514-340-8222

www.jgh.ca

Montreal General Hospital

1650 Cedar Ave.

Montreal

Phone: 514-934-1934

Hôtel-Dieu Hospital

3840 St. Urbain St.

Montreal

Phone: 514-890-8000

St-Luc Hospital

1058 St. Denis St.

Montreal

Phone: 514-890-8000

Notre-Dame Hospital

1560 Sherbrooke East

Montreal

Phone: 514-890-8000

Sainte-Justine Hospital
3175 Côte Ste. Catherine Road
Montreal
Phone: 514-345-4931

CLSC des Faubourgs
Head Office
1705 de la Visitation St.
Montreal
Phone: 514-527-2361

Centre Médicale Metro-Medic
1538 Sherbrooke West
Phone: 514-932-2122
Montreal
www.metromedic.com

Other services centers:

CLSC des Faubourgs
2260 Parthenais St.
Montreal
Phone: 514-527-2361

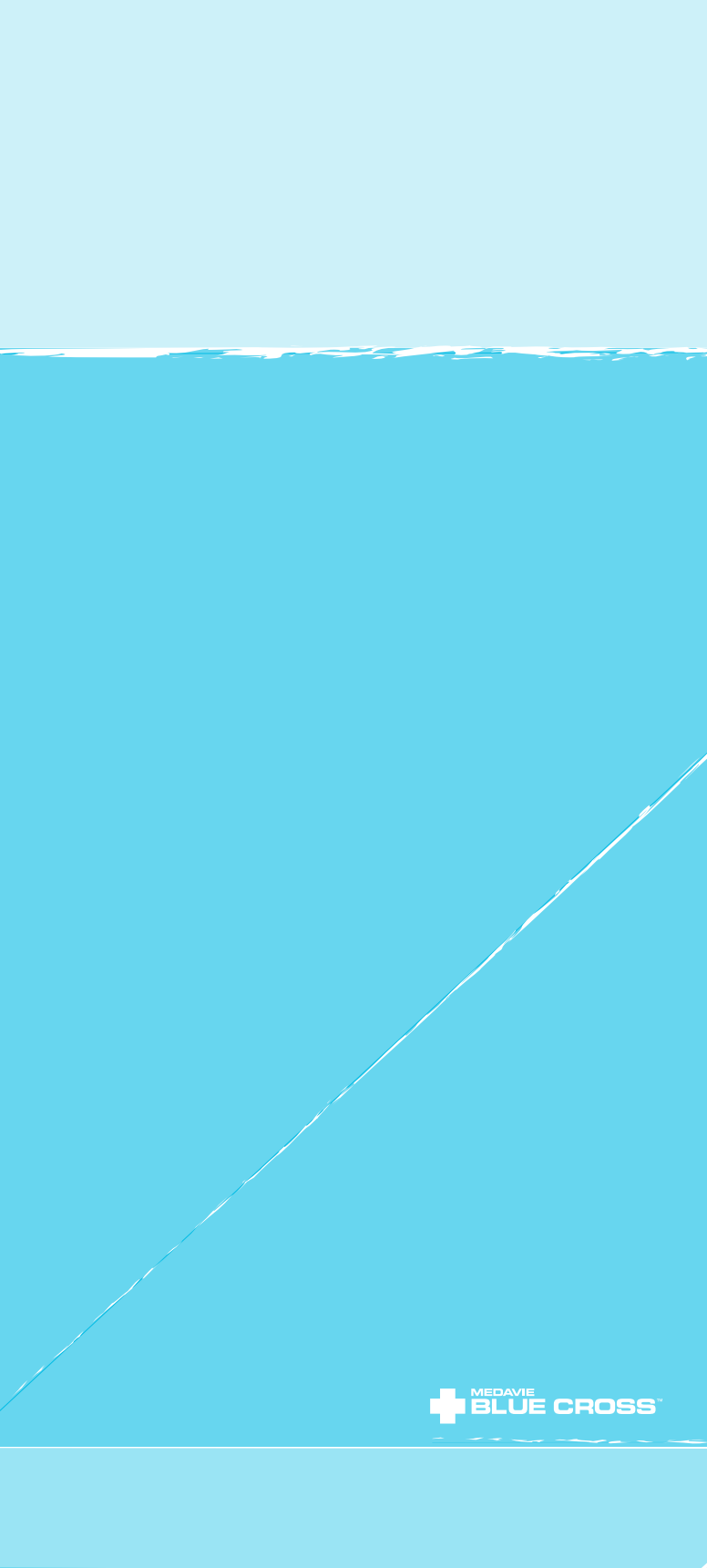
CLSC des Faubourgs
66 Sainte-Catherine St. East
Montreal
Phone: 514-527-2361

CLSC Métro
1801 de Maisonneuve Blvd. West
Montreal
Phone: 514-934-0354

Clinique Médicale de la Cité
300 Léo-Pariseau St.
Suite 900
Montreal
Phone: 514-281-1722

Promed (Medical and Dental Centre)
1250 Mansfield St.
Montreal
Phone: 514-845-1800

Westmount Square Medical Centre
1 Westmount Square, Suite C-180
Westmount
Phone: 514-934-2334



MEDAVIE
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