



YOUR
Group Insurance Plan

FOREIGN UNIVERSITY STUDENTS
POLICY N° Q178



Desjardins
Financial Security™

FOREIGN UNIVERSITY STUDENTS

Policy no. Q178

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Insurer: Desjardins Financial Security Life Assurance Company

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

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PARTICIPATING INSTITUTIONS

- Université Laval
- Université de Montréal
- École Polytechnique
- Université de Sherbrooke
- Université du Québec
 - Université du Québec à Montréal
 - Université du Québec à Trois-Rivières
 - Université du Québec à Chicoutimi
 - Université du Québec à Rimouski
 - Université du Québec en Outaouais
 - Université du Québec en Abitibi-Témiscamingue
 - Institut national de la recherche scientifique
 - École nationale d'administration publique
 - École de technologie supérieure
 - Télé-université

IMPORTANT NOTICE

In the event of a medical emergency or hospitalization in the United States only, you must contact the travel assistance firm “Sigma Assistel” within 48 hours of the hospitalization at the following number:

1 800 465-6390

OVERVIEW

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

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

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

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

DESCRIPTION OF BENEFITS

BASIC COVERAGE

Reimbursement

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

a) Hospital Expenses

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

Expenses incurred for hospital treatment on an outpatient basis.

b) Physicians

Physician or surgeon's fees, up to the amount established in the *Manuel des médecins omnipraticiens et des médecins spécialistes* set by the government health insurance plan in the participant's province of residence.

c) Psychiatry

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

d) Eye examination

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

e) Maternity

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

Charges for a therapeutic abortion performed by a licensed physician.

It is recommended to buy a medical insurance for the child before its birth.

f) X-rays and laboratory tests

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

g) Ambulance

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

h) Dental care due to an accident

Expenses incurred for treatment of injury to natural and healthy teeth by a dentist or dental surgeon within 180 days of the accident, up to a maximum of \$1,500 per participant per policy year.

i) Drugs

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

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

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

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

Over-the-counter products; vitamins, minerals; smoking cessation aids; cosmetics and beauty-care products; drugs or substances used on a preventive basis; drugs which are experimental in nature or obtained under the *Programme fédéral de médicaments d'urgence*; so-called natural products and homeopathic preparations; food supplements used to supplement or complement a diet; sunscreens; drugs used in fertility treatment, for artificial insemination or for in vitro fertilization; growth hormone; sclerosing injections.

j) Intra-uterine devices

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

k) Anaesthetic

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

l) Renal dialysis

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

m) HIV

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

n) Out of Canada

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

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

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

Eligible expenses will not exceed customary and reasonable charges set by the government health insurance plan in the participant's province of residence during his enrolment in a Canadian accredited educational school.

Eligible emergency medical expenses during a stay outside Canada include:

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

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

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

o) Voyage Assistance service

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

- a) 24-hour toll-free telephone assistance;
- b) referral to physicians or health-care facilities;
- c) assistance for hospital admission;
- d) cash advances to the hospital when required by the facility, as provided for in the contract;
- e) repatriation of the insured to his home city, as soon as his state of health permits it, as provided for in the contract;
- f) establishing and staying in contact with the insurer;
- g) handling arrangements in the event of death, as provided for in the contract;
- h) sending medical assistance and drugs to an insured who is too far from health care facilities to be transported there;
- i) translation services for emergency calls;

- j) transmission of urgent messages to close friends or family in case of emergency;
- k) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

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

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

p) Repatriation in case of complex and continuing medical care in Canada

If the diagnostic shows that the participant's health condition requires a long-term hospitalization for complex and continuing medical care, reasonable and customary charges for participant's repatriation in his country of permanent residence by a proper mean of transportation, up to \$10,000. The repatriation is subject to the participant's attending physician and the insurer's medical consultant approvals.

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

q) Repatriation in case of death

In the case of death of the participant, the insurer will reimburse the cost of preparing and returning the body of the deceased to his country of permanent residence, including ambulance fees and charges made for the stay in the morgue, up to \$10,000.

EXTENDED HEALTH CARE COVERAGE

Reimbursement

Eligible expenses under the Extended Health Care Coverage are covered in full, in excess of a \$50 deductible per policy year.

a) Physiotherapist

Reasonable and customary charges for physiotherapy treatments dispensed by a licensed physiotherapist as prescribed by a licensed physician or surgeon, up to \$750 per participant per policy year.

b) Chiropractor

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

c) Osteopath

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

d) Podiatrist

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

e) Psychologist

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

f) Nursing care

Reasonable and customary charges for the services of a graduate nurse who does not ordinarily reside with the participant and who is not a member of participant's or dependents' immediate family. Services must be prescribed by a physician or a duly licensed surgeon.

Charges must not exceed the daily rate for the public ward in a hospital. Care must be provided in the home of the participant for the sole purposes of replacing a hospital stay and is limited to 60 days per injury, illness or accident per participant per policy year.

g) Other supplies and services

Upon prior approval of the insurer, current expenses for rental of light weight health appliances such as crutches, plasters, splints, canes, arm supports, trusses, orthopaedic supplies, walkers as well as conventional wheelchairs and conventional hospital beds.

