

# International Students Medical Plan

Group Policy 17882



# Definitions

This is a list of definitions for some of the terms that appear in this booklet. Terms that are capitalized will have the meaning as noted in this section.

**Accident** means bodily injury occurring as a direct result of a sudden unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury while insured under this Plan.

**Covered Person** means you and any eligible dependent who is insured under the Group Policy.

**Dentist or Dental Surgeon** means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which he or she has provided the services or supplies for which the charges are incurred.

**Dependent** means your Spouse or Dependent Child(ren).

**Dependent Child** means an unmarried child of yours or of your Spouse, who is dependent on you for support, provided that such child is 20 years old or less, or is 25 years old or less provided it can be proven that the child is a fulltime student, or is over 20 years old and has a permanent physical impairment or a permanent mental deficiency on the date of application.

**Elective Treatment** means any treatment that is not Medically Necessary.

**Emergency** means that the Covered Person requires immediate Medical Treatment for the relief of acute pain or suffering resulting from an unexpected and unforeseen Illness or Injury occurring while on a temporary trip outside the province of New Brunswick and that such Medical Treatment cannot be delayed until you return to the province of New Brunswick.

**Home Country** means the country for which you hold a passport. Where you hold more than one passport, Home Country will be taken to mean the country that is listed in your student records where you are enrolled.

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

**Illness** means a disease or disorder of the body which results in the deterioration of health requiring a reasonably prudent person to consult a Physician for the purpose of Medical Treatment.

**Injury** means bodily injury occurring as a direct result of an Accident and not as a result of any other cause while insurance is in force under the Plan.

**Medical Treatment** means any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is Medically Necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the Illness, Injury or symptom.

**Medically Necessary** in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature; and
- cannot be omitted without adversely affecting your condition or quality of medical care.

**Overdose** means the inadvertent or deliberate consumption of a dose much larger than habitually used and likely to result in a serious toxic reaction or death.

**Physician** means a legally qualified medical practitioner, lawfully entitled to practice medicine in the place where he provides the medical service .

**Reasonable and Customary Costs** means costs incurred for eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar Illness or Injury.

**Spouse** means the person you married legally or with whom you have been residing for at least the last 12 months.

**Student Year** means a period of 12 consecutive months or less, beginning September 1 and ending August 31 of the following year.

**You, your,** means you if you are the person who:

- is enrolled as a full-time student at Mount Allison University;
- has passed all medical requirements to enter Canada and are age 64 or under;
- is not eligible for a provincial or territorial government health insurance plan in Canada; and
- holds a valid international student visa.

This booklet contains details of the International Students Medical Plan (Plan), underwritten by Sun Life Assurance Company of Canada (Sun Life). It should be kept in a safe place. This booklet is not a contract of insurance. The terms and conditions of Group Policy 17882 (Group Policy) will prevail.

For information about making a claim, or the status of a claim you have already sent Sun Life, call the Health Claims Customer Care Centre at 1-888-206-9004. Be sure to reference Group Policy 17882-003 for Mount Allison Students Union.

The Plan provides coverage for Medically Necessary hospital and medical services for you and your eligible Dependents.

# I. Eligibility

## Your eligibility

To be eligible for coverage under this Plan, you must meet all of the following conditions:

- hold an international student visa;
- be enrolled as a full-time student at the school where you are registered;
- have passed all medical requirements to enter Canada; and
- be 64 years old or less.

## Dependent Eligibility

Your Dependents may participate in this Plan provided you are covered in the Plan and you must pay the required premium. The person must meet the applicable definition on the date you apply and your Spouse must be age 64 or less. .

To apply for dependent coverage, you must make a written request at your student services administration office.

# II. When coverage starts and ends

## When your coverage starts

If eligible, you are automatically enrolled in the Plan when you register for classes. If you enroll after September 1, you will be eligible starting on your registration date for the balance of the Student Year.

## When Dependent coverage starts

Dependent coverage starts on the later of:

- the date your coverage starts; or
- the date Dependent coverage is approved in writing by Sun Life, provided the required family premium has been paid.

