



Your Group Benefits Booklet

Acadia Students' Union – International Plan

ASU International Health Plan

Group Policy Number:
99092

Effective Date:
January 1, 2023



Welcome to your Student Benefits Plan

Your Student benefits coverage provides you with the peace of mind that you and your family are protected today and in the future, for health and medical expenses not available through the coverage provided by government.

This program is insured by Medavie Inc. (also known as Medavie Blue Cross), which will be referred to as “Blue Cross” for convenience of reference.

Blue Cross has been a trusted health services partner for individuals, employers and governments across Canada for over 75 years. Our core purpose is to help improve the health and well-being of people and their communities.

Our commitment to service, innovative solutions and technological expertise mean you can rest easy because at Blue Cross, we’re always there for you.

About this Booklet

This booklet, together with your identification card, contains important information about your Student benefits coverage. You should keep them in a safe place for future reference.

This booklet summarizes the important features of your Student benefits coverage. It is prepared as information only, and does not, in itself, constitute an agreement. The exact terms and conditions of your Student benefits coverage are described in the Student policy held by your school. In the event of a difference of wording of the Student policy, the Student policy will prevail, to the extent permitted by law.

Your booklet is divided into the following sections:

- **Summary of Benefits:** Outlines the main features of each benefit. It is important to read your Summary of Benefits along with the benefit details to ensure you fully understand your benefit coverage.
- **Coverage Details:** Contains important information regarding the eligibility requirements for your Student benefits coverage. This includes when your coverage begins and ends, plus other useful information to help you take advantage of the coverage available to you.
- **Rights and Responsibilities under the Policy:** Outlines your responsibilities under the group policy (such as your responsibility to notify your school upon change in status) and your rights (for example your right to privacy).
- **How to Submit a Claim and Obtain More Information:** Provides additional information on how you can submit claims and obtain more information regarding your coverage.
- **Helpful Tips:** Throughout this booklet we provide useful tips to help you better understand and get the most out of your Student benefits.



Helpful Tip

Take a tour in the Member Centre section at www.medaviebc.ca

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Summary of Benefits

Non-Emergency Drug Benefit

Deductible	\$2/prescription
Overall Maximum	\$1,000,000 per Policy Year combined with Extended Health Care and Vision Care
Overall Benefit Maximum	\$3,000 per Policy Year
Reimbursement Level	100%
Method of Payment	Pay Direct
Days Supply	100-days maximum supply
Drug Formulary	
Specialty High Cost Drugs	Open Formulary
All Other Eligible Drugs	Open Formulary
Plan Management Features	
Substitution Provision	Mandatory Generic Substitution
Quebec Pharmacy Pricing Controls	Usual, Customary and Reasonable applies
Opioid Management Strategy	Included
Additional Benefit Modules	Benefit Maximum
Glucose Monitoring Systems	\$3,000/Policy Year*
Injectable vitamins	Included*
Vaccines (including injection service when administered by a pharmacist)	\$100/Policy Year*
Termination	When the Member reaches age 65
Survivor Coverage	None

*Subject to Overall Benefit Maximum of \$3,000 per Policy Year.

Summary of Benefits

Emergency Health Care Benefits

Deductible

Hospitalization	None
Vision Care	None
All Other Extended Health Care	None

Overall Maximum	\$1,000,000 per Policy Year in combination with Drug Benefit and Vision Care
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	Reimbursement Level	Benefit Maximum	Accommodation
Hospitalization			
Hospital Room	100%		Ward
Psychiatric/Psychological Hospitalization	100%	\$30,000/Policy Year; see benefit details	
Medical Services and Supplies			
Ambulance Transportation:	100%	Included	
<i>Air Ambulance</i>	100%	\$10,000/Policy Year	
<i>Taxi in lieu of Ambulance</i>	100%	\$100/Policy Year	
Repatriation:	100%	\$10,000; see benefit details	
<i>Return to Home Country due to terminal illness</i>			
<i>Return of the Deceased</i>			
Nursing Care	100%	\$10,000/Policy Year	
Physician/Surgeon/Well-Baby Care	100%	Included - See benefit details	
Diagnostic Tests (<i>Diagnostic Imaging Services</i>)	100%	Included	
Accidental Dental	100%	\$1,000/Policy Year - Predetermination of claim required	
Termination	When the Member reaches age 65		
Survivor Coverage	None		

Summary of Benefits

Non-Emergency Health Care Benefits

Medical Services and Supplies	Reimbursement Level	Benefit Maximum
Medical Examination	100%	1/Policy Year
Health Practitioners:		Maximum per Policy Year
<i>Mental Health Practitioners (Psychologist/Counselling Therapist/Psychoeducator (combined))</i>	100%	\$500
<i>Physiotherapist</i>	100%	\$300
<i>X-rays</i>	100%	Included
Durable Medical Equipment*	100%	1/month for rental, 1/5 Policy Years for approved purchase
Mobility Aids and Orthopedic Appliances	100%	See benefit details
Prostheses	100%	Included - See benefit details
Custom Orthopedic Shoes/repairs and adjustments	50%	Included*
Diagnostic Tests (<i>Laboratory Analyses</i>)	100%	Included
Other Medical Services and Supplies	100%	See benefit details
Maternity Expenses	100%	\$25,000/Policy Year - See benefit details
Injection Services	100%	\$25/Policy Year – See benefit details
Vision Care		
Eye Examination	100%	1/2 Policy Years; 1/Policy Year for a Participant under age 18
Lenses/Frames/Contact Lenses/ Laser Eye Surgery (combined)	100%	\$150/2 Policy Years; 1/Policy Year for a Participant under age 18
Termination	When the Member reaches age 65	
Survivor Coverage	None	

