IMED MEMBER'S GUIDE

University of British Columbia - iMED Health Insurance for New International Students

August 1, 2022 – July 31, 2023

Provided in conjunction with David Cummings Insurance Services Ltd (DCIS)

The purpose of this booklet is to provide you with a comprehensive description of the iMED insurance program. All amounts indicated in this document are expressed in **Canadian dollars**, unless otherwise specified.

Please keep this booklet in a safe place so that you can refer to it when the need arises.

In case of a Medical Emergency

In the event of a medical emergency, please contact MSH Assistance:

+1- 800-808-2694 (from Canada and the United States)

+1- 403 – 538-2364 (Collect to Canada from anywhere else in the world)

In order to assist you, MSH Assistance will require the following information when you contact them:

- » Name of caller, telephone number, and relationship to the patient.
- » Name of the patient, age, sex, location, and certificate number.
- » Name of organization.
- » Nature of the medical problem.
- » Telephone numbers of medical personnel involved;
- » How and when the next communication will take place.

In the event of a medical emergency, you must contact MSH Assistance immediately. They will tal the appropriate action to assist you and monitor your care until the situation is resolved.

24 hours a day, 7 days a week, and 365 days a year.

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Zone of coverage

ZONE OF COVERAGE: Worldwide*

*__Worldwide:__ as applicable to the Geographical Area, worldwide comprises all countries throughout the world.

Coverage during a temporary visit to home country

After the later of the commencement of foreign study assignment and the Effective Date, Emergency medical care may be covered for an unforeseen Sickness, Injury, or Accident that occurs during a Temporary Visit to the Insured Person's Home Country, subject to meeting the criteria and conditions of the policy definition of Temporary Visit to Home Country.

Eligibility

Insured Person

For the purposes of this policy, the primary Insured Person shall be considered as those persons who:

- Are enrolled as a student, on foreign assignment or travelling outside of their Home Country for an accredited educational facility.
- Are a member of the Subscribing university.
- Are eligible Dependents of the Insured Person as defined by this policy.
- Are under age 65;
- Have been enrolled under this Policy.
- Have requested and received approval for extension of coverage upon termination of assignment and while traveling back to Home Country and have paid premium for this period or have had the premium paid on their behalf.

Dependents

For the purposes of this policy, Dependents shall be considered as those persons who are:

- The spouse or common law spouse (including same sex) of an insured person but excluded those legally separated, and under the age of 65.
- Unmarried children, stepchildren, foster children, legally adopted children, and children under legal guardianship or custody, who are accompanying the primary insured person outside of their home country and who are dependent on the insured person for support, provided that such children are not less than 15 days old and not more than 18 years old (or not more than 24 years old provided it can be provided that the child is continuing in full-time education).
- Unmarried children, stepchildren, foster children and legally adopted children who care accompanying the primary insured person outside of their home country, and who are dependent on the insured person for support due to physical or mental disability.

Termination of Cover

The insurance of an Insured Person shall terminate on the earliest of the following

- At termination date as stated on the certificate of insurance.
- The date this policy is terminated.
- The date that any premium required or due on the part of the Insured Person remains unpaid.
- The date that the Insured Person reached age 65.
- The date that the Insured Person no longer meets the Eligibility requirements as stated in the Policy or as approved by the Insurer.
- The date the insured Dependent ceases to be an eligible Dependent as defined by this policy.
- The date You permanently return to your Home Country or Primary Place of Residency, or
    - For Insured Persons permanently returning to their Home Country, a maximum of 90 consecutive days from the date of return provided premium has been paid to cover this period.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim that may have occurred prior to such termination.

Automatic Continuation of Coverage: If the Insured Person is unavoidably delayed for a reason in no way attributable to the Insured Person, beyond the end of the Coverage Period, this policy will automatically remain in effect at no extra premium for a period not to exceed:

1. 72 hours, if delayed while traveling as a fare paying passenger in a licensed public conveyance or by private vehicle and the delay is caused by mechanical breakdown, a traffic Accident or inclement weather; or

2. the period of confinement as an Inpatient in a Hospital OR the period during which You are unable to travel on medical grounds acceptable to the Claim Administrator. Following discharge from Hospital or following medical approval to travel, an additional 72-hour extension will be granted.

Termination of Master Policy

This master policy may be terminated by either party with prior notice provided at least 120 days in advance of the requested termination date. Insured Persons enrolled prior to the termination of the master policy shall remain in force until the policy term end date and shall not be renewed after termination of the policy. Full premiums will be required for the entire policy term.

Termination by the Insured Person

Subject to approval by the Subscribing University, the Plan Administrators (David Cummings Insurance Services Ltd. and MSH International (Canada) Ltd.), and the Insurer, the Insured Person may request termination of this contract for reasons of becoming ineligible by giving written notice of termination to the Plan Administrator acting on behalf of the Insurer, or by delivery thereof to an authorized agent (e.g. school or organization). If this policy is cancelled prior to the Effective Date, the Insured Person will receive a full refund of premiums paid on a pro-rata basis. If this policy is cancelled after the Effective

Date, the Insurer will refund the premiums paid subject to proof of existing equivalent coverage being in place. Refunds are subject to no claims having been incurred, paid, or pending. A waiting period of 90-days applies to all refunds and a minimum retention of three months premium may apply.

General Exclusions

This policy does not cover expenses caused or contributed to directly or indirectly by:

1. Elective medical treatment.
2. Medication commonly available without a prescription; contraceptives, vitamin preparations; or medication received on a preventive basis that is not deemed Medically Necessary due to a preexisting Sickness or Injury. This includes but is not limited to vaccinations and immunizations except as provided under the Well Baby Care provision of this policy.
3. The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency HIV/AIDS Coverage Benefit, except as provided under the HIV/AIDS Benefit.
4. Air travel, other than as a passenger in a certified commercial aircraft that provides passenger service and complies with government regulations concerning pilot licensing and current certificates of airworthiness.
5. Active participation in war or any act of war, or radioactive contamination.
6. Committing or attempting to commit any criminal act.
7. Termination of pregnancy, except in the care of a major, vital complication which presents a clear and significant risk of death to the mother.
8. Hang gliding, paragliding, sport parachuting, sky diving, athletic or sports activities for remuneration or prize money, or while riding or driving in or on any motorised vehicle or device in any race of speed contents; scuba diving at a depth greater than 15 meters, and rock or precipice climbing at a height greater than 15 meters;
9. Intentional misuse of medication except as insured under the suicide clause of this policy, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto; except as provided under the Legal Substance Abuse Treatment clause.
10. Injuries received as a direct consequence or as a result of the Insured Person having blood content of eighty (80) milligrams or more of alcohol per one hundred (100) milliliters of blood or, in the absence of a specific measurement, in the professional opinion of the attending Physician; except as provided under the Legal Substance Abuse Treatment clause.
11. Any prescription medication classified as a Lifestyle drug.
12. Fertility or infertility treatment and/or drugs related to.
13. Any claim arising from a trip or assignment undertaken outside the Host Country that has been arranged solely for the purpose of securing treatment or therapy unless it has been preapproved by the Insurer.
14. Any Medical Expense incurred relating to a Pre-existing Condition except:
    - Medical Expenses that are medically recognized as Routine Care of the Preexisting Condition but excluding any treatment or surgery which can reasonably be delayed until the Insured Person's expected date of return to their Home Country or Primary Place of Residency outside of Canada without causing irreversible or permanent damage or;
    - Medical Expenses incurred resulting from a change in the Pre-Existing Condition.