If your Dependent is confined to Hospital on the date of application, (other than a newborn child who becomes covered within 31 days of becoming eligible) coverage will not become effective until the date your Spouse or Dependent Child is no longer so confined.

## Proof of good health

You must enroll your eligible Dependents within 31 days from the following dates:

- your Dependent's arrival in Canada; or
- a life event change (marriage, birth of a child, etc.); or
- termination of coverage from a comparable plan.

Past 31 days, proof of good health must be submitted for review. If the application is approved, coverage will begin on the date confirmed by Sun Life.

## When coverage ends

Your and your Dependents' coverage ends on the earliest of the following dates:

1. the date the Student Year ends;
2. the date that you leave Mount Allison University permanently;
3. the date that a Covered Person becomes eligible for a provincial or territorial government insurance plan anywhere in Canada;
4. the date that you or your Spouse reaches age 65;
5. the date that the Covered Person ceases to meet the applicable definition;
6. the date that coincides with the 91st day of a stay outside the province of New Brunswick;
7. the date that coincides with the 31st day of a stay in your Home Country which is not for academic purposes.

However, for clauses 6) and 7), insurance will be reinstated on the date you return to the province of New Brunswick.

## When coverage will be extended automatically

### Expenses occurring within Canada

- Coverage for stays in Hospital will be automatically extended for up to 60 days without the payment of additional premium if the Covered Person is in Hospital on the date coverage would otherwise end, due to the same Illness or Injury for which the Covered Person was initially hospitalized.
- Coverage will also be automatically extended for up to 72 hours if the Covered Person is prevented from returning to his or her Home Country as scheduled if the train, boat, bus, plane, or other vehicle in which the Covered Person is a passenger is delayed, whether the delay is caused by bad weather, involvement in a traffic accident or mechanical breakdown.

### Expenses occurring outside Canada

- Coverage for stays in Hospital will be automatically extended for up to 60 days without the payment of additional premium if a Covered Person's Hospital stay outside Canada is prolonged beyond the period for which insurance is provided for travel outside of Canada due to hospitalization for a covered Illness or Injury on the date coverage would otherwise terminate due to the same Illness or Injury for which the Covered Person was initially hospitalized.

- Coverage will also be automatically extended for up to 72 hours if the Covered Person is prevented from returning to Canada, if the train, boat, bus, plane, or other vehicle in which the Covered Person is travelling is delayed, whether by bad weather, involvement

**Note:** All claims incurred must be supported by documented proof of the event resulting in your automatic extension. The Plan does not cover costs associated with flight changes.

### III. Your benefits

The Plan provides coverage up to a maximum of \$1,000,000 per Covered Person per Student Year for your health care expenses that are Medically Necessary for the treatment of a covered Illness or Injury outlined in this section. Please note that some benefits are reimbursed up to the indicated maximum amounts and are subject to the **Limitations and Restrictions** in Section IV and **When Sun Life Won't Pay** in Section V.

Subject to all terms and conditions of the Group Policy, the following benefits are payable to a maximum of the sum insured insofar as such services are Medically Necessary. Benefit limits are per Covered Person, per Student Year, unless indicated otherwise.

#### A. Provincial health insurance plan

Coverage is limited to the amount that Provincial Health Insurance Plan in the province of New Brunswick would provide to a covered resident on the date the service was received.

**Annual Medical Examination:** One annual medical examination and related laboratory tests.

**Diagnostic Services:** Laboratory tests and x-rays prescribed by the attending Physician.

**Note:** The Plan does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Sun Life.

**Medical Supplies:** Blood plasma, whole blood or oxygen, including the administration thereof.

**Physician Charges:** Medical Treatment by a Physician.

**Administration of Vaccines:** The Plan reimburses you for up to \$25 per Covered Person per Student Year for the cost of administering vaccines, antitoxins or injections for immunization against diseases or poisons. (The cost of the drug itself is not covered.)