*Total maximum of \$3,000 per Policy Year for Durable Medical Equipment. Pre-authorization required.

Summary of Benefits

Emergency Travel Benefit

Deductible	None
Reimbursement Level	100%
Coverage Duration*	
Trip to Home Country (Leisure Purposes)	First 30 days of Trip outside Canada
Trip to any other country	First 90 days of Trip outside Nova Scotia
Benefit Maximum	
Emergency Hospital and Medical Travel Coverage	
Trip to any other country	\$1,000,000/incident/Policy Year/Participant**
Trip to Home Country (Leisure Purposes)	\$10,000/incident/Policy Year/Participant**
Repatriation:	\$10,000/Policy Year; see benefit details
<i>Return to Home Country due to terminal illness</i>	
<i>Return of the Deceased</i>	
Worldwide Travel Assistance	Yes
Termination	When the Member reaches age 65
Survivor Coverage	None

* Coverage duration will be determined based on the age of the Participant on their departure date.

** Incident: An individual occurrence of Emergency illness or injury.

Drug Benefit

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Eligible Drug: A drug that is:

- approved by Health Canada;
- assigned a drug identification number (DIN) in Canada;
- considered by Blue Cross to be an Essential Non-Prescription Requiring Drug or a drug that requires a prescription by law, unless specifically listed as covered under this benefit;
- prescribed by a physician or by a Health Practitioner who is licensed to prescribe under applicable provincial legislation;
- approved by Blue Cross as an Eligible Expense; and
- dispensed by an Approved Provider that is a licensed retail pharmacy or another provider that is approved by Blue Cross.

Blue Cross may, on an ongoing basis, add, delete or amend its list of Eligible Drugs.

Essential Non-Prescription Requiring Drug: An Eligible Drug that is determined by Blue Cross to be essential and does not require a prescription by law. A prescription from a physician or Health Practitioner is still needed for reimbursement.

Interchangeable Drug: An Eligible Drug that can be substituted for another Eligible Drug as both drugs:

- are considered pharmaceutical equivalents by Health Canada;
- contain the same active ingredients; and
- are administered in the same way.

Medication Advisory Panel: The group of health care and other industry professionals appointed by Blue Cross to review new drugs and decide which drugs Blue Cross includes on its formularies.

Patient Support Program: A program that provides assistance and services to Participants when prescribed Specialty High Cost Drugs.

Specialty High Cost Drug: An Eligible Drug that requires Prior Authorization and:

- is considered a Specialty High Cost Drug by the Medication Advisory Panel; or
- meets the following criteria:
 - costs \$10,000 or more per treatment or per Policy Year;
 - is used to treat complex chronic or life threatening conditions such as cardiac, rheumatoid arthritis, cancer, multiple sclerosis or hepatitis c.; and
 - is prescribed by a specialist.

What Blue Cross Will Pay

Blue Cross will pay Eligible Drugs subject to the following terms and conditions:

- payment is limited to the reimbursement level and the benefit maximums specified in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits;
- Blue Cross may determine that certain Eligible Drugs are subject to:
 - dollar, quantity or frequency maximums;
 - Prior Authorization; or
 - co-ordination with Patient Support Programs;

Drug Benefit

- payment for a Specialty High Cost Drug may be reduced by the amount of financial assistance available under a Patient Support Program;
- payment for prescriptions for Interchangeable Drugs is limited in accordance with the Substitution Provision of this benefit;
- payment for biologic drugs may be limited to the cost of a biosimilar drug as determined by Blue Cross;
- payment for Eligible Drugs not dispensed by an approved retail pharmacy will be limited to a pricing schedule as determined by Blue Cross; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses listed below, provided they also meet the definition of Eligible Expenses contained under the *Key Terms* provision of this booklet:

- diabetic supplies, including test strips, lancets, needles, syringes and insulin pump supplies;
- glucose monitoring systems, including continuous glucose monitoring (CGM) receivers, transmitters or sensors for Participants prescribed insulin for the Treatment of diabetes;
- vaccines including injection service when administered by a pharmacist;
- preparations and compounds if their main ingredient is an Eligible Drug; and
- prescribed Eligible Drugs that appear on the following drug formularies:

Specialty High Cost Drugs

- **Open Formulary:** List of all Essential Non-Prescription Requiring Drugs and Eligible Drugs that require a prescription by law. This list is not subject to the Medication Advisory Panel decisions.
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All Other Eligible Drugs

- **Open Formulary:** List of all Essential Non-Prescription Requiring Drugs and Eligible Drugs that require a prescription by law. This list is not subject to the Medication Advisory Panel decisions.

