McGill UNIVERSITY

International students participating in a study away program (outside Canada)

Group no. 95258A

List of Benefits

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Groupe 95258A - International students participating
in a study away program
(outside Canada)

An overview of your group insurance plan

A group health insurance plan for International students has been made. We are pleased to present your Medavie Blue Cross booklet outlining the coverage you and your dependent(s) are entitled to.

The Emergency Medical Care Benefits, Basic Health Benefits, 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 the Blue Cross Customer Service 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.

Finally, please note that the masculine gender has been used indiscriminately throughout this document in order to facilitate its reading.

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, covered under contract 95258, and
- you are participating in a «study away program outside Canada».

You may also enroll 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 initially enroll yourself.

When does my coverage become effective?

Your coverage becomes effective on the date you leave Canada for the country of the «study away program outside Canada».

Coverage for your dependents becomes effective on the date the dependent leaves Canada to reside with you in the country of the «study away program outside Canada».

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

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

You	Your Dependents
• **when you withdraw from McGill University** • **on August 31 of any given academic year** • **the date you return to Canada (whether for a few days or to resume your studies at McGill University). Your coverage then reverts back to contract 95258** • **when you present a proof of coverage under the Canadian Federal or Provincial government plans** • **the date you return to your country of origin** • **the date your status becomes inactive for a reason other than graduation.**	• **when your coverage terminates** • **when you present a proof of coverage under the Canadian Federal or Provincial government plans** • **the date they return to their country of origin** • **when they no longer qualify as dependent(s).**

Definitions

Accident means a sudden, fortuitous and unforeseeable event, resulting directly and independently of any other cause, in bodily injuries certified by a physician and due exclusively to an external cause violent in nature and unintended by the Insured.

Active care means preventive care, medical diagnosis and treatment (including surgery) provided for acute illnesses. It does not include convalescent care and physical or mental rehabilitation.

Contract year means each academic year for the period going from September 1 to August 31 of the next year.

Dependent means the spouse or child who accompanies and resides with you in the country of the «study away program outside Canada» and who meets the following definition.

a) spouse

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.

b) dependent child(ren)

unmarried financially dependent child(ren), under 18 years of age.

Expenses incurred following an emergency situation means immediate medical care obtained by the Insured upon the occurrence of a sudden and unforeseeable medical condition which, in the absence of such care, can cause death or severe deficiencies.

To be considered a medical emergency, the illness must necessitate an immediate medical intervention, such as acute appendicitis, asthma attack, kidney stones, cerebrovascular accident, poisoning or convulsions. A medical emergency exists if the following conditions are met:

- symptoms must be sufficiently severe for a reasonable person to call for medical assistance at any time of day or night;
- symptoms must be sudden and unexpected – a chronic condition with moderately acute symptoms which have existed for some time, is not considered a medical emergency. However, if these symptoms suddenly worsen and require immediate medical attention, this condition may qualify;
- immediate care is provided – a medical emergency does not exist if medical care is not obtained as soon as symptoms appear. A telephone call to a physician does not constitute immediate care.

Health professional means any health care practitioner mentioned in the contract, who is a duly registered member of his occupational guild and practices within the limits of his authority, as established by the law.

Hospital means a facility licensed as an accredited hospital and offering care and treatments to either inpatients or outpatients. A Registered graduate Nurse (R.N.) must always be on duty, and the hospital must have a laboratory and an operating room where surgical procedures are performed by a legally qualified surgeon. The term "hospital" will on no account mean a facility or part of an accredited facility used primarily as a clinic, extended care facility or part of an extended care facility, rest home, health spa or detoxification centre for drug addicts or alcoholics.

Hospitalization means admission and stay in a Hospital as an in-patient. Day surgery is not considered as a hospitalisation.

Illness (or sickness) means a health deterioration or bodily disorder diagnosed by a physician and which requires regular, continuous and curative care. Such medical care must be considered satisfactory to the Insurer.