#### Hospital Accommodation and Related Services:

- Charges up to the ward rate or an intensive or coronary care unit where Medically Necessary.
- Reasonable and Customary Costs for treatment on an outpatient basis.

**Maternity:** In the event of pregnancy or complications arising from pregnancy or childbirth (including caesarean section), Sun Life will reimburse you for up to \$25,000 per Student Year for the Reasonable and Customary Costs incurred, including hospital nursery charges, subject to all limitations, exclusions and other provisions of the Plan.

**Note:** Maternity benefits will be provided only if:

- the pregnancy begins during the Student Year or within 30 days prior to the date insurance started;
- the insurance remains in effect for the duration of the pregnancy; and
- the family premium was paid before or immediately following the birth of your Dependent Child.

**Well Baby Care:** Expenses of well-baby care and Physicians' examinations, where deemed Medically Necessary.

**Psychiatric care:** Up to \$25,000 for the treatment of psychiatric disorders, including in-patient and out-patient hospitalization.

#### Self-Inflicted Injuries, Suicide or Attempted Suicide Provision

Charges for the following will be limited to a lifetime maximum of \$20,000 per Covered Person:

- Inpatient and outpatient hospital services (including emergency room charges);
- ambulance services;
- psychiatry services;
- nursing and home support (including assessment charges);
- outpatient treatment for programs which would be provided under the Provincial Health Insurance Plan.

**Repatriation:** If a Covered Person is diagnosed as terminally ill (with 12 months or less to live) and the medical condition is stable, or if a Covered Person dies, coverage under the Plan will pay the actual cost of returning the Covered Person or that person's remains by the most direct route to the air terminal nearest the Covered Person's residence in his or her Home Country, to a maximum of \$10,000 (expenses must be considered reasonable by Sun Life compared to prices generally charged for such services). Eligible Expenses include economy airfare for the Covered Person (and stretcher, if required) and return airfare for a qualified medical attendant (if certified necessary by the attending Physician), including, if required, overnight hotel and meal expenses for the medical attendant. Coverage includes, in case of death, the Reasonable and Customary Costs including cost of the casket and specialized equipment.

If such terminally ill person refuses repatriation, the Covered Person will not be allowed to renew his coverage and instead any further expenses payable under the Plan will be limited to \$5,000 maximum.

**Return Home Benefit** Sun Life reserves the right as reasonably required to transport the Covered Person to his or her Home Country if:

- the Covered Person is unable to continue his/her studies due to an Illness or Injury; or
- the Covered Person has a serious Illness requiring ongoing treatment.

If the Covered Person refuses to be transported when declared medically or mentally fit to travel, any continuing costs incurred after the Covered Person's refusal will be limited to a \$5,000 maximum. The payment of any costs above the \$5,000 limit is the Covered Person's responsibility.

## B. Emergency services outside the Province of New Brunswick

When recommended by a Physician, Reasonable and Customary Costs for immediate Medical Treatment of an Emergency, while travelling outside the province of New Brunswick. Please refer to Section II. **WHEN COVERAGE STARTS AND ENDS, When coverage ends**, clauses 6) and 7).

### Hospital Accommodation:

- Charges up to the ward rate or an intensive or coronary care unit where Medically Necessary.
- Reasonable and Customary Costs for treatment on an outpatient basis.

### Physician and surgeon fees.

### Diagnostic Services:

Laboratory tests and x-rays prescribed by the attending Physician due to an Emergency.

**Note:** The Plan does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Sun Life's travel assistance provider, Europ Assistance. See Section C., **Emergency Travel Assistance – Medi-Passport.**

**Blood**, blood products and their transfusion.

### Ambulances Services:

- When reasonable and Medically Necessary, licensed ground ambulance service to the nearest Hospital; or
- When approved and arranged in advance by Sun Life (see Section IV – **Limitations and Restrictions** clause 5, **Transfer or Medical Repatriation**), air or rail ambulance, with an attendant (when required), for emergency return to the province of New Brunswick for immediate medical attention. Coverage is limited to one Emergency per diagnosis and related conditions. Refer to **When coverage ends** clauses 6) and 7), regarding the limitations on length of stays outside the province of New Brunswick. (For more information contact your Health Plan Administrator.)