Prior Authorization

Certain Eligible Drugs require prior or ongoing authorization by Blue Cross to qualify for reimbursement. The criteria to be met for Prior Authorization are established by Blue Cross and may include requiring the Participant to participate in a Patient Support Program.

How does the Prior Authorization process affect my claim?

The first time you present a prescription for an Eligible Drug on the Prior Authorization list your pharmacist will indicate the need for Prior Authorization.

You can request a Prior Authorization Prescription Drug Form from your pharmacy, your employer, the nearest Blue Cross customer information centre or from our website. You must complete the patient section of the form, have your physician complete and sign the remaining portion and mail your completed form to the nearest Blue Cross office.

Your request will be confidentially reviewed by a health care professional according to the payment criteria established. When all the required information is received by Blue Cross, the standard turn-around time for Prior Authorization decisions is 7 to 10 working days.

You will receive confirmation in writing regarding the decision on your Prior Authorization request. If your request is approved, this confirmation will include the effective date and duration of your approval.

Any fees associated with completing this form or obtaining additional medical information are your responsibility.



Helpful Tip

Your group benefits plan provides you with immediate access to most Eligible Drugs.

Certain Eligible Drugs require Prior Authorization before your prescription is covered.



Helpful Tip

To print a copy of our Prior Authorization Prescription Drug Form, visit our website.

Plan Management Features

Substitution Provision

If the Summary of Benefits specifies Substitution Provision applies and an Interchangeable Drug has been prescribed, Blue Cross will reimburse to the lowest ingredient cost Interchangeable Drug. In the case of biologic drugs, Blue Cross reserves the right to reimburse to a less expensive biosimilar drug.

Participants may request a higher cost Interchangeable Drug; however, they will be responsible for paying the difference in cost between the Interchangeable Drugs.

Mandatory Generic Substitution:

Regardless of whether the Participant's physician indicates the prescribed Interchangeable Drug cannot be substituted, Blue Cross will only reimburse to the lowest ingredient cost Interchangeable Drug.

For Participants with an adverse reaction to the Interchangeable Drug dispensed, Blue Cross will consider reimbursement to another Interchangeable Drug on a case by case basis only through the Prior Authorization process.

Quebec Pharmacy Pricing Controls

If the Summary of Benefits specifies that Quebec pharmacy pricing controls apply, Participants will be responsible for paying the difference between the amount charged by the pharmacy for professional fees and the amount Blue Cross considers acceptable Usual, Customary and Reasonable charges.

Opioid Management Strategy

If the Summary of Benefits specifies that opioid management strategy applies, certain Eligible Drugs will not be eligible for reimbursement, and other Eligible Drugs may require Prior Authorization. Opioid management strategy ensures Participants are reimbursed for drugs with the best clinical evidence for pain management while managing the potential for overuse or misuse.

Payment of Claims

How Payments are Made

The Summary of Benefits specifies the Method of Payment that applies to Participants under the Student policy.

Reimbursement: The Participant will pay the full cost of the prescription to the Approved Provider at the time of purchase. Blue Cross will reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

Pay Direct: At the time of purchase, the Approved Provider will submit the Participant's claim to Blue Cross electronically to verify eligibility. The Participant will pay the Approved Provider only the portion of the claim that is not covered by this benefit. Blue Cross will reimburse the balance of the claim to the Approved Provider directly.

If the Participant submits to Blue Cross a paid-in-full prescription drug receipt, despite the fact pay direct was offered, Blue Cross will only reimburse the amount that would have been paid to the Approved Provider if the claim had been submitted electronically.

Deferred Payment: At the time of purchase, the Approved Provider submits the Participant's claim to Blue Cross electronically to verify eligibility. The Participant pays the full amount charged by the Approved Provider and Blue Cross will reimburse the portion of the Participant's claim covered by this benefit when a specified dollar amount or a time-period threshold has been reached.



Helpful Tip

A generic drug and its brand name equivalent are considered to be Interchangeable Drugs. Health Canada imposes the same standards and tests on generic drugs as it does on brand name drugs. Generic drugs are effective and safe, while often being less expensive.



Helpful Tip

If you have a Pay Direct or Deferred Payment plan, always have your drugs submitted electronically via the Approved Provider. This will ensure you don't end up paying more out-of-pocket than you should.

If the Participant submits to Blue Cross a paid-in-full prescription drug receipt, despite the fact pay direct was offered, Blue Cross will reimburse only the amount that would have been reimbursed if the claim had been submitted electronically.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim within 12 months of the date the Eligible Expense was incurred.