In addition to the above, Benefits will not be payable for:

15. Examinations by, or the services of, a Physician if required solely for the use of a third party.Traveling contrary to the medical advice of a Physician or Practitioner or for the purpose of obtaining Medical Treatment or when a terminal prognosis was given to the Insured Person prior to the Coverage Period.
16. Persons age 65 or over; and
17. Any costs incurred during any period for which the appropriate premium has not been paid or while the policy is not in force as to the Insured Person.

Benefits will not be payable for the following:

18. An expectant mother insured by the policy elects to have delivery outside their area of assignment, unless prior approval is received from MSH INTERNATIONAL (CANADA) LTD.

War Exclusions

Nuclear, Chemical, Biological Terrorism Exclusion

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes any losses, directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement:

“Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this insurance by any person or group(s) of persons, whether acting along or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical agent” shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological agent” shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

War and Terrorism Exclusion

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss if the assured/Insured Person takes an active part therein.

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or Any act of terrorism.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to one (1) and/or two (2) above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Your Benefits

» Medical

Provided by Certain Lloyd's of London

Overall Lifetime Maximum	Lifetime Maximum of $2,000,000
Reimbursement of Eligible Expenses	100% of all services
Annual Deductible**	NIL
Doctor's Visit	100% coinsurance
Outpatient Surgery	100% coinsurance
Injections	100% coinsurance
Hospital Fees	100% coinsurance
Emergency Inpatient	100% coinsurance
Prescription Drugs	100% coinsurance, Maximum of 90 – day supply per drug, per policy year
Private Duty Nursing Care	Maximum of $5,000 Lifetime
Annual Physician Visit	After 6 months of continuous coverage 100% to a maximum of $100 per policy year
Paramedical Services	The services of a registered massage therapist, chiropractor, physiotherapist, osteopath, naturopath, speech therapist, podiatrist or acupuncturist $1,000 per policy year, per insured on outpatient basis
Accidental Dental	$2,500 per accident
Acute Dental	Maximum $600 per emergency for immediate relief of acute dental pain caused by other than a blow to the face
Inpatient Psychiatric Care	Maximum $25,000 Lifetime
Outpatient Psychiatric Care	Maximum $2,500 per policy year
HIV/AIDS/ARC	Maximum $10,000 Lifetime
Trauma Counselling	6 sessions/lifetime if an insured person suffers a covered loss listed in the schedule of losses under the Accidental Death & Dismemberment Benefit, (other than loss of Life) within 90 days from the date of an Accident which occurred during the coverage period, the insured will pay 0 -6 sessions per lifetime of the insured person for trauma counselling by a registered psychologist when ordered by the attending physician.
Legal Substance Abuse Treatment	Emergency medical services up to a maximum of fifty thousand dollars ($50,000) per Policy Year, per Insured person. Excludes use of illegal drugs/substance, and illegal activity committed by the insured, such as operating a vehicle while impaired.

Maternity	Maximum $25, 000
Well Baby Care	Includes 2 check-ups during first month of life and required immunizations
Eye Exam	One per policy year
Air Evacuation	Not to exceed overall maximum limit
Repatriation	Maximum $12,500 for repatriation back to home country. Maximum $10,000 for burial in country of occurrence.
Pre-Existing Medical Conditions	Covers expenses that are medically recognized as routine care of the Pre-existing conditions but excludes any treatment or surgery which can reasonably be delayed until the Insured Person's. expected date of return to their Home country or Primary place of residency outside of Canada without causing irreversible or permanent damage. Covers medical expenses incurred resulting from a change in Pre-existing medical condition
Temporary Visit to Home Country	After the later of the commencement of foreign study assignment and the Effective Date, Emergency medical care may be covered for an unforeseen Sickness, Injury, or Accident that occurs during a Temporary Visit to the Insured Persons Home Country subject to meeting the criteria and conditions of the policy definitions of Temporary Visit to Home Country.
Termination Age **Insured Person:** **Dependent:**	 65 years old 24 years old

Notwithstanding the limits stated in the separate sections of this booklet, the overall maximum limit for medical expenses shall not exceed the annual maximum stated above. This maximum is per Insured Person.

All primary Insured Persons, their spouses and eligible Dependent children (as defined by this booklet) are eligible for Medical coverage.

Hospital Benefits

When, by reason of Injury or Sickness, an Insured Person is confined to a Hospital, the Insurer will pay the Reasonable and Customary Costs for room and board charges (up to semi-private room accommodation), including the costs relating to Physicians, Surgeons, nursing, operating room, Prescription Drugs, dressings, Diagnostic Services, Medical Appliances, and any other necessary cost made by the Hospital for Inpatient Hospital Services, Day Patient Hospital Services, as well as costs incurred in an intensive care unit.

It is recommended that Insured Persons obtain **pre-authorization** form for scheduled services. **Requests for pre-authorization should be submitted at least 10 days prior to the anticipated service date**.

In the case of an Emergency, it is required that the Insured Person contact MSH AMERICAS or MSH ASSISTANCE within 72 hours of the Emergency occurring.

Medical, Surgical and Diagnostic Services

When by reason of Injury or Sickness, an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician or Surgeon, the Insurer will pay the Reasonable and Customary Costs incurred for the following:

- **Diagnostic, X-Ray, and Laboratory Services.** X-Ray or Laboratory examinations under the attendance or supervision of a Physician or Surgeon, for Diagnostic Services. Laboratory, x-ray, magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans must be provided by or ordered by a Physician.
- **Paramedical Services.** The services of a registered or certified massage therapist, chiropractor, physiotherapist, psychologist, osteopath, naturopath, speech therapist, podiatrist, or acupuncturist up to a maximum of one thousand hundred dollars ($1,000) per profession, per Policy Year, per Insured Person.
- **Private Duty Nursing Care.** Up to a $5,000 lifetime maximum for the services of a registered nurse, Registered nurse assistant or home care worker when ordered by the attending physician.
- **Emergency Transport.** The full cost of licensed ambulance service to the nearest hospital when medically necessary. Emergency transfers between hospitals when ordered by the attending physician, including user fee; OR, taxi fare to or from a hospital or medical clinic for eligible medical care to a maximum of $100 per illness or injury.
- **Corrective Devices.** A device that is required by You on the advice of physician to correct a debilitating physical impairment and without which it would be a physical impossibility for You to continue Your studies or Your teaching responsibilities at the educational institution in which You are enrolled or are teaching. "Corrective Devices" include prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids.
- **Annual Physician Visit.** When a minimum of 6 months coverage has been purchased, insurer will pay up to $100 for one visit to a general practitioner (physician) during the policy year for a non-emergency exam and associated tests.
- **Eye Exams.** Reasonable and customary charges for one non-emergency eye exam performed by a licensed optometrist per 365-day period.