## C. Emergency travel assistance – Medi-Passport

### Description of Coverage

In this section, you means you and all Dependents covered for Emergency Travel Assistance benefits.

If you are faced with a medical Emergency when travelling outside of the province of New Brunswick, Europ Assistance USA, Inc. (Europ Assistance) can help.

This benefit, called **Medi-Passport**, supplements the emergency portion of the Plan. It only covers emergency services that you obtain within 60 days of leaving the province of New Brunswick. If hospitalization occurs within this time period, in-patient services are covered until you are discharged.

The Medi-Passport coverage is subject to any maximum applicable to the emergency portion of the Plan. The emergency services excluded from coverage, and all other conditions, limitations and exclusions applicable to your Extended Health Care coverage also apply to Medi-Passport.

It is recommended that you bring your Travel card with you when you travel. It contains telephone numbers and the information needed to confirm your coverage and receive assistance.

### Getting help:

At the time of an Emergency, you or someone with you must contact Europ Assistance. If contact with Europ Assistance cannot be made before services are provided, contact with Europ Assistance must be made as soon as possible afterwards. If contact is not made and emergency services are provided in circumstances where contact could reasonably have been made, then Sun Life has the right to deny or limit payments for all expenses related to that Emergency.

Access to a fully staffed coordination centre is available 24 hours a day. Please consult the telephone numbers on the Travel card.

### Europ Assistance may arrange for:

**On the spot medical assistance** – Europ Assistance will provide referrals to Physicians, pharmacists and medical facilities.

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

Europ Assistance will provide translation services in any major language that may be needed to communicate with local medical personnel.

Europ Assistance will transmit an urgent message from you to your home, business or other location. Europ Assistance will keep messages to be picked up in its offices for up to 15 days.

**Transportation home or to a different medical facility** – Europ Assistance may determine, in consultation with an attending Physician, that it is necessary for you to be transported under medical supervision to a different Hospital or treatment facility or to be sent home.

In these cases, Europ Assistance will arrange, guarantee, and if necessary, advance the payment for your transportation.

Sun Life or Europ Assistance, based on available medical evidence, will make the final decision whether you should be moved, when, how and to where you should be moved and what medical equipment, supplies and personnel are needed.

**Meals and accommodations expenses** – If your return trip is delayed or interrupted due to a medical emergency or the death of a person you are travelling with who is also covered by this benefit, Europ Assistance will arrange for your meals and accommodations at a commercial establishment. Sun Life will pay a maximum of \$150 a day for each person for up to 7 days.

Europ Assistance, based on available medical evidence, Europ Assistance will arrange for meals and accommodations at a commercial establishment, if you have been hospitalized due to a medical emergency while away from the province of New Brunswick and have been released, but, in the opinion of Europ Assistance, are not yet able to travel. Sun Life will pay a maximum of \$150 a day for up to 5 days.

**Travel expenses home if stranded** – Europ Assistance will arrange and, if necessary, advance funds for transportation to the province of New Brunswick:

- for you, if due to a medical emergency, you have lost the use of a ticket home because you or a Dependent had to be hospitalized as an in-patient, transported to a medical facility or repatriated; or
- for a child who is under the age of 16, or mentally or physically handicapped, and left unattended while travelling with you when you are hospitalized outside the province of New Brunswick, due to a medical emergency.

If necessary, in the case of such a child, Europ Assistance will also make arrangements and advance funds for a qualified attendant to accompany them home. The attendant is subject to approval by you or a member of your family.

Sun Life will pay a maximum of the cost of the transportation minus any redeemable portion of the original ticket.

**Travel expenses of family members** – Europ Assistance will arrange and, if necessary, advance funds for one round-trip economy class ticket for a member of your immediate family to travel from their home to the place where you are hospitalized if you are hospitalized for more than 7 consecutive days, and:

- you are travelling alone, or
- you are travelling only with a child who is under the age of 16 or mentally or physically handicapped.

