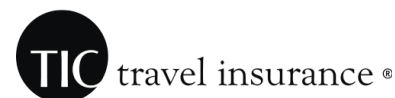


# INTERNATIONAL STUDENT HOSPITAL & MEDICAL INSURANCE – COMPREHENSIVE PLAN

## SÉJOURS LINGUISTIQUES INTERNATIONAUX INC.



### IMPORTANT NOTICE

#### Please read your policy carefully.

#### What am I covered for?

Please read the section titled 'Benefits'.

#### What is not covered?

This policy does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy when you receive it.

#### What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any *medical consultation* or any surgery being performed, or within 24 hours of admission to a *hospital*. Failure to notify TIC, without a reasonable cause, prior to surgery or in case of hospitalization will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

#### Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website [www.travelinsurance.ca](http://www.travelinsurance.ca).

#### Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a *sickness* or *injury* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

**Note:** Words in italics indicate they are defined on pages 3 to 4.

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### ELIGIBILITY

To be eligible for coverage a person must:

- be a *student*; or
- be a *dependant* of such eligible *student*, all of whom live together in the same residence as the insured *student*; and
- be less than 65 years of age; and
- not be insured or eligible for benefits under a Canadian government health insurance plan.

### Coverage Begins

Coverage begins on the latest of the date:

- the *student* (or *dependant* of insured *student*) arrives in Canada provided the *student* is enrolled at an accredited educational institution; or
- the *student* is enrolled at an accredited educational institution.

### Coverage Ends

Coverage ends on the earliest of the date:

- indicated as the *expiry date* on the confirmation of coverage; or
- the *insured* is no longer enrolled as a *student* at an accredited educational institution; or
- the *insured* is no longer eligible for coverage under this policy as described under Eligibility.

### DESCRIPTION OF COVERAGE

- The *insurer* agrees to pay up to an *aggregate limit* of \$1 million for *necessary, reasonable and customary* costs incurred in Canada by an *insured* as a result of *sickness* or *injury* occurring during the *period of coverage*. Eligible costs will be reimbursed in accordance with the applicable provincial *medical association schedule of fees* or the applicable provincial *dental association schedule of fees*.
- The *insurer* will pay for eligible costs incurred, up to the *aggregate limit* for *emergency sickness* or *injury* incurred during the *period of coverage* while the *insured* is travelling outside of Canada for up to 30 days.
- The *dependants* of the *insured* are covered only when family coverage is selected and paid for at the time of application.

### BENEFITS

Benefits are payable for the following costs:

- Hospital**  
The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the care of the *insured*.
  - Medical**  
The *insurer* agrees to pay for:
    - The *reasonable and customary* services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).
    - Diagnostics, lab tests and/or x-ray examinations as ordered by the attending *physician* for the purpose of diagnosis.
    - Up to an *aggregate limit* of \$10,000, for:
      - the use of a licensed local land ambulance to the nearest *hospital*;
      - private duty services of a registered graduate nurse (who is not related by blood or marriage to the *insured*);\*
      - rental of crutches, wheelchair or hospital-type bed (standard non-electric model only), not exceeding the purchase price; the cost of splints, trusses or braces; initial purchase of casts; artificial limbs, eyes or other approved prosthetic or medical appliances;\*
      - oxygen and rental of equipment for its administration;\*
      - blood and blood plasma, except when donated.
- Prescription drugs or medications will be reimbursed at 100% of the costs incurred, to a maximum of \$2,000 per *insured* per calendar year. Reimbursement of the dispensing fee is limited to a maximum of \$9 per prescription.