Note: the costs of glasses or contact lenses are NOT covered unless required as per the medical equipment and supplies benefit, above.

Outpatient Services

When by reason of Injury or Sickness (unless otherwise stated), an Insured Person incurs expenses for any of the following while under the regular care and attendance of a Physician, Surgeon, Physician's Assistant, or Nurse Practitioner the Insurer will pay the Reasonable and Customary Costs incurred for the following:

- **Physician's fees.** All reasonable and customary costs made by a physician, physician's assistant's, or nurse practitioner for professional services or medical treatment.
- **Prescription medication.** Limited to a 90-day supply of any one type per policy year unless prescribed while a hospital inpatient.
- **Medical equipment and supplies.** (Payable only if required as the result of a covered sickness

or injury). Purchase of medical supplies, including dressings and prosthetic appliances. When required as the result of a covered sickness or Injury only, up to $350 for prescription glasses or contact lenses or up to $500 for hearing aids.Rental charges for wheelchairs, crutches, hospital type bid or other appliances, not to exceed the purchase price.

- **Prosthetics** when required as a result of a surgical procedure.

Pre-Existing Medical Condition

Covers expenses that are medically recognized as routine care of the Pre-existing conditions but excludes any treatment or surgery which can reasonably be delayed until the Insured Person's expected date of return to their Home country or Primary place of residency outside of Canada without causing irreversible or permanent damage.

Covers medical expenses incurred resulting from a change in Pre-existing medical condition.

Suicide clause

Suicide clause: This policy insures medical expenses incurred as a result of attempted suicide subject to the maximums and limitations under this medical benefit subject to the exclusions herein. The “Repatriation or Burial of Deceased” benefit as provided for in paragraph 3 hereunder shall be covered in the event of death by suicide subject to the maximums and limitations under this benefit. The present exception does not apply to lump sum benefits provided in Accidental death and Dismemberment Benefits subject to Exclusions and Limitations.

Psychiatric Care

Up to $25,000 for the services of a psychiatrist while hospitalized as an inpatient due to an emotional disorder. psychologist, psychiatrist, counsellor covered to a combined maximum of $2,500 per policy year per Insured person on outpatient basis.

Maternity Services

Maternity coverage up to a combined maximum of $25,000 for pre-natal care, childbirth, post-natal care, and new-born care (up to age 15 days). For new-born coverage past the age of 15 days, an application for dependant coverage must be made within 15 days. Emergency complications due to pregnancy are subject to the Overall Maximum Limit ($2,000,000). Termination of pregnancy is not covered, except in the care of a major, vital complication which presents a clear and significant risk of death to the mother.

Complications Relating to Maternity Care

Complications are defined as any medical condition relating to pregnancy that if not immediately treated will threaten the life of the mother or unborn child.

Well Baby Care

Includes a series of regularly scheduled checkups that begin in the first week after birth until the first month of life, subject to a maximum of two visits during this period. Hearing loss assessments and immunizations are also covered under well baby care. Immunizations covered include the first dose of Hepatitis Band the dose for tuberculosis for residents of developing countries.

Emergency Dental Treatment

When an accidental blow to the mouth or face results in injury to an insured person, the insurer will pay for the emergency dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth lost or damaged in an accident up to $2,500 per insured person, per injury.

Emergency repairs to artificial teeth including bridges and denture plates are covered up to a maximum of $500 per insured person, per injury.

Dental treatment must be initiated within 90 days following an accident and completed within the policy term. Detailed medical documentation from a physician or dentist must be provided to support an insured person's claim.

Expenses incurred as a result of chewing accidents or injury due to placing an object to or in the mouth are not payable.

Acute Dental Care

Pays up to $600 reimbursement per emergency for the immediate relief of acute dental pain caused by other than a blow to the face. All treatment must be initiated within 48 hours from the time the emergency began and must be completed no later than 90-days after treatment began assuming coverage is in force during the treatment period dental conditions for which the insured person has previously received treatment or advice are not covered.

HIV/AIDS Coverage

Expenses incurred as a result of a positive HIV, AIDS, or ARC diagnosis, which was diagnosed after coverage commenced, will be based on standard terms and conditions of the policy and covered to a lifetime maximum of $10,000.

Legal Substance Abuse Treatment

Emergency medical services up to a maximum of fifty thousand dollars ($50,000) per Policy Year, per Insured person. Excludes use of illegal drugs/substances, and illegal activity committed by the insured, such as operating a vehicle while impaired

Mountaineering, Scuba Diving, Rock or Precipice Climbing

This policy covers medical expenses incurred as a result of mountaineering and scuba diving to a depth of 15 meters, and rock or precipice climbing up to 15 meters in height, subject to the maximums and limitations under this medical benefit

Trauma Counselling

If a insured person suffers a covered loss listed in the schedule of losses under the Accidental Death & Dismemberment benefit, (other than loss of life) within 90 days from the date of an Accident which occurred during the coverage period, the insurer will pay up to six sessions per lifetime of the insured person for trauma counselling by a registered psychologist when ordered by the attending physician.

Returning Insured Benefit

Coverage for a maximum 90 consecutive days is available to insured person's permanently returning to their home country provided premium has been paid for this period. The following Benefits are covered with the prior approval from Your Medical Assistance Provider. The maximum amount payable for the following Transportation Benefits cannot exceed the Overall Maximum Limit.

Air Evacuation

The cost of transporting You to the nearest Hospital or to a Hospital in Your Home Country, if Medically Necessary, either:

a) as a stretcher fare in a regular flight, including economy return fares for qualified medical attendants (not a relative) and their associated fees and expenses; or
b) an appropriately equipped air ambulance, including associated fees and expenses for a qualified crew. Land ambulance costs at each end of the flight or connecting flights are included. The attending Physician must certify that the Insured Person is medically fit for the type of transfer selected.