Insured means you and any of your dependent(s) insured under this insurance plan.

Insurer means **Medavie Inc.** and **Blue Cross Life Insurance Company of Canada**.

Medical event means a medical treatment or hospitalization which began while the contract is in force. A medical event includes urgent and non-urgent care. If a medical condition necessitates a series of separate treatments and hospitalizations, each treatment or hospitalization will be considered as a distinct event except if

- these treatments or hospitalizations arise from the same immediate medical cause, and
- less than 10 days have elapsed between the end of the medical treatment or hospitalization and the start of the treatment or hospitalization which directly follows.

Physician means a member of the medical profession who is licensed to practice medicine under the laws of the jurisdiction in which he practices. This person must not be a relative of the Insured, nor reside with him.

Pre-existing condition means a medical condition for which the Insured has consulted a physician, been treated by a physician or been prescribed medication during the three-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 the Insured has 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 that you had with a group insurance plan offered by a recognized Canadian educational institution, for a period of 12 consecutive months immediately prior to the present coverage.

Reasonable and customary means the charges which are usually made in absence of this or any similar coverage, for a specific type or care, service or supply, based on representative fees and prices in a geographic area in which the charges were incurred, as evaluated by the Insurer.

Study away program outside Canada means study abroad and exchange programs, internships and field study programs in a country other than Canada or your country of origin.

Trip outside the boundaries of the country of the «study away program outside Canada» means the occasional absence from one's residence in the country of the «study away program outside Canada» for the purpose of a vacation or leisure.

Your Plan at a glance

Your Plan is divided into five 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
Emergency Medical Care Benefits	• You • Your spouse • Your dependent child(ren)	100%	None	$1,000,000 lifetime, per Insured, (combined with the Basic Health Benefits)
Basic Health Benefits	• You • Your spouse • Your dependent child(ren))	100% Subject to the maximum specified for each benefit[1]	None	$1,000,000 lifetime, per Insured, (combined with the Emergency Medical Care Benefits)
Supplementary Health Benefits	• You • Your spouse • Your dependent child(ren)	80% Subject to the maximum specified for each benefit[1]	None	$15,000 per contract year, per Insured
Accidental Dismemberment	You	N/A	N/A	Depending on the nature of the injury
Repatriation (in case of death)	• You • Your spouse • Your dependent child(ren))	N/A	N/A	$10,000 per Insured

[1] *Some benefits are limited 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(ren)
- Family (you, your spouse and dependent child(ren) or you and your dependent child(ren))

Extent of coverage

Health benefits are provided on a 24-hour basis, 12 months a year.

The Health Benefit covers:

- physical injury
- sickness
- pregnancy

The medical condition must be certified by a physician.

General exclusions and limitations

I. No Insured is entitled to benefits with respect to the following:

a) Charges relating to a pre-existing medical condition in excess of $10,000;

b) 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
   - perpetration or attempt to perpetrate a criminal offence, including the driving of a motor vehicle, an aircraft or a boat while the alcohol level in the blood is over 80 milligrams in 100 millilitres of blood;

c) Charges incurred while the Insured is not under active treatment by a physician or surgeon;

d) 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;

e) Charges related to treatment for aesthetic purposes;

f) Charges by any health specialist not mentioned in this contract;

g) Services not listed in this contract;

h) Charges related to immigration medical examinations (physicians' fees, radiological and laboratory examinations etc.).

II. In the absence of medical contra-indication, the Insurer may require that a student or a dependent hospitalized outside Canada be transferred to other medical facilities or repatriated to Canada or to his country of origin. Refusal by the Insured cancels all rights to benefits.

Coordination of benefits

You and/or your dependent(s) may be entitled to compensation for medical expenses under any other group insurance or a government program such as 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 Emergency Medical Care Benefits and/or the Basic Health Benefits and/or the 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 other coverage by indicating yes or no on the claim form in the appropriate section.