Exclusions and Limitations

Unless otherwise specified in the Summary of Benefits, expenses associated with the following categories of drugs or services are not eligible for reimbursement, even when prescribed:

- a) items required or expenses incurred due to any illness or injury that, at the time of departure from a Participant's Home Country, might reasonably be expected to require the Participant to undergo Treatment or Hospitalization;
- b) health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;
- c) viscosupplementation injections;
- d) varicose vein injections;
- e) smoking cessation aids;
- f) oral vitamins;
- g) treatments for weight loss, including drugs, proteins and food or dietary supplements;
- h) natural health products including homeopathic products, herbal medicines, traditional medicines, nutritional and dietary supplements, unless specifically listed as covered under this benefit;
- i) fertility drugs;
- j) sexual dysfunction drugs;
- k) hair growth stimulants;
- l) services, treatment or supplies that:
 - i. are not Medically Necessary;
 - ii. are for cosmetic purposes only;
 - iii. are elective in nature; or
 - iv. have experimental or investigative indication;
- m) procedures related to drugs injected by a Health Practitioner or Physician in a private clinic;
- n) drugs that Blue Cross determines are intended to be administered in hospital, based on the way they are administered and the condition the drug is used to treat;
- o) expenses that are covered under any government health care coverage or charges payable under a workers' compensation board/commission, any automobile insurance bureau or any other similar law or public plan;
- p) services, treatment or supplies the Participant receives free of charge;
- q) charges that would not have been incurred if no coverage existed;
- r) drugs that are eligible under the travel benefit provided by the Student policy (if applicable);
- s) all forms of cannabis; or
- t) pharmacy services.



Helpful Tip

If you pay up front and submit your claim for reimbursement, you may end up with surprise out-of-pocket expenses if your pharmacist charged you more than would have been permitted by the Blue Cross system.



Helpful Tip

Shop around for the best price for your prescription drugs.

For the same prescription, the price can vary depending on where you go, even among stores in the same chain.

Extended Health Care

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

COVID-19

Blue Cross will pay the Eligible Expenses directly related to COVID-19 medical expenses, provided that the Participant contracted the illness after arriving in Canada, and the Participant:

- was not experiencing symptoms within 90 days of departure from their home country;
- did not receive a positive test result for COVID-19 (and was not waiting for test results) within 90 days of arrival in Canada; and
- was not in contact or notified as a close contact with anyone who tested positive in the 14-day period prior to arriving in Canada.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

What Blue Cross Will Pay

Blue Cross will pay Eligible Expenses subject to the following terms and conditions:

- payment is limited to the reimbursement level and benefit maximums specified below and in the Summary of Benefits;
- the Member must pay the Deductible, if any, specified in the Summary of Benefits; and
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit.

This benefit covers the expenses explicitly listed in the following categories, provided they also meet the definition of Eligible Expenses under the *Key Terms* provision of this booklet.

Hospitalization

Hospital Room: Room accommodation when a Participant is admitted to a Hospital as an inpatient for Acute Care or Medically Necessary emergency or outpatient services. The type of room eligible for coverage is specified in the Summary of Benefits.

Psychiatric/Psychological Hospitalization: Room accommodation when a Participant is admitted to a Hospital due to psychological, mental or emotional disorders, suicide, any attempt at suicide, intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.

Coverage under this category also includes psychiatry services provided on an in-patient basis during the term of hospitalization under this benefit to a maximum specified in the Summary of Benefits, as well as the cost of the initial Physician visit leading to this hospitalization

Hospitalization coverage excludes administrative and incidental fees (for example, television, telephone and parking).

Medical Services and Supplies

Ambulance Transportation: Charges for emergency transportation of a stretcher patient by a licensed ambulance to and from the nearest Hospital equipped to provide the emergency care needed by the Participant. This includes air or rail transportation, as well as taxi fare in lieu of ambulance transportation.

This coverage excludes inter-Hospital transfers.



Helpful Tip

Blue Advantage® offers savings to Blue Cross members on medical, vision care and many other products and services from participating providers across Canada.

A list of participating providers and discounts is available at www.blueadvantage.ca.

Extended Health Care

Nursing Care: Charges for the services of a registered nurse, registered nursing assistant or licensed practical nurse where such services are provided at the Participant's home and are not primarily for custodial care or midwifery.

Nursing care services may require pre-approval from Blue Cross to be eligible for payment in whole or in part. Benefit payment amounts for approved nursing care services are based on the provincial payment schedule established by Blue Cross.

Health Practitioners: Eligible Expenses for Treatment provided by any Health Practitioner specified in the Summary of Benefits. Coverage is limited to:

- Treatment within the scope of the Health Practitioner's practice; and
- 1 Treatment by the same Health Practitioner per day.

Unless otherwise specified in the Summary of Benefits, a physician referral is not necessary for Treatment to be eligible for coverage.

This coverage excludes:

- products provided by a Health Practitioner (unless specified as a benefit under this Student benefits plan);
- comprehensive health assessments;
- charges for services obtained in Hospital; and
- Student treatment sessions.

Durable Medical Equipment: Charges for rental of the following medical equipment:

- manual or electric wheelchair;
- manual or electric hospital bed, including mattress and safety side rails; and
- equipment for the administration of oxygen.