Repatriation of Mortal Remains or Local Burial

If death occurs during the coverage period as result of a covered injury or sickness, the insurer will pay either.

a) Up to $12,500 towards the reasonable and customary costs of the preparation and return of the insured person's remains to the insured person's home country in a standard transportation container, or
b) Up to $10,000 for the cost of preparing the remains cremations or burial, and a burial plot in the location where death occurs. The cost of a coffin, urn headstone or funeral are excluded.

Costs of Returning Home due to Family Emergency

If the Insured Person must unexpectedly return Home due to the fact that an Immediate Family Member who is not traveling with the Insured Person has died, or is hospitalized for a serious Sickness, the Insurer will pay up to a lifetime maximum of $2,500 towards the cost of round-trip transportation based on the lowest available fare for the most direct route to the location nearest the institution where the Immediate Family Member is being held. The Insurer will also pay up to lifetime maximum of $1,000 for commercial accommodation and meals for the Insured Person. This Return Home Benefit must occur within the Coverage Period.

Family Transportation and Subsistence Allowance

If You have no family members within 500 kilometers of Your location while You are outside Your Home Country and You are Hospitalized, and Your Hospitalization is expected to last a minimum of 7 days or in the event of the death of the Insured Person. The Insurer will pay up to a combined lifetime maximum of $7,500 towards the cost of round-trip transportation based on the lowest available fare for the most direct route for two (2) persons nominated by You to travel to Your bedside, as well as for commercial accommodation and meals for a maximum period of 7 days for these two (2) persons. The attending Physician must certify that the situation is serious enough to warrant the visit. Submit all bills and receipts to the Claim Administrator.

Return Home

If, in the event of Emergency Sickness or Injury of the Insured Person which necessitates the return home of the Insured Person for immediate medical attention, the Insurer will reimburse the actual extra cost of a one-way economy airfare by the most direct route for the Insured Person to return to Insured Person's Home Country, up to a lifetime maximum of $5,000.

Temporary Visit to Home Country

After the later of the commencement of foreign study assignment and the Effective Date, Emergency medical care may be covered for an unforeseen Sickness, Injury, or Accident that occurs during a Temporary Visit to the Insured Persons Home Country subject to meeting the criteria and conditions of the policy definitions of Temporary Visit to Home Country.

Coverage during a Temporary Visit to Home Country is restricted to Emergency medica care for an unforeseen sickness, injury, or accident. Routine Care for a pre-existing medical Condition is not covered during a Temporary Visit to Home Country. Unless pre-approval in writing from the Insurer, or its authorized representative, coverage during a Temporary Visit to home Country cannot exceed the cumulative maximum of 15 days during the Coverage Period.

Please refer to the General Exclusions section for exclusions and limitations.

» ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Provided by Certain Lloyd's of London

Benefit Schedule	Flat amount of $50,000
Termination Age	65

The principal sum is a flat amount of $50,000.

Eligibility

All primary Insured Persons are eligible for Accidental Death & Dismemberment coverage. Coverage is not available for spouses or Dependent children of the primary Insured Person.

Aggregate Limit of Liability: $10,000,000

The Insurer shall not be liable for any amount in excess of the above stated aggregate limit of liability.

If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such aggregate limit of liability, the Insurer shall not be liable as respects to each Insured Person for a greater proportion of the indemnity otherwise payable than the aggregate limit of liability bears to the aggregate amount of all such indemnities.

Coverage

Accidental Death, Dismemberment, Loss of Sight and Paralysis.

If such injuries shall result in any one of the following specific losses within one year from the date of Accident, the Insurer will pay the Benefit specified as applicable thereto, based upon the principal sum stated in the Insured Person's application provided, however, that not more than one (the largest) of such Benefits shall be paid with respect to all injuries resulting from one Accident.

Life.....100%
One hand and one foot 100%
One had or one foot and the sight of one eye.....100%
Both hands or both feet or the sight of both eyes 100%
Speech and hearing in both ears 100%
Sight of one eye 66 2/3%
Hearing in both ears.....66 2/3%
Speech 66 2/3%
Thumb and index finger of same hand 33 1/3%
Hearing in one ear.....25%
Four fingers of the same hand 33 1/3%
All toes of the same foot.....12 1/2%
Both hands or both feet.....100%
Both arms or both legs 100%
One arm or one leg 75%

One hand or one foot 66 2/3%
Quadriplegia 100%
Paraplegia 100%
Hemiplegia 100%

Cumulated AD & D benefits shall never exceed 100% of the lump sum.

“Loss” shall mean:

- With respect to hand or foot, the actual severance through or above the wrist or ankle joint;
- With respect to arm or leg, the actual severance through or above the elbow or knee joint;
- With respect to eye, the total and irrecoverable loss of sight;
- With respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree;
- With respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid of device;
- With respect to thumb and index finger, the actual severance through or above the first phalange;
- With respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand;
- With regard to toes, the actual severance of both phalanges of all toes of the same foot.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of use" shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Insurer to be permanent.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the Benefits afforded an Insured Person.

If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident, it shall be presumed subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from bodily injuries sustained in the Accident and covered under this policy.

Provisions

Notice of Claim: Written notice of claim must be given to the Insurer within 30 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice by or on behalf of the claimant to the Insurers or to any authorised agent of the Insurer, with information sufficient to identify the Insured Person, shall be deemed notice to the Insurer.

Claim Forms: The Insurers, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proofs of Loss: Written proof of loss must be furnished to the Insurer within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Time of Payment of Claim: Indemnities payable under this policy shall be paid by the Insurer within 60 days after it has received proof of claim.

Payment of Claims: Indemnity for accidental loss of life will be payable to the beneficiary of record in a lump sum. The lump sum payment shall be paid by the Insurer within 60 days after it has received proof of claim.

If, at the death of the Insured Person, there is no surviving beneficiary, the accidental loss of life indemnity shall be payable in one sum to the estate of the Insured Person. All other indemnities will be payable to the Insured Person.

Physical Examinations and Autopsy: The Insurers at its own expense shall have the right and opportunity to examine the body of any Insured Person whose Injury is the basis of claim when and as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Designation or Change of Beneficiary: Subject to any statutory restrictions, an eligible Insured Person may designate a beneficiary to receive death Benefits payable under this policy or may change any beneficiary already appointed, by filing written notice. No designation or change of beneficiary under the policy shall be binding upon the Insurer until the original or a duplicate thereof is received by the designated custodian or beneficiary records. No assignment of interest shall be binding upon the Insurer until the original or a copy thereof is received by the Insurer. The Insurer assumes no responsibility for the validity or legal sufficiency of such designation or change of beneficiary assignment.

Conformity with Provincial Statutes: Any provision of this policy which, on its Effective Date, is in conflict with the statutes of the province in which this policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such province.