Currency

All payments under this contract, whether to or by the Insurer, will be made in Canadian currency, or if incurred outside Canada, according to the exchange rate in effect when the claim payment is processed.

Your detailed benefits

Important notice

Hospital charges and medical and/or surgical expenses must be incurred with prior approval from Canassistance Inc. The Insurer reserves the right to deny a claim if the Insured has failed to contact Canassistance.

Emergency Medical Care Benefits

The Emergency Medical Care Benefits are eligible if they are incurred following an emergency resulting from an accident or sudden and unexpected illness with occurs within the boundaries of the country of the «study away program outside Canada».

Coverage	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Hospitalization **Out-patient clinic** **Physician's fees** **Diagnostic services** **Drugs** **Ambulance service**	• **You** • **Your spouse** • **Your dependent child(ren)**	**100%**	**None**	**$1,000,000 lifetime, per Insured, (combined with the Basic Health Benefits)**

A) HOSPITAL CHARGES

a) Hospitalization

Expenses incurred by a Insured admitted as an inpatient in a hospital for active care, for his room and board expenses (for a public ward accommodation), physicians' fees, laboratory fees and any other in-patient expenses related to the emergency treatment of the injury or illness, up to the amount that the hospital is entitled to bill the patient directly.

Hospitalization for mental disabilities is subject to a maximum of 30 days (per contract year) for the first event, with an additional five days for possible subsequent relapses within the same contract year.

b) Out-patient clinic

Expenses incurred in a hospital outpatient clinic or emergency room.

B) MEDICAL AND PARAMEDICAL EXPENSES

a) Physicians' fees
The fees charged by a physician, surgeon, anaesthetist or radiologist.

b) Diagnostic services
The student and his dependent(s) are covered for the following diagnostic tests:

- laboratory analysis (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)*;
- magnetic resonance imaging (MRI), subject to twice the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

Charges for out-of-hospital diagnostic tests, other than those mentioned above, are not covered.

c) Drugs
The cost of drugs prescribed by a physician and required for an emergency treatment.

d) Ambulance service
The cost of ground or air ambulance, to transport the Insured to the nearest qualified medical facility. This service includes inter-hospital transfer when the attending physician and Canassistance Inc. determine that existing facilities are inadequate to treat the patient or stabilize his condition.

Basic Health Benefits

The expenses listed below are not covered under the preceding section «**Emergency Medical Care Benefits».**

Coverage	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Hospitalization **Physician's fees** **Diagnostic tests** **Maternity** **Dental Care (accidental)** **Medical evacuation** **Vision Care**	• **You** • **Your spouse** • **Your dependent child(ren)**	**100% Subject to the maximum specified for each benefit[1]**	**None**	**$1,000,000 lifetime, per Insured, (combined with the Emergency Medical Care Benefits)**

[1] *Some benefits are limited to the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ), unless specified otherwise.*

A) Hospital

PRE-AUTHORIZATION FOR HOSPITAL CONFINEMENT OR SURGERY

Due to limitations in coverage, pre-authorization is always required for hospital confinement or surgery. The necessary forms are to be obtained from the International Student Services Office and completed by the attending physician. They should be submitted to the Insurer for verification. A reply from the Insurer will be provided within five working days.

i. Hospitalization (non emergency)

a) Board, room and routine nursing and other services incurred while hospitalized up to the standard ward charge for the hospital. The benefit will be equal to the highest daily standard ward charge applied to Non-Canadians hospitalized in a Canadian hospital, as applicable to teaching hospitals associated with McGill University. Hospitalization for mental disabilities is subject to a maximum of 30 days (per contract year) for the first event, with an additional five days for possible subsequent relapses within the same contract year.

b) Expenses incurred for treatment received at the hospital, without hospitalization, subject to an amount equal to the current Provincial Schedule of Fees of the *Régie de l'assurance-maladie du Québec (RAMQ)*.

ii. Hospitalization during a trip outside the country of the «study away program outside Canada»

If an Insured must receive non-elective hospital or medical care, the Insurer will reimburse the charges for hospitalization outside the country of the «study away program outside Canada» only if they are incurred following an emergency resulting from an accident or sudden illness, subject to a maximum of $2,000 per day, in Canadian funds for all services combined, for room and board expenses, physicians' fees, laboratory fees and any other in-patient expenses related to the treatment of the injury or sickness.