If there is a long-term need for equipment due to extended illness or disability, Blue Cross may, at its discretion, approve the purchase of these items. If such purchase is approved, the rental or approved purchase of a second piece of similar equipment is limited to once every 5 consecutive Policy Years.

Two pieces of equipment are similar if they serve the same purpose (for example, facilitate breathing, provide mobility, deliver insulin).

This coverage excludes charges for special mattresses and air conditioning or air purifying equipment.

Therapeutic Devices: Charges for the rental of a kidney dialysis device.

Mobility Aids and Orthopedic Appliances: Charges for the purchase or rental of crutches, canes, casts, splints and braces. Charges for the purchase of walking aids, trusses and cervical collars.

Exclusion: This coverage excludes charges for repairs and adjustments, cervical collar, shoulder harness and cranial helmet.

Prostheses: Charges for the following prosthetic appliances:

- standard artificial limbs; and
- artificial eyes.



Helpful Tip

Before receiving nursing services you should obtain pre-approval from Blue Cross by contacting the toll-free number on your Blue Cross identification card.



Helpful Tip

Ask your Health Practitioner if they are a Blue Cross Approved Provider before you obtain service or supplies to avoid unexpected out-of-pocket expenses.



Helpful Tip

You must obtain pre-approval from Blue Cross before purchasing durable medical equipment or prostheses. This will ensure you don't end up with significant and unexpected out-of-pocket expenses.

Repair or adjustments of eligible prosthetic appliances are covered to a maximum of \$300 per Policy Year.

This coverage excludes:

- microprocessor knees;
- wigs when hair loss is not due to an underlying pathology or its treatment, hair replacement therapy and other procedures for physiological hair loss (for example, male pattern baldness); and
- replacement of prostheses unless required due to pathological or physiological change.

Diabetic supplies are eligible under the drug benefit.

Custom Orthopedic Shoes: Charges for:

- the purchase of custom made orthopedic shoes to accommodate, relieve or remedy a mechanical foot defect or abnormality provided that:
 - the shoes have been prescribed by an attending physician, orthopedic surgeon, physiatrist, rheumatologist or chiropodist/podiatrist;
 - the Participant provides a copy of the biomechanical or gait analysis from the prescribing Health Practitioner; and
 - the shoes are dispensed by an Approved Provider of orthopedic shoes.



Helpful Tip

For more information on which expenses qualify under your orthopedic shoes and orthotics coverage, visit our website. www.medaviebc.ca/benefitupdates.

This coverage excludes the purchase and repair of pre-fabricated orthopedic shoes, orthopedic supplies and custom made foot orthotics with or without permanent modifications and extra-depth shoes.

Diagnostic Tests: Charges for the following diagnostic tests when provided by a laboratory approved by Blue Cross:

- laboratory analyses; and
- diagnostic imaging services (ultrasounds, electrocardiograms, computerized tomography (CT Scans), X-rays and magnetic resonance imagery (MRI)). Expenses must be incurred in Canada.

This coverage excludes charges for diagnostic services if they are incurred for the purpose of health screening or if the Participant's government health care coverage prohibits payment of these expenses.

Other Medical Services and Supplies: Charges for the following medical services and supplies:

- catheters and catheterization supplies; and
- oxygen.

Repatriation - Return to Home Country due to terminal illness: The cost of repatriating the Participant to their Home Country to receive immediate medical attention if the Participant is diagnosed as terminally ill (with 12 months or less to live) and the medical condition is stable. If Medically Necessary, this cost may include an accompanying medical attendant.

If returning on a commercial aircraft, coverage includes:

- economy fare to the air terminal nearest the Participant's residence in their Home Country; and
- in the case of a medical attendant, round-trip economy fare.

Unless the repatriation or transfer of the Participant is not possible for medical reasons considered acceptable by Blue Cross, Blue Cross may require repatriation of any Participant or transfer to other medical facilities. If the Participant refuses repatriation or transfer, all rights to benefits in relation to the Incident are terminated.

Repatriation - Return of the Deceased: The cost of preparing and transporting the remains of the deceased Participant to their city of residence in their Home Country.

Extended Health Care

Accidental Dental: Charges for dental Treatment when required to repair or replace a sound natural tooth. A tooth is considered sound if, before the accident:

- it was free from injury, disease or defect;
- it did not need further restorations to remain intact or hold secure; and
- it had no breakdown or loss of root structure or loss of bone.

To be eligible for coverage, Treatment must be:

- required as a result of a direct accidental blow to the mouth or a fractured or dislocated jaw that requires setting;
- incurred while covered for accidental dental benefits with the employer;
- initiated within 180 days of the accident or dislocation or a detailed Treatment plan satisfactory to Blue Cross must be submitted for approval within that period; and
- performed within 2 years of the date of the accident or dislocation, unless the Participant has been approved by Blue Cross for deferred Treatment due to the Participant's age.



Helpful Tip

Coverage amounts are determined by the fee guide for dental general practitioners in the province of Nova Scotia in the year expenses are incurred.

This coverage excludes accidental damage to teeth that occurs while eating.