Workers' Compensation Laws: This policy is not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Law.

AD&D Exclusions and Limitations

1. AD&D coverage is not insured in the event of suicide.

Please refer to the General Exclusions section for additional exclusions and limitations.

Medical Emergency Assistance

MSH ASSISTANCE in coordination with MSH ASSISTANCE 24/7 Worldwide Emergency Coverage. In the event of Emergency Hospitalization please call:

+1- 800-808-2694 (from Canada and the United States)

+1- 403 – 538-2364 (Collect to Canada from anywhere else in the world)

24 hours a day, 7 days a week, 365 days a year

In order to assist You in an Emergency situation, MSH Assistance will require the following information when You contact them.

Name of caller, telephone number and relationship to the patient.

- Name of the patient, age, sex and location and their certificate number (if known).
- Name of organization.
- MSH Assistance Identification number (PM8686120).
- Nature of medical problem.
- Telephone numbers of medical personnel involved.
- How and when the next communication will take place

In the event You are admitted to a hospital MSH Assistance must be notified immediately. They will take the appropriate action to assist You and monitor Your care until the situation is resolved – 24 hours a day, 7 days a week, 365 days a year.

Your procedures with MSH

PRECERTIFICATION

To ensure that expenses for specific services to be rendered at a future date will be covered, you may request a precertification of expenses from MSH Americas.

To obtain a precertification:

- Contact the MSH Precertification Department by email at: precert@msh-intl.com or log onto www.msh-intl.com/americas and download a pre-authorization form;
- This form will need to be completed by you or your treating physician and returned to MSH Americas with medical notes and cost estimates;
- Upon receipt of the completed form, MSH Americas will issue a precertification letter that details the coverage available for the specific services indicated, including any maximums or limitations;
- **Requests for precertification should be submitted at least 10 days prior to the anticipated service date.** Precertification requests will be processed within 3 to 5 business days.

In the case of an emergency it is required that you contact MSH Americas within 72 hours of the emergency occurring.

» Direct billing

A direct billing arrangement allows a treating facility to send the invoice directly to MSH Americas for payment. This minimizes the possibility that you will incur large out-of-pocket expenses. While MSH Americas is willing to work with any medical facility to make these arrangements, the facility must also be in agreement and be willing to accept payment directly from our offices. A list of direct billing medical providers on or close to University of British Columbia campuses is available at the iMED plan website – www.david-cummings.com/imed

To arrange for a direct billing relationship:

- » Prior to accessing services, the Insured Person may contact the MSH Americas Client Service Team to inquire about facilities within their area with whom an agreement is already in place.
- » If you are in a location for which you have received a Direct Billing Card, please present this card to the facility.
- » If you are covered within the United States and are seeking treatment in the United States and do not have a Direct Billing Card, please contact MSH Americas or use our facility search tool in your Members' Area, to receive referrals to physicians or medical facilities in your area.
- » If you wish to seek treatment in any other location, contact the facility directly prior to treatment to confirm whether the facility is willing to bill directly to MSH Americas.
- » Upon confirmation that a direct billing will be accepted, the facility contact information must be provided to MSH Americas by you or the facility.
- » MSH Americas will issue a letter directly to the facility confirming that we will pay the facility upon receipt of the invoices.

» How to claim?

Help us provide the best possible claims service by making sure that all claim forms are accurate and complete. Supporting information should be attached where requested.

In order to keep better track of your claims, and due to the potential banking fees associated with bank transactions, it is in your best interest to accumulate your claim documentation and submit them in batches. This will help reduce the fees your financial institute may deduct from your account.

However, claims must be submitted within the required time after the expense is incurred. Since mail delays can be extensive, all claims should be submitted as quickly as possible to:

MSH INTERNATIONAL

North and South America
2900, 605 – 5th Avenue SW
Calgary Alberta T2P 3H5
Canada
Tel: +1 403 537-8823 (collect)
Fax: +1 403 265 9425
claimsamerica@msh-intl.com

Europe
23 allées de L'Europe
92587 Clichy Cedex
France
Tel: +33 (0) 1 44 20 82 20
Fax: +33 (0) 1 44 20 99 03
claimseurope@msh-intl.com

Middle East & Africa
19th Floor, One by Omnyat,
Business Bay
P.O. BOX: 506537
DUBAI
UNITED ARAB EMIRATES
Tel: +971 4 365 1308
Fax: +971 4 363 7327
claimsmea@msh-intl.com

Asia
East Unit, 5th Floor
North Tower, Building 9
Lujiazui Software Park
No. 20, Lane 91
E Shan Road, Pudong
Shanghai P. R. CHINA 200127
Tel: +86 21 6187 0595
Fax: +86 21 6160 0153
claimsasia@msh-intl.com

Call Toll Free: 1- 800-808-2694 (Within North America)

» Time limits for submitting claims

It is important to note the time requirements for submitting claims. The following summary outlines these requirements.

Written proof of loss is required as follows:

AD&D	**within 30 days after the claim was incurred**
Medical	**within 365 days after the claim was incurred**

In the event of a plan termination or an individual termination of the insured's coverage, all proofs of claim must reach the carrier no later than the time limits specified above, OR no later than 120 days after the Insured Person's date of termination (or 180 days after the Insured Person's date of termination if the billing is being sent direct from the provider),

MSH Americas recommends that you **retain a copy of the claim form and all documents relating to your claim for your records**.

Rights of Examination

As a condition precedent to recovery of insurance moneys under this contract:

- The claimant shall afford to the insurer an opportunity to examine them when and so often as it reasonably requires while the claim hereunder is pending.
- And in the case of death of the Insured Person, the Insurer may require an autopsy subject to any lay of the applicable jurisdiction to autopsies.

Coordination of Benefits

If an Insured Person and/or his eligible dependants are covered by a Government program or another health policy (individual, employer, educational institution, professional association, etc.), the benefits of both plans will be coordinated in order that the combined payments do not exceed the actual covered expenses. The general rule is that one policy pays first and the second policy pays the remaining eligible expenses up to the limits in the second plan. The Insurer of the second policy should receive original copy of the first policy's reimbursement statement and photocopies of all relevant bills.

The following list identifies which policy should receive the original bills and act as the "First Policy" for:

All Insured Persons

- Government programs (Social Security, Medicare, etc.);
- Non-health insurance (automobile, homeowner's, liability, etc.).

Spouse

- Spouse's employer's policy.

Dependent children (in descending order):

- Policy of divorced parent declared responsible by a court order;
- Policy of divorced parent with custody;
- Policy of step-parent (divorced parent with custody has remarried).