Sun Life will pay a maximum of \$150 a day for the family member's meals and accommodations at a commercial establishment up to a maximum of 7 days.

**Repatriation** – If you die while out of the province of New Brunswick, Europ Assistance will arrange for all necessary government authorizations and for the return of your remains, in a container approved for transportation, to the province of New Brunswick. Sun Life will pay a maximum of \$5,000 per return.

**Vehicle return** – Europ Assistance will arrange and, if necessary, advance funds up to \$500 for the return of a private vehicle to the province of New Brunswick where you are attending school or a rental vehicle to the nearest appropriate rental agency if death or a medical emergency prevent you from returning the vehicle.

**Lost luggage or documents** – If your luggage or travel documents become lost or stolen while you are travelling outside of the province of New Brunswick, Europ Assistance will attempt to assist you by contacting the appropriate authorities and by providing directions for the replacement of the luggage or documents.

**Coordination of coverage** – You do not have to send claims for doctors' or Hospital fees to your provincial medicare plan first. This way you receive your refund faster. Sun Life and Europ Assistance coordinate the whole process with most provincial plans and all insurers, and send you a cheque for the eligible expenses. Europ Assistance will ask you to sign a form authorizing them to act on your behalf.

If you are covered under the Plan and certain other plans, Sun Life will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association.

The policy from which you make the first claim will be responsible for managing and assessing the claim. It has the right to recover from the other plans the expenses that exceed its share.

**Limits on advances** – Advances will not be made for requests of less than \$200. Requests in excess of \$200 will be made in full up to a maximum of \$10,000.

The maximum amount advanced will not exceed \$10,000 per Covered Person per trip unless this limit will compromise your medical care.

**Reimbursement of expenses** – If, after obtaining confirmation from Europ Assistance that you are covered and a medical emergency exists, and you pay for services or supplies that were eligible for advances, Sun Life will reimburse you.

To receive reimbursement, you must provide Sun Life with proof of the expenses within 30 days of returning to the province of New Brunswick.

**Your responsibility for advances** – You will have to reimburse Sun Life for any of the following amounts advanced by Europ Assistance:

- any amounts which are or will be reimbursed to you by your provincial medicare plan.
- that portion of any amount which exceeds the maximum amount of your coverage under the Plan.

- amounts paid for services or supplies not covered by the Plan.
- amounts which are your responsibility, such as deductibles and the percentage of expenses payable by you.

Sun Life will bill you for any outstanding amounts. Payment will be due when the bill is received. You can choose to repay Sun Life over a 6 month period, with interest at an interest rate established by Sun Life from time to time. Interest rates may change over the 6 month period.

**Limits on Emergency Travel Assistance coverage** – There are countries where Europ Assistance is not currently available for various reasons. For the latest information, please call Europ Assistance before your departure.

Europ Assistance reserves the right to suspend, curtail or limit its services in any area, without prior notice, because of:

- a rebellion, riot, military up-rising, war, labour disturbance, strike, a nuclear accident or an act of God.
- the refusal of authorities in the country to permit Europ Assistance to fully provide service to the best of its ability during any such occurrence.

**Liability of Sun Life or Europ Assistance** – Neither Sun Life nor Europ Assistance will be liable for the negligence or other wrongful acts or omissions of any Physician or other health care professional providing direct services covered under the Plan.

## IV. Limitations and restrictions

### 1. Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment:

Sun Life (or its travel assistance provider Europ Assistance if the Covered Person is outside the province of New Brunswick), must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the Covered Person undergoing such surgery, procedure, testing or treatment. It remains your responsibility to inform your attending Physician to call Sun Life (or Europ Assistance) for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

### 2. Benefits Limited to Reasonable and Customary Costs

If you pay eligible expenses directly to a health service provider without prior approval by Sun Life, the cost of these services will be reimbursed to you on the basis of the Reasonable and Customary Costs that would have been paid directly to such provider by Sun Life. Medical charges you pay may be higher than this amount; therefore, you will be responsible for any difference between the amount you paid and the Reasonable and Customary Costs reimbursed by Sun Life.