Maternity Expenses: In the event of pregnancy or complications arising from pregnancy or childbirth (including caesarean section) reimbursement is up to a maximum specified in the Summary of Benefits for the reasonable and Usual, Customary and Reasonable costs incurred, including hospital nursery charges, subject to all Exclusions and Limitations and other provisions of the plan. Maternity benefits will be provided if:

- the pregnancy begins during the Student Year or within 30 days prior to the date coverage began; and
- the coverage remains in effect for the duration of the pregnancy.

Physician/Surgeon/Well-Baby Care: Charges for the services of a qualified Physician, surgeon or anaesthetist who is not an Immediate Family Member of the Participant. This includes routine physician visits for regular and preventive care including vaccines after the child is born for up to 6 months.

Injection Services: Charges for the administration of vaccines, anti-toxins or injections for immunization against disease or poisons.

Vision Care

Eye Examination: Charges for an eye examination performed by an Approved Provider.

Lenses, Frames, Contact Lenses and Laser Eye Surgery: Charges for the following products and services are eligible when prescribed by an Approved Provider:

- corrective eyeglasses (frames and lenses) and contact lenses;
- intraocular lenses used in cataract surgery; and
- laser eye surgery.

This coverage excludes expenses incurred for non-corrective sunglasses and safety glasses.

Payment of Claims

How Payments are Made

The Participant will pay the full cost of any expense to the Approved Provider at the time of purchase. Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

Certain Approved Providers may offer a pay direct arrangement. In such circumstances, the Approved Provider will submit the Participant's claim to Blue Cross electronically to verify eligibility at the time of purchase and

Extended Health Care

the Participant will only pay the Approved Provider the portion of the claim that is not covered by this benefit. Blue Cross will reimburse the balance of the claim to the Approved Provider directly.

How Eligible Expenses are Calculated

Reimbursement of an Eligible Expense is calculated as follows:

- Step 1. Blue Cross will apply any applicable Usual, Customary and Reasonable limits. The Eligible Expense will be equal to the lesser of the actual expense and the Usual, Customary and Reasonable charges for the service or supply;
- Step 2. Blue Cross will subtract the Deductible (if any);
- Step 3. the Reimbursement Level percentage will be applied to the remainder of the Eligible Expense;
- Step 4. the result is the amount payable by Blue Cross, subject to any Benefit Maximums applicable.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim within 12 months of the date the Eligible Expense was incurred.

Exclusions and Limitations

Unless otherwise specified in the Summary of Benefits, no payment will be made (or payment will be reduced) for:

- a) items required due to any illness, injury or medical condition that was not Stable in the 90 days prior to the Participant's coverage effective date;
- b) items required or expenses incurred due to any illness or injury that, at the time of departure from a Participant's Home Country, might reasonably be expected to require the Participant to undergo Treatment or Hospitalization;
- c) health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;
- d) charges for the purchase and repair of hearing aids, batteries and exams;
- e) charges for the purchase and repair of wheelchair including cushions and inserts;
- f) charges for the purchase and repair of hospital bed;
- g) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
- h) health care that was covered under any government health care coverage or charges payable under a workers' compensation board/commission, automobile insurance bureau or other similar law or public plan, when this benefit was issued but has since been modified, suspended or discontinued;
- i) services, treatment or supplies that the Participant receives free of charge;
- j) charges that would not have been incurred if no coverage existed;
- k) services, treatment or supplies that are:
 - i. not Medically Necessary;
 - ii. for cosmetic purposes only;
 - iii. elective in nature; or
 - iv. experimental or investigative.
- l) all services relating to family planning (unless specifically listed as a covered benefit in this booklet), including artificial insemination, laboratory fees or other charges incurred in relation to infertility treatment, regardless of whether or not infertility is considered to be an illness;
- m) charges that are eligible under the travel benefit provided by the Student policy (if applicable);
- n) services or supplies normally intended for recreation or sports;
- o) extra supplies that are spares or alternates;
- p) charges for missed appointments or the completion of forms;
- q) medical examinations or routine general check-ups;
- r) Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension or TMJ (temporomandibular joint)/myofascial pain dysfunction;
- s) mileage or delivery charges to or from a Hospital or Health Practitioner; or
- t) services or expenses incurred as a result of:
 - i. insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion; or

- ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;
- s) medical expenses incurred as a result of contracting COVID-19; except
 - i) if the Participant contracted the illness after arrival in Canada and
 - had not been experiencing symptoms within 90 days of departure from their Home Country;
 - did not test positive within 90 days of departure; and
 - was not in contact with a confirmed case of COVID-19 within 14 days of departure
 - t) non-medical COVID-19 testing such as for travel testing.

Travel Benefit

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, subject to the conditions outlined below.

Additional Definitions

The following definitions apply to this benefit, in addition to those found under the *Key Terms* provision of this booklet.

Emergency: a sudden and unexpected illness or injury that requires immediate medical Treatment due to:

- an injury resulting from an accident;
- a new medical condition which begins during a Trip; or
- a medical condition that existed prior to a Trip provided that it is not part of an established treatment program.