B) Physicians' fees

i. Non-elective medical care (Elective care* excluded)

The student and his dependent(s) are covered for charges made by a physician, surgeon, anaesthetist or radiologist, subject to three 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.

ii. Preventive medical services

The student and his dependent (s) are covered for charges made by a physician for preventive medical services, subject to three times the amount specified in the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ) and a maximum of one examination per Insured per contract year.

C) Psychiatrists' fees

Charges for treatment by a psychiatrist, when referred by a physician or the McGill University Mental Health Service, are eligible. Reimbursement is based on the current Provincial Schedule of Fees of the *Régie de l'assurance-maladie du Québec (RAMQ)*, up to a maximum of $5,000 per Insured per contract year.

D) Diagnostic tests

The student and his dependent(s) are covered for the following diagnostic tests:

- laboratory analysis (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)*;
- magnetic resonance imaging (MRI), subject to twice the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

Charges for out-of-hospital diagnostic tests, other than those mentioned above, are not covered.

E) Maternity

You (or your pregnant spouse, if applicable) must provide a copy of the results of ultrasound testing indicating the expected date of delivery.

Maternity benefits include:

- Prenatal care and the following tests:
  - medical examinations
  - blood tests
  - urinalyses
  - prenatests and nuchal translucency tests
- Ultrasound performed in a hospital or private clinic
- Prenatal screenings
- Nuchal translucency ultrasounds performed in a hospital
- Costs related to miscarriage or premature delivery or from complications
- Delivery, including hospital charges up to the standard ward level and physician's fees

The above benefits are equal to the amount provided in the current Provincial Schedule of fees of the *Régie de l'assurance maladie du Québec (RAMQ)*.

Maternity benefits also include:

- Therapeutic abortion prescribed by a physician and an intentional termination of a pregnancy before the fetus can live independently (which is currently defined as a maximum of 24 weeks of pregnancy) performed by a physician[1].

The above benefit is subject to the lesser of the amount provided in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ), or $500*.

[1] Should there be complications of such abortions requiring hospital confinement, hospitalization charges shall be deemed eligible as described in the provisions of item **1. Hospital** of the **Basic Health Benefits** in this section.

Limitations:

Barring complications, the following limitations apply:

- 12 medical examinations per pregnancy
- 3 ultrasounds per pregnancy
- 2 nights of hospitalization for a natural birth

Maternity benefits extend to you and your spouse if you re-register and were already covered under the Insurance Plan for McGill University International Students, or if you or your spouse were previously insured by a similar benefit from a group insurance plan offered by a recognized Canadian educational institution during the previous academic year.

If you or your spouse were not insured during the previous academic year, maternity benefits are not insured if normal delivery takes place during the first 30 weeks following initial registration in the plan. This exclusion does not apply in case of a miscarriage or early delivery, as long as conception occurred during the first 6 weeks immediately prior or subsequent to registration.

You have 30 days from the date of birth of your child to change your coverage according to your new situation (a pro-rata premium adjustment will apply):

- if you initially chose single coverage, you must change to dependent coverage;
- if you initially chose dependent coverage (you and your spouse or you and one child), you must change to family coverage.

F) Dental Care (accidental)

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

The following expenses are covered:

- 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 one year;
- other dental coverage is restricted to hospitalization while confined as an in-patient - but not as an out-patient - as required for surgical extraction of a tooth and/or care dispensed to complement treatment of the dental condition which necessitated such hospitalization (i.e. impacted wisdom tooth) based on treatment recognized by the Régie de l'assurance maladie du Québec and the Hospital Insurance Act, subject to a maximum reimbursement of $1,000 per Insured, per contract year, for all services combined.