**3. Benefits Limited to Incurred Expenses** If any of the benefits are duplicated under a similar benefit or under another insurance coverage in this Plan or another group policy issued by Sun Life, the maximum you are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to you from all sources cannot exceed the actual expense you incur.

**4. Availability and Quality of Care** Sun Life shall not be held responsible for the availability or quality of any Medical Treatment (including the results thereof) or transportation, or your failure to obtain Medical Treatment while this coverage is in effect.

**5. Transfer or Medical Repatriation** (while on a temporary trip outside the province of New Brunswick): During an Emergency (whether prior to admission, during a covered hospitalization or after a Covered Person's release from the Hospital), Sun Life reserves the right to:

- transfer you to one of our preferred health care providers, and/or
- return you to the province of New Brunswick for the Medical Treatment of your Illness or Injury without danger to your life or health. If you choose to decline the transfer or return when declared medically stable by Sun Life, Sun Life will be released from any liability for expenses incurred for such Illness or Injury after the proposed date of transfer or return. Sun Life will make every provision for your medical condition when choosing and arranging the mode of your transfer or return and, in the case of a transfer, when choosing the Hospital.

Sun Life also reserves the right, as reasonably required, to return a Covered Person to his/her Home Country if the Covered Person:

- is unable to continue his/her studies due to an Illness or Injury that is covered under the Plan;
- has a serious Illness requiring ongoing treatment; or
- is diagnosed with a terminal illness (with 12 months or less to live) and the medical condition is stable.

If the Covered Person refuses to be transported when found to be fit to travel, any costs incurred after the date Sun Life's of refusal will be limited to a \$5,000 maximum. Payment of any cost above the \$5,000 maximum is your responsibility.

## V. When Sun Life won't pay

**Sun Life will not pay for:**

1. Illness or Injury that is confining the Covered Person to Hospital on the date coverage starts (Section II **When coverage starts and ends**).

2. chemotherapy treatment unless approved in advance by Sun Life.
3. the purchase or replacement cost (prescribed or not), loss of or damage to hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and prescription resulting therefrom.
4. flight accident (unless the Covered Person is travelling as a fare-paying passenger on a commercial airline).
5. medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a Physician by telephone or e-mail.
6. acupuncture, massage therapy, Elective Treatment or surgery, cosmetic or plastic surgery, whether or not for psychological reasons, unless required as the result of Injury incurred while insurance is in force.
7. dental treatment, oral surgery or any related.
8. pregnancy, childbirth, miscarriage and any complications thereof, except as specified under **Section III, Your Benefits, Maternity**.
9. the Covered Person's participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
10. the Covered Person's commission or attempt to commit an illegal act or a criminal act.
11. medication, drugs or toxic substance abuse or overdose (whether or not you are sane); alcohol abuse, alcoholism or an Accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
12. drugs, other than administered in Hospital.
13. any personal comfort, convenience, exercise, safety, self- help or environmental control items, or items which may also be used for non-medical reasons, such as, but not limited to heating pads or lamps, communication aids, air conditioners or cleaners, and whirlpool baths or saunas.
14. participation in:
  - any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
  - any competitive motorized sporting events, racing or speed contests;
  - scuba diving (unless you hold a basic SCUBA designation from a Canadian certified school), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountaineering.
15. renal dialysis or organ transplants.
16. rehabilitation and convalescent homes or holidays for recuperative purposes.
17. non-compliance with any prescribed medical therapy or Medical Treatment (as determined by Sun Life) or failure to carry out a Physician's instructions.
18. treatment or surgery during your stay when your visit is undertaken for the purpose of securing or with the intent of receiving medical or Hospital services, whether or not such visit is taken on the advice of a Physician or surgeon.
19. emergency air transportation unless approved and arranged in advance by Sun Life (or Europ Assistance).
20. expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charge.
21. Illness, Injury or medical condition you suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued an official travel warning, before your departure date, advising travelers to avoid non-essential travel or to avoid all travel to that specific country, region or area.
 