Hospital: A facility that:

- is licensed as an accredited hospital outside of the Participant's province of residence;
- offers care and treatment to either inpatients or outpatients;
- has a registered nurse on duty 24 hours a day;
- has a laboratory; and
- has an operating room where surgical operations are performed by a legally qualified surgeon.

Coverage excludes any facility used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa or drug addiction or alcohol treatment centre unless specifically authorized by Blue Cross.

Immediate Family Member: A Participant's parents, spouse, child, brother or sister.

Incident: An individual occurrence of Emergency illness or injury.

Travel Companion: Persons who are sharing prepaid travel arrangements with the Participant. No more than 3 persons can qualify as a Travel Companion for any given Trip.

Trip: Travel outside of the Participant's province of residence.

What Blue Cross Will Pay

Blue Cross will pay for the expenses explicitly listed in the categories below, subject to the following terms and conditions:

- payment is limited to the reimbursement level, benefit maximums and coverage duration specified below and in the Summary of Benefits;
- prior approval of Blue Cross must be obtained before the Eligible Expense is incurred;
- the charges must be usual, customary and reasonable, meaning that:
 - the amount charged is consistent with the amount typically charged by health practitioners for similar products or services in the geographical area in which the service or supply is being purchased; and
 - the frequency and quantity in which services or supplies are purchased by the Participant are, in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition;
- payment is limited in accordance with the Exclusions and Limitations provision of this benefit;
- payment of this benefit is limited to amounts that are in excess of coverage provided by any other plan (where a court determines that this policy and any other plans provide primary coverage, this benefit will be co-ordinated with the other plan, as specified under the *Coverage Details* section of this booklet); and
- payment is subject to post-payment audit.

Emergency Hospital and Medical Travel Coverage

Blue Cross will pay the Eligible Expenses listed in this section if:

- they are incurred as a result of an Emergency; and
- Blue Cross is satisfied the expense is necessary to stabilize the Participant's medical condition.

Hospitalization: Charges up to the ward rate for Hospital room accommodation (not a suite of rooms) or an intensive or coronary care unit where Medically Necessary (up to 14 days including all related medical expenses for travel services) for inpatient services. Usual, customary and reasonable charges for treatment on an outpatient basis.

Physician Fees: Fees charged for physician or surgeon services.

Medical Appliances: The cost of casts, crutches, canes, slings, splints, trusses, braces or the temporary rental of a wheelchair or scooter, when prescribed by the attending physician.

Diagnostic Services: Charges for laboratory tests, X-rays and diagnostic imaging, when prescribed by the attending physician.

Drugs: The cost of drugs prescribed by a physician, but only in a quantity sufficient to treat the condition for the duration of the Trip. The Participant must provide satisfactory proof of purchase of this medication that includes:

- the name of the Participant;
- the date of purchase;
- the name of the medication;
- the Drug Identification Number, if available;
- the quantity and strength of the drug; and
- the total cost.

Ambulance Service: The cost of ground or air ambulance for transportation of a stretcher patient to the nearest qualified medical facility. This includes the cost of an inter-Hospital transfer if the attending physician and Blue Cross determine that existing facilities are inadequate for Treatment or stabilization.

Repatriation - Return to Home Country due to terminal illness: The cost of repatriating the Participant to their Home Country to receive immediate medical attention if the Participant is diagnosed as terminally ill (with 12 months or less to live) and the medical condition is stable. If Medically Necessary, this cost may include an accompanying medical attendant.

If returning on a commercial aircraft, coverage includes:

- economy fare to the air terminal nearest the Participant's residence in their Home Country; and
- in the case of a medical attendant, round-trip economy fare.

Unless the repatriation or transfer of the Participant is not possible for medical reasons considered acceptable by Blue Cross, Blue Cross may require repatriation of any Participant or transfer to other medical facilities. If the Participant refuses repatriation or transfer, all rights to benefits in relation to the Incident are terminated.

Repatriation - Return of the Deceased: The cost of preparing and transporting the remains of the deceased Participant to their city of residence in their Home Country.

Worldwide Travel Assistance

Blue Cross, through its travel assistance provider, will provide an emergency toll-free line available 24 hours a day, 7 days a week, for Participants who need medical assistance or general assistance while travelling.



Helpful Tip

Make sure to bring your Blue Cross identification card with you when you travel.

Medical Assistance

If the Participant requires hospitalization or a consultation with a physician as a result of an Emergency, the travel assistance provider appointed by Blue Cross will provide the following support services:

- direct the Participant to an appropriate clinic or Hospital;
- confirm with the service provider that the Participant is covered;
- ensure a follow-up of the medical file and communicate with the Participant's family physician;
- co-ordinate the return home of a Child if the Participant is hospitalized;
- repatriation of the Participant to the province of residence if the Participant meets the eligibility requirements of this expense;
- arrange for the transportation of an Immediate Family Member to the Participant's bedside if the Participant meets the eligibility requirements of this expense; and
- co-ordinate the return of the Participant's vehicle if the Participant meets the eligibility requirements of this expense.