Submission of claims

Health/Medical Claims

The Insurer will pay Benefits provided that:

- **The Insured Person has contacted and received Pre-Authorization of any costs to be incurred as either a Day-Patient or an In-Patient.** In an emergency when the claims administrator cannot be contacted in advance, then the admission to Hospital must be reported as soon as reasonably possible;
- **Written details of all claims have been sent** to the claims administrator as soon as possible

All documentation relating to the claim including the claim form and accounts must be provided. **Copies of original documents* will be accepted for any claims under $10,000**.

The original documents of the copies initially submitted must be retained by the Insured Person for a period of **2 years from the date the claim was incurred** during which time MSH INTERNATIONAL (CANADA) LTD. may request these documents to validate any claim at any time. The original documents must be received within 30 days of the date of request. In the event the original copy cannot be produced, the Insured Person will be responsible for any claim payments made in regards to that receipt. The claim payment reimbursement made by the Insured Person must be received within 60 days of the date of request. Additionally, Insured Persons who fail to provide original documents to MSH INTERNATIONAL (CANADA) LTD. when requested will be required to submit original documents for all future claims submissions.*

**Invoices received directly from a provider will be considered to be an original document including but not limited to facsimiles, scans, PDF documents, direct portal submissions or digital copies.*

Hospital

Submit a Medical Claim Form plus a detailed receipt signed by the hospital showing:

- Patient's name and date of birth.
- Name and address of hospital (as well as phone/fax number and email, if available).
- Date of service and/or length of stay.
- Type of accommodation (private or semi-private room).
- Daily room and board charge.
- Procedure/special charges by hospital (e.g., drugs, x-rays, surgical procedure, etc.).
- Physician's charges (if any) and currency.
- Description of sickness or injury/diagnosis.
- Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).

Medical treatment

Submit a Medical Claim Form. Applicable sections of the form are to be completed by the insured. If the receipt does not include the following information, please have your doctor complete the "Physician's Statement" section:

- Patient's name and date of birth.
- Name and address of facility (as well as phone/fax number and email, if available).
- Date of service.
- Description of sickness or injury/diagnosis.
- Type of procedure rendered.
- Number of services or visits made.
- Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).
- Have the doctor PRINT his name and address, then date and sign the form.
- Attach original receipt from the doctor.

Prescription drugs

Submit a Medical Claim Form. Applicable sections of the form are to be completed by the Insured. The following information is required:

- Patient's name and date of birth.
- Name of drug or medication.
- Number of days of supply.
- A dated receipt.
- Amount paid by Insured Person and/or amount to be paid to provider (please indicate currency).
- The form must then be signed by you and the total amount of the charges shown.

Medical Emergency Evacuation

If medical treatment is required for an emergency outside North America, the insured, or someone acting on their behalf, **MUST call the toll-free (or collect) number provided on the identification card.** Immediate help is arranged, and continued monitoring is provided during the emergency. MSH Assistance representatives look after hospital admission, referral to doctors, drugs, ambulance, family transportation, airfares, attendant care, return and burial if death occurs.

However, receipts should be kept for emergency services that cost $200 or less, and for expenses that exceed the specific allowances described in the evacuation policy. These should be **submitted together with an authorized Medical Claim Form when the insured returns home.**

Emergency assistance must be arranged by calling MSH Assistance Otherwise, Emergency Evacuation (transport) expenses will not be eligible for reimbursement.

AD&D

Notify the MSH Administrator as quickly as possible. We will provide the appropriate forms.

» Method of reimbursement

When sending in your claim, please ensure that your return address and contact information are clearly shown so we can contact you when necessary.

ALL CLAIMS RECEIVED FOR REIMBURSEMENT ARE CONVERTED TO THE CURRENCY OF THE CONTRACT

The exchange rate utilized for calculation purposes is the rate published by the United Nations.
The exchange rate calculation is based on the rate available upon the date the service was rendered.

Claim reimbursement can be made using one of the following methods as selected at the time of claim or as information has been provided on the enrollment form.

Benefit Cheque

A claim payment cheque will be mailed to the address provided on the claim form.
All cheques will be issued in the currency selected by the student, subject to availability.

Wire Transfer

You may request that claims payment be wired into your account anywhere in the world. MSH Americas will cover the costs of sending the wire payment, however, please note, it is common for receiving banks to charge you for the cost of receiving the wire transfer. This amount will be deducted from the claim payment and is the responsibility of the account holder.

Definitions

Accident: Any sudden and unforeseen event resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control. For the purpose of the AD&D Benefit insured under this policy, please note the accident must occur during the policy term.

Benefits: Any covered expenses/services that the Insurer will pay under this policy.

Benefit maximum: The amount stated as the maximum payable for any particular benefit per policy year, unless otherwise stated.

Complications relating to maternity care: Complications are defined as any medical condition relating to pregnancy that if not immediately treated will threaten the life of the mother or unborn child.

Corrective device: A device that is required by the Insured on the advice of a physician to correct a debilitating physical impairment and without which it would be a physical impossibility for the Insured to continue her/his studies or his/her teaching responsibilities at the educational institution in which the insured is enrolled or is teaching.

"Corrective Devices" include prosthetic limbs, wheelchairs, seeing-eye dogs, and hearing aids.

Couple Coverage: Coverage that includes the primary Insured person and an eligible spouse or eligible dependent child, as defined by this policy.

Coverage Period: The period of time during which You are insured for the Benefits provided by this policy, starting from 12:00 a.m. on the Effective Date until 11:59 p.m. on the latest of the date (a) specified as the Termination Date on the enrollment form; or (b) of termination of any extension of this policy. The maximum Coverage Period including extensions is 365 consecutive days at any one time. Coverage for a maximum of 90 consecutive days is available to Insured Persons permanently returning to their Home Country or Primary Place of Residency provided premium has been paid for this term.

Day Patient: A patient who occupies a Hospital bed or is charged for a Hospital bed.

Deductible: The dollar amount for which the insured person is liable, before any remaining eligible expenses are reimbursed under this policy.

Dentist or Dental Surgeon: a practitioner who holds a Doctor of Dentistry degree and is legally registered and licensed to practice dentistry in the country where services within the scope of their license are provided.

Dependent:

- The spouse or common law spouse (including same sex) of a primary Insured Person (but excluding those legally separated), and under the age of sixty-five (65).
- Unmarried children, step-children, foster children and legally adopted children, who are dependent on the primary Insured Person for support, provided that such children are not less than 15 days old and not more than 18 years old under the age of eighteen (18) years old (or under the age of twenty-four (24) years old provided it can be proven that the child is continuing in full-time education).
- Unmarried children, stepchildren, foster children and legally adopted children, who are dependent on the primary Insured Person for support due to physical or mental disability.

Diagnostic Services: Laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat medical conditions.

Disability: The inability to perform the principal duties of any occupation in relation to the Insured Person's education, skills, training and experience.