G) Medical evacuation to the country of origin

In the event that you or one of your dependent(s) are diagnosed as terminally ill, or if the diagnosis indicates that the medical condition will prevent you from attending courses for a long period (e.g. long term hospitalization). However, medical leave granted by McGill University does not necessarily justify a medical evacuation to Canada or to the country of origin. Medical evacuation is subject to the approval of the attending physician and the Insurer's medical consultant.

The benefit covers charges for medical evacuation to Canada or to your country of origin (or your dependent's country of origin, if different from yours) by means of appropriate transportation, subject to a $10,000 maximum.

H) Vision Care

This benefit covers the fees for one vision test by an optometrist or ophthalmologist, subject to a maximum of $40 per Insured, per contract year.

Specific exclusions and limitations

1. Hospitalization and surgery:
   - Charges related to hospital confinement or surgery, when the student has failed to obtain the required pre-authorization;
   - Hospitalization for elective purposes;
   - Organ transplants, whether donor or recipient.

2. Diagnostic tests:
   Analyses and tests for screening purposes

3. Dental Care:
   Charges for dental work performed in a dentist's office or in the hospital, without hospitalization, except when eligible under the above item 6) Dental Care (accidental).

4. Vision Care:
   Charges for eyeglasses and contact lenses.

Supplementary Health Benefits

Coverage	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Eligible expenses below: **Semi-private room rate** **Prescription drugs** **Vaccines** **Registered nurses** **Physiotherapy** **Paramedical services** **Local ambulance service** **Medical equipment** **Intrauterine device**	• **You** • **Your spouse** • **Your dependent child(ren)**	**80% Subject to the maximum specified for each benefit[1]**	**None**	**$15,000 per contract year, per Insured for all services combined[2]**

[1] *Some benefits are limited 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*.

ELIGIBLE EXPENSES

a) The difference between a semi-private room and a standard ward accommodation in a hospital according to the Schedule of Fees in the *Hospital Insurance Act*.

b) Charges for prescription drugs and medicines, including insulin, needles, reagent strips for diabetes and iron supplements whose availability is restricted to the order of 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 Insurer or the *Régie de l'assurance du Québec (RAMQ)*. Drugs are reimbursed up to a ninety (90)-day supply.

Including:

- For children under age seventeen (17): Routine vaccines listed in the Québec's regular vaccination schedule, provided by the Ministère de la Santé et des Services Sociaux (MSSS), subject to a lifetime maximum of $1,000 per child.
- For all Insureds:
  - flu shots;
  - other vaccines, subject to a maximum of $300 per contract year;
  - eligible smoking cessation drug products, based on the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ).

c) If medically required, out-of-hospital professional services of registered nurses, subject to a maximum of $5,000 per Insured, per contract year.

d) Charges for a physiotherapist, subject to a maximum of $750 per Insured, per contract year.

e) Charges of an osteopath, podiatrist and/or chiropractor, subject to a maximum of $500 per Insured, per contract year, for all services combined.

f) Charges of a registered dietician-nutritionist, subject to a maximum of $500 per Insured, per contract year, for all services combined.

g) Local ambulance services, subject to a maximum of $400 per Insured, per contract year.

h) 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 Régie de l'assurance maladie du Québec (RAMQ).

i) Charges of a certified psychologist who is a duly registered member of his psychological association, subject to a maximum of $750 per Insured, per contract year, for psychologists' fees and subject to a maximum of $750 per insured, per contract year, for assessments tests and analyses carried out by a psychologist.

   Eligible charges per visit are limited to the usual and customary rate of a visit.

j) Charges for intra-uterine devices and diaphragms, subject to a maximum of $50 per Insured, per contract year, for all items combined.

k) Charges for mammary prostheses when required following a mastectomy, subject to a maximum of one (1) prosthesis per two (2) calendar years.