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

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

EXCLUSIONS

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

- a) hearing aids, glasses, contact lenses, dental prostheses or artificial limbs;
- b) flight aboard any aircraft except solely as a passenger in a public carrier licensed for carriage of passengers for gain or hire;
- c) annual medical checkup (routine or not) except a consultation for birth control;

- d) medical exam required by a third party, including medical exams for immigration purposes, telephone consultations with a physician, acupuncture, experimental drugs, preventive medications or vaccines;
- e) elective treatment or surgery;
- f) cosmetic or plastic surgery;
- g) treatment, surgery or dental procedure, subject to the provisions applicable in case of accident;
- h) civil or foreign war, acts committed by foreign enemies, hostilities (declared or not), rebellion, revolution, insurrection or military power;
- i) committing, or attempting to commit an illegal act or criminal offence;
- j) organ transplantation;
- k) treatment considered as experimental in nature and that is not of common use as per Canadian Medical Association;
- l) treatment in a rehabilitation centre, a convalescent home or travel for health reasons;
- m) speech therapy treatments;
- n) dietary services, except for diabetes cases;
- o) naturopathy or massage therapy services;
- p) treatment or surgical procedure while travelling, if the purpose of the trip is to receive medical or hospital services, even if the trip is made on recommendation of a physician;
- q) any treatment or hospitalization related to a relapse of an illness for which the participant has already been repatriated in his country of permanent residence;
- r) drugs, hormones, products and injections used in the treatment of obesity;

s) products and drugs used for the treatment of sexual dysfunctions.

PRE-EXISTING CONDITIONS

Charges incurred for an illness or an injury for which symptoms appeared before the effective date of insurance are eligible, up to a lifetime maximum of \$10,000 per participant.

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

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

GENERAL PROVISIONS

DEFINITIONS

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

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

Deductible: non refundable amount hold each year by the insurer on the eligible expenses of the Extended Health Care Coverage.

Emergency: situation when an immediate medical treatment is required to ease pain or an acute suffering as a result of an illness or unforeseeable and unexpected injury occurring during a stay outside Canada. Furthermore, it must be impossible to postpone the medical treatment until the participant returns to his province of residence.

Foreign student: for the purpose of health and hospitalization insurances, a student **enrolled at the University or deemed to be enrolled at the University** and who is not a Canadian citizen or a permanent resident.

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

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

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

Participant: a foreign student entitled to insurance.

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

Policyholder/University: participating institutions in the group insurance plan.

ELIGIBILITY

Any foreign student enrolled at a University is eligible for insurance.

PARTICIPATION

Participation is compulsory for any eligible foreign student and becomes effective on the date the student enrolls at the University.

However, any eligible foreign student is exempted from participating if, within the prescribed timeframe, he proves to the satisfaction of the University that he meets one of the exemptions categories provided for.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is that indicated on the application form provided by the University. However, for a new student who holds a letter confirming his admission at the University, the insurance will be effective on the 15 of the month preceding the beginning of the first session at the University or, if later, on the date the student arrives in Canada.

EXTENT OF PROTECTION

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

TERMINATION OF INSURANCE

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

- a) the date the period covered by the premiums paid to the insurer for the participant expires;
- b) the date the foreign student is eligible to a government health care plan in Canada;
- c) the date the foreign student leaves Canada
 - i) for a stay exceeding 120 days in his country of permanent residence (only the first 120 days are covered); or
 - ii) for a stay exceeding 14 consecutive days in the United States or in any country other than his country of permanent residence (only the first 14 days are covered); or
 - iii) for a stay exceeding 120 days in a country, excluding the United States, where an internship recognized by the University is offered and to which he is participating (only the first 120 days are covered).

However, in all cases hereinabove mentioned in paragraph c), insurance will be reinstated upon return in Canada.

- d) the date the foreign student permanently leaves Canada;
- e) the first day of the month following his 65th birthday;
- f) the date on which the contract terminates.

COORDINATION OF BENEFITS

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

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

CLAIMS

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

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

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

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

**DESJARDINS FINANCIAL SECURITY
LIFE ASSURANCE COMPANY
200, avenue des Commandeurs
Lévis, Québec
G6V 6R2**

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

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

You can also contact us by electronic mail at the following address:

groupservice@dfs.ca

Beyond opening hours, in case of medical emergency or hospitalization in your province of residence or elsewhere in Canada, you can contact our "Sigma Assistel" voyage assistance service, 24 hours a day, year round, at the following numbers:

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

HEALTH ASSISTANCE SERVICE

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

Montreal area: (514) 875-2632

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

Our **Commitment** To Our Insureds

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

At Desjardins Financial Security Life Assurance Company, the needs of the insureds are at the heart of the organization. Your financial security is vital to us and, as such, we will provide financial support in the event of illness, an accident or death.

Please accept this brochure which summarizes our financial obligations toward you.



Desjardins
Financial Security™