Effective date: Means either
a) The date the Eligible arrives in the location of foreign study or assignment. In this case coverage is automatically provided to a maximum of 10 days while traveling to location of foreign study or assignment from her/his home country or primary place of residency: or
b) A later date as communicated by the Plan administrator.

Elective Medical Treatment: means any medical treatment, surgery, or procedure which:

a) Is not necessitated by a pathological or traumatic change in the function or structure in any part of the body, and/or
b) could be reasonably delayed until the Insured Person's expected date of return to their Home Country or Primary Place of Residency outside of Canada without causing irreversible or permanent damage
c) any treatment that is not Medically Necessary as per the definition of the policy

Emergency: A sudden and unexpected medical condition or Injury that requires immediate medical treatment. The condition or injury must have manifested itself while this policy is in force as to the Insured Person.

Expatriate: A person who leaves his/her home country to reside in a foreign country for which he/she does not hold a valid passport.

Home Country: The country for which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be taken to mean the country that the Insured Person has declared on the application form. Where a family is to be covered by the policy there will be deemed to be one Home Country for that family, which will be the Home Country declared on the application form.

Hospital: Any medical or surgical institution which is legally licensed in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydro clinic, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident Physician.

Hospital Services: Costs for accommodation, nursing, operating theatres, drugs, dressings, Diagnostic Services or any other necessary costs made by the Hospital for medical treatment.

Host Country: The country, outside of the Insured Person's Home Country, for which the Insured Person is placed on assignment, as declared by the policyholder.

Immediate Family Member: Refers to spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Injury: Any harm to the body caused by an Accident resulting, directly and independently of all other causes, in the Insured Person incurring Medical Expenses.

Inpatient: A patient who occupies a Hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a Physician or Surgeon.

Insured Person/You/Your: An eligible person as defined in the eligibility section of this policy.

Insurer: Certain Lloyd's Underwriters Company who provide this insurance.

Lifestyle Drugs: Pharmaceutical products that depict improvements to a person's way of life, style of living, function or appearance. Including but not limited to baldness, aging, acne, erectile dysfunction, obesity, smoking cessation.

Maternity Care: Refers to the Medically Necessary expenses associated with pregnancy and childbirth.

Medical Appliances: Minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, orthotics and the temporary rental of a wheelchair when prescribed by a Physician or Surgeon.

Medical Assistance Provider: MSH Assistance.

Medical Expenses: Those medical and related expenses for which coverage is provided under the Major Medical Benefits section of this policy which are necessarily incurred as a result of Injury or Sickness while coverage is in force under this policy as to the Insured Person.

Medically Necessary: Those services or supplies which are provided to the insured person that are required to identify or treat her/his sickness or Injury and that are necessary for the relief of acute pain or suffering, or to identify or treat her/his sickness or injury; or with respect to hospital services, those which cannot safely be provided to the insured person as an outpatient.

Member of the Subscribing University: Means a Primary insured person (international student) who is deemed a registered student with the subscribing university as of the Insured Person's policy effective date.

Mountaineering: means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

MSH INTERNATIONAL (CANADA) LTD.: The third party administrator and claims administrator appointed by the Insurer.

Newborn Child Care: The Medically Necessary expenses associated with the care and treatment of a newborn child while in Hospital immediately following birth and any Medically Necessary expenses incurred up to the guaranteed period of coverage elected under Maternity Care.

Nurse Practitioner (NP): Is a registered nurse who is prepared, through advanced education and clinical training, to provide a wide range of preventative and acute health care services to individuals of all ages.

Outpatient: An Insured Person who receives treatment, including Diagnostic Services at a Hospital, or other medical institution, or at a Physician's office; where the Insured Person is not admitted or confined to a Hospital bed as an Inpatient or Day Patient.

Overall Maximum Limit: The total aggregate lifetime limit that may be claimed by an Insured Person. Such limit is indicated in the wording of this booklet.

Physician's Assistant (PA): Is a medical professional who works as part of a team with a medical doctor. A PA is a graduate of an accredited PA educational program who is nationally certified and licensed to practice medicine with the supervision of a physician.

Physician or surgeon: A legally licensed medical practitioner recognized by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of his/her licensing and training. A physician or surgeon must not be the insured person or an immediate family member of an insured person.

Policy Year: the period of August 1, 2022 – July 31, 2023, both days inclusive.

Pre-existing condition: a Sickness or Injury which occurs prior to the effective date of coverage under this policy.

Prescription Drugs: drugs, medicines, serums and vaccines which must, by federal law or regulation in the country where incurred, be dispensed only pursuant to a prescription from a licensed Physician or Dentist. For geographical areas where there are no regulatory laws for such substances, eligibility will be determined by Canadian standards as defined by the Canadian Food and Drugs Act and Regulations.

Primary place of residency: The location where the insured person maintains a permanent residence that is not located in the home country.

Prosthetic: A device, external or implanted, that substitutes for, or supplements a missing or defective part of the body.

Reasonable and Customary Costs: Costs incurred for approved, eligible treatment or supplies that do not exceed the standard costs of other providers of similar standing in the same region, for the same treatment of a similar Sickness or Injury.

Routine care: Designated for patients who require a physician visit for a medical service, including diagnostic services and medication, that is not considered urgent at the time of the initial visit. Routine care does not include annual physician's visits.

Sickness: Any illness or disease to the insured person which causes the insured person to incur medical expenses.

Temporary Visit to Home Country: Means a temporary visit or visits to one's Home Country that occurs during the Coverage Period, after the Insured has commenced residing in the country of foreign study assignment. Coverage during a Temporary Visit to Home Country is restricted to Emergency medical care for an unforeseen sickness, injury or accident. Routine Care for a pre-existing medical Condition is not covered during a Temporary Visit to Home Country. Unless pre-approved in writing from the Insurer, or its authorized representative, coverage during a Temporary Visit to Home Country cannot exceed the **cumulative** maximum of 15 days during the Coverage Period.

Termination date: The date Your coverage under this Policy ends. Coverage ends on the latest of the date and time, (a) the date You request as the end date of Your application or (b) the termination of any extension of this policy. The maximum Coverage Period including extensions is 365 consecutive days at any one time. Coverage for a maximum of 90 consecutive days is available to Insured Persons permanently returning to their Home Country or Primary Place of Residency provided premium has been paid for this term.

Well Baby Care: The customary Health Care services provided to a healthy newborn that are determined to be medically necessary, even though they are not provided as a result of illness, Injury or congenital defect. This includes a series of regularly scheduled check-ups, hearing loss assessments and immunizations. Please refer to the Medical Benefit for coverage and limitations.

Worldwide: As applicable to the Geographical Area of Coverage, Worldwide comprises all countries throughout the world.