Specific exclusions and limitations

No reimbursement will be made under this benefit for the following expenses:

1. Drugs and medical treatment:
   - 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 paragraph b) above);
   - 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;
   - lifestyle treatments.
2. Charges incurred for prosthetic appliances for aesthetic purposes.
3. Charges for podiatric ortheses, insoles, orthopaedic shoes and related treatments.

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**	**N/A**	**Depending on the nature of the injury**

The Insurer 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 participating in the country of the study away program outside Canada, the Insurer will pay for funeral and repatriation expenses up to the maximum indicated in the table below.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
• **You** • **Your spouse** • **Your dependent child(ren)**	**N/A**	**N/A**	**$10,000 per Insured**

Your claims

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

COMPLETING THE CLAIM FORM

1. Claims related to the Health Plan

Please 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
- your contract number: 95258A
- your card number (student ID number)
- the date the services were rendered to you or your dependent
- the nature of the service performed
- the itemization of charges;
- for prescription drugs:
  - the date of purchase
  - physician's name
  - type of medication
  - prescription number
  - person receiving the treatment (either you or your dependent(s).

Send your completed form with your original bills or receipts directly to Blue Cross at the following address:
Medavie Blue Cross
C.P. 3300, Succursale "B"
Montreal (Quebec) H3B 4Y5

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 Visit International Student services website at: www.mcgill.ca/internationalstudents/health/claims/eclaims for step-by-step instructions

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

2. Claims related to Accidental Dismemberment

Please contact the Blue Cross Customer Service 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, within 365 days following the date of such loss.

3. Claims related to repatriation in case of death

Please contact the Blue Cross Customer Service 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.

Failure to file the aforesaid claims within the said limited period does not invalidate or diminish any claim hereunder, if it is shown not to have been reasonably possible to file such claim and that it was filed as soon as reasonably possible.

The Insurer is entitled at any time and from time to time to require that you submit to examination by a medical examiner appointed by the Insurer. In the absence of any legal restriction the Insurer will also be entitled in the event of the death to cause an autopsy to be performed.

Payment

The Insurer will make any refund by means of a cheque in the name of the provider of services and/or the student or assignee, after receiving and assessing the relevant invoices and the necessary information pertaining thereto, in accordance with the terms and conditions provided herein. However, in all cases, the Insurer reserves the right to pay the provider of services directly.

Any amount paid by the Insurer or on its behalf relieves the Insurer of all obligations, to the extent of such amount.

Protection of your personal information

The personal information transmitted to us will be kept in your Medavie Inc. and Blue Cross Life Insurance Company of Canada file insurance file. This information will be used only in the processing of your claims. Only duly authorized employees and representatives of the Insurer will have access to this information in the course of the Insurer's current business practices.

Upon a 30-day written notice, you will be entitled to access the information contained in your file and, if necessary, request that it be corrected, according to the provisions of the *Act respecting the protection of personal information in the private sector*. Please forward your inquiries to:

Access to information
Medavie Inc. and
Blue Cross Life Insurance Company of Canada
550 Sherbrooke Street West
Montreal (Quebec) H3A 6T6

Legal considerations

Waiver of liability

As a condition precedent to the providing of benefits under the Emergency Medical Care, Basic and Supplementary Health Benefits, the Insurer will 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 will terminate automatically if such person insured should aid any person in obtaining or attempting to obtain by false pretenses any benefits hereunder and the Insurer will be immediately relieved of all liability for expenses, otherwise eligible, incurred after the date of termination of such rights.

William & Mary Brown Student Services Building
3600 McTavish Street, Suite 4400
Montreal, Québec H3A 0G3 CANADA

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www.mcgill.ca/internationalstudents
international.health@mcgill.ca

This plan for International Students at McGill is administered by International Student Services.