If the Canadian Government issues an official travel warning after your departure date from Canada, your coverage for Illness, Injury or medical condition is limited to a period of 10 days from the date the official travel warning was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area.
22. any administrative fees or charges above those specified in this booklet.
23. Any medical condition which existed prior to the date coverage started where the Covered Person was not medically or mentally stable for a minimum of 90 days prior to the date coverage started.
24. Any medical expenses resulting from a medical condition that would reasonably require medical attention prior to departure from the Covered Person's Home Country.
25. Bone marrow transplants and the treatment relating to the medical condition that resulted in the bone marrow transplant.

## VI. How to make a claim

Obtain a claim form from your Health Plan Administrator and present it to your Physician and/or Hospital for completion.

You are responsible for providing all the documents outlined below and for any charges levied for these documents. For expenses incurred outside the province of New Brunswick, proof of departure and return date are required.

- Any notice of claim or correspondence concerning a claim must include your student program number, the Covered Person's name and date of birth.
- Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or Physician. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable. (You should make and keep copies for your own records.)
- If you refuse or fail to sign the medical authorization form or refuse to provide any information pertinent to your claim, it may result in a delay in processing your claim.

### Payment of Benefits

As a general rule, claims will be paid directly to the provider. However, in exceptional situations, you may be required to pay the provider. In such cases, eligible expenses paid will be reimbursed to you.

For all eligible expenses, completed claim forms with itemized original receipts or statements (not photocopies), must be sent to:

**Sun Life Assurance Company of Canada**

**Claims Department**

**PO Box 2015 Stn Waterloo**

**Waterloo ON N2J 0B1**

**Toll Free 1-888-206-9004**

Except where otherwise stated, written proof of claim must be received by Sun Life not later than 12 months following the date the claim was incurred.

**Benefits will be payable according to the insurance contract in force on the date the loss was incurred.**

## VII. General provisions

### Subrogation

If you suffer a loss covered under the Plan, Sun Life is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies upon making payment or accepting the claim to the extent of incurred losses against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, Sun Life is granted the right to make demand for, and recover, those benefits.

If Sun Life institutes an action, Sun Life may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action.

If you institute a demand or action for a covered loss, you shall immediately notify Sun Life so that Sun Life may safeguard its rights. You shall take no action after a loss that will impair the rights of Sun Life set forth in this paragraph and shall do such things as are necessary to secure Sun Life's rights.

### Coordination of benefits

If you have similar benefits through any other insurer, the amount payable under this Plan will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

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

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

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

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

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

- the plan where the person is covered under a student health or dental plan provided through an educational institution.
- the plan where the person is covered as a Dependent.

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

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

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

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

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your Dependents have.

## VIII. Other information

### Refunds

- A request for premium refund must be submitted in writing to your Health Plan Administrator, together with documentation for the reason for cancelling coverage.
- There will be no refund of premium for coverage periods of less than 31 days or for partial months.

#### Refunds are payable when:

- you fail to meet visa entry eligibility requirements.
- you permanently return to your Home Country prior to the completion of the academic term and receive a refund of tuition and fees from your school.
- you become covered under a provincial or territorial government health insurance plan.
- there has been no claim incurred during the period for which you are requesting a refund.

### Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. The Company maintains a confidential file in its offices containing personal information about you and your policy(ies) with the Company. The Company's files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your policy(ies) with the Company, its reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in the Company's file and, if applicable, to have it corrected by sending a written request to the Company.

To find out about the Company's Privacy Policy, visit the Company's website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about the Company's privacy practices, send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.



**Insurance benefits underwritten by:**

Sun Life Assurance Company of Canada  
225 King Street West  
Toronto, Ontario  
M5V 3C5

**For information regarding eligibility and rates contact :**

**Health Plan Administrator**

**Mount Allison Students' Union**

62 York Street, Sackville, NB E4L1E2

Phone: 506-364-2231

Fax: 506-536-4230

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