Notes

Privacy Guidelines

At MSH INTERNATIONAL (CANADA) LTD., we recognize and respect every individual's right to privacy. When you apply for coverage or Benefits, we establish a confidential file of personal information.

We use the information to administer the group Benefit plan. This includes many tasks, such as:

- Determining an Insured Person's eligibility for coverage under the plan
- Enrolling Insured Person's for coverage
- Assessing an Insured Person's claims and providing them with payment
- Managing an Insured Person's claims
- Verifying and auditing eligibility and claims
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Providing the applicable Regulatory Forms and Tax Receipts, upon request

We limit access to information in the Insured Person's file to MSH INTERNATIONAL (CANADA) LTD. staff or persons authorized by MSH INTERNATIONAL (CANADA) LTD. who require it to perform their duties, to persons to whom the Insured Person has granted access, and to persons authorized by law. MSH INTERNATIONAL (CANADA) LTD., the Insured Person's health care provider, other insurance and reinsurance companies, and the plan administrator of the policyholder may also exchange information when the information is needed to administer the group Benefit plan.

For questions or concerns regarding the collection, use, disclosure or storage of personal information, **please contact the Privacy Officer** by mail or email. Concerns will be addressed within 30 days.

MSH INTERNATIONAL (CANADA) LTD.
c/o Privacy Officer
Suite 2900, 605 – 5th Avenue SW
Calgary Alberta T2P 3H5 Canada
Email: privacyofficer@americas.msh-intl.com

This booklet is not a legal document. If you wish to know the precise terms of your legal entitlements to any of the Benefits described, reference should be made to the actual insurance policy and supplements, which govern and stipulate the Benefits to which you are entitled under those particular documents, together with the terms and conditions subject to which you are entitled to receive those Benefits.

The policyholder reserves the right, subject to the terms of the insurance policy and the applicable statutory regulations, to amend, suspend or discontinue, in whole or in part, any Benefit described in this document. Participants will be sent a notice advising them of the action taken and its effective date.

Please keep this brochure in a safe place so that you can refer to it when the need arises.

Frequently Asked Questions

ELIGIBILITY

1. Will I need a medical examination to join the plan?

No, a medical examination is not required.

COVERAGE

1. Are pre-existing medical conditions covered?

Yes, but with certain limitations. Please refer to your policy wording for details.

2. Can I seek treatment from a doctor or hospital of my choice?

Yes, we do not restrict you from using any legitimate, qualified medical provider or hospital. Should your treatment be required due to a medical emergency, please contact MSH ASSISTANCE 24/7 for directions.

Toll Free: 1-800-808-2694 Or Phone: 001 403-538-2364

3. What happens if I am in a country where the appropriate treatment cannot be provided?

Once the treatment has been deemed medically necessary, MSH International must be contacted and will coordinate with MSH ASSISTANCE 24/7 who will make the necessary evacuation arrangements.

4. What do I do if the attending Medical Personnel do not speak my language?

Refer them to the MSH International toll-free number and the multilingual staff will be able to communicate effectively on your behalf.

5. Does my coverage extend to include cosmetic surgery?

No, not if the surgery is elective. However, if the surgery is required because of an accident that occurred while you were insured, your policy will cover the costs.

Life Events

1. Can I receive treatment when returning to my Home Country?

Coverage for a maximum of 90 consecutive days is available to Insured's permanently returning to their Home Country or Primary Place of Residency provided premium has been paid for this term.

Claims

1. What is the deadline for submitting Medical claims?

The following are the deadlines to submit claim:

Submission of all Claims	**no later than 365 days** from beginning of medical treatment
Insured Persons Date of Termination or	**no later than 120 days**
The Insured Person's date of termination if the billing is being sent direct from provider	**no later than 180 days**

All claims must be submitted no later than 365 days from the beginning of the medical treatment, 120 days after the Insured Person's date of termination (or 180 days after the Insured Person's date of termination if the billing is being sent direct from the provider).

2. Where are my claims processed and paid?

All claims are processed at MSH INTERNATIONAL's global claim center located at:

North and South America: 2900, 605 – 5th Avenue SW Calgary Alberta T2P 3H5 Canada Fax: +1 403 265 9425 claimsamerica@msh-intl.com	Middle East & Africa: DIFC, Liberty House Office 304 PO Box 506537 Dubai UNITED ARAB EMIRATES Fax: +971 4 363 7327 claimsmea@msh-intl.com
Europe : 82 rue Villeneuve 92587 Clichy Cedex France Fax: +33 (0) 1 44 20 99 03 claimseurope@msh-intl.com	Asia: East Unit, 5th Floor North Tower, Building 9 Lujiazui Software Park No. 20, Lane 91 E Shan Road, Pudong Shanghai P. R. CHINA 200127 Fax: +86 21 6160 0153 claimsasia@msh-intl.com

All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted for amounts up to $10,000 USD*. The original receipts must be retained by the insured member for a period of 24 months from the date the claim was incurred during which time MSH INTERNATIONAL may request these documents to validate any claim at any time. In the event the original copy cannot be produced, the insured member will be responsible for any claim payments made in regard to that receipt. The claim payment reimbursement made by the Insured Person must be received within 60 days of the date of request. Additionally, Insured Persons who fail to provide copies of original documents to MSH INTERNATIONAL (CANADA) LTD. when requested will be required to submit original documents for all future claim's submissions.

**Invoices received directly from a provider will be considered to be an original document including but not limited to facsimiles, scans, PDF documents, direct portal submissions or digital copies.*

3. How do I make a claim?

Claims should be submitted as per the guidelines outlined on page 20

4. Do claims need to be translated into English or converted into Canadian funds for processing?

No, MSH INTERNATIONAL can process claims received in many different languages or currencies.

5. Do I have to provide a "Deposit" against my claim when I am admitted to the hospital?

This is not required unless requested by the service provider. If so, contact MSH International in this regard.

Call Collect from Anywhere in the World
1-800-808-2694

6. Will the plan provide direct reimbursement to a hospital or medical provider?

On approval of the hospital or medical provider, direct reimbursement can be made. You will be required to provide the hospital or provider's name, location, telephone, and fax numbers so that arrangements can be made for direct payment as allowed by provider.

Pre-approval of Medical Treatment please email.
precert@msh-intl.com
Or
Fax to the Attention of Precertification Department
(Canada) 001-403-265-9425

7. What happens if I am hospitalized?

Contact MSH Assistance at the number shown on your I.D. card:

Call Collect from Anywhere in the World
1-800-808-2694

Please do not hesitate to contact MSH INTERNATIONAL should you have any questions regarding your benefit program.

MSH INTERNATIONAL'S Client Service Centre
Phone : 00 1 (403) 538-2364
Toll Free: 1-800-808-2694 (within North America)
Email: clientservice@americas.msh-intl.com