General Assistance

In Emergency situations, the travel assistance provider appointed by Blue Cross will also provide the Participant with the following services:

- transmittal of urgent messages;
- co-ordination of claims;
- services of an interpreter for Emergency calls;
- referral to legal counsel in the event of a serious accident;
- settlement of formalities in the event of death;
- assistance with the loss or theft of identity papers; and
- information regarding embassies and consulates.

In addition, pre-travel advice regarding visas and vaccines is available.

Blue Cross and its travel assistance provider are not responsible for the quality of medical and Hospital care provided to the Participant or for the availability of such care.

Hospital Services: Charges for:

- hospital room accommodation;
- intensive care room accommodation;
- nursing services;
- operating and recovery room services;
- diagnostic and laboratory services, including X-rays;
- oxygen and blood;
- prescription drugs including intravenous solutions; and
- physiotherapy.

Physicians and Surgeons: Charges for services rendered by a physician or surgeon.

Ambulance Transportation and Attendant: Charges for licensed ambulance services needed to transport a stretcher patient to and from the nearest hospital able to provide Acute Care, including any charges for travel expenses of an accompanying registered nurse or qualified medical attendant, other than a relative.

To be eligible for coverage under this category, all expenses must be pre-approved by Blue Cross and the Participant's government health care coverage must agree to cover a portion of the expenses.

Payment of Claims

How Payments are Made

Blue Cross may approve payment directly to the service provider. In certain circumstances, the Participant will pay the full cost of any Eligible Expense at the time of purchase. Blue Cross will then reimburse any Eligible Expenses on receipt of proof of payment from the Participant.

Time Limit to Submit a Claim

Emergency Hospital and Medical Travel Coverage: Blue Cross must receive proof of claim within 4 months of the date the expense was incurred to be eligible for maximum reimbursement under the benefit.

Blue Cross will accept claims up to 12 months from the date the expense was incurred. However, in such circumstances, the claim may be subject to reductions for any amounts Blue Cross would have been able to co-ordinate with the Participant's government health care coverage had the claim been submitted within the 4-month limitation period.

Exclusions and Limitations

Exclusions Applicable to all Travel Benefit Claims

No payment will be made (or payment may be reduced) if:

- a) items required due to any illness, injury or medical condition that was not Stable in the 90 days prior to the Participant's coverage effective date;
- b) items required or expenses incurred due to any illness or injury that, at the time of departure from a Participant's Home Country, might reasonably be expected to require the Participant to undergo Treatment or Hospitalization;
- c) health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;
- d) the Participant fails to communicate with Blue Cross in the event of medical consultation or hospitalization following an injury or illness;
- e) expenses are incurred beyond the coverage duration period specified in the Summary of Benefits;
- f) the purpose of the Trip is primarily or incidentally to seek medical advice or treatment, even if this Trip is on the recommendation of a physician;
- g) expenses have already been paid or are eligible for refund from a third party;
- h) expenses are incurred while travelling in a country (or a specific region of a country) for which there is a Government of Canada travel warning to avoid all travel or avoid non-essential travel, when such travel warning was issued before the departure date and the loss or expense is related to the reason for which the travel warning was issued; or
- i) expenses are incurred as a result of:
 - i. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;
 - ii. an illness or injury that occurred while operating a vehicle under the influence of drugs (including marijuana) or with a blood alcohol level that was proven to be in excess of the legal limit in the jurisdiction in which the accident occurred;
 - iii. an injury or illness resulting from non-compliance with medical treatment or therapy that has been prescribed;
 - iv. suicide, attempted suicide or voluntary injury or illness (this exclusion does not apply to the Repatriation – Return to Home Country due to terminal illness or Repatriation – Return of the Deceased benefit); or
 - v. insurrection, war (declared or not), the hostile action of the armed forces of any country or participation in any riot or civil commotion.

Specific Exclusions and Limitations

Emergency Hospital and Medical Travel Coverage

No payment will be made for:

- a) items required due to any illness, injury or medical condition that was not Stable in the 90 days prior to the Participant's coverage effective date;
- b) items required or expenses incurred due to any illness or injury that, at the time of departure from a Participant's Home Country, might reasonably be expected to require the Participant to undergo Treatment or Hospitalization;
- c) health care covered under any government health care coverage or charges payable under any occupational health and safety board, automobile insurance bureau or other similar law or public plan;

- d) expenses for any care, treatment, surgery, products or services that:
 - i. are not incurred as a result of an Emergency;
 - ii. are not Medically Necessary;
 - iii. are performed for cosmetic purposes only;
 - iv. are not required for the immediate relief of acute pain and suffering; or
 - v. could be delayed until the Participant's return to Canada;
- e) expenses incurred due to pregnancy or pregnancy complications that occur within 9 weeks of the expected date of delivery; or
- f) expenses incurred due to an Emergency that occurs while participating in:
 - i. a sport for remuneration;
 - ii. a motor vehicle or speed contest of any kind; or
 - iii. any Extreme Sport, defined as an activity with a high level of inherent danger and which often involves speed, height, a high level of physical exertion, highly specialized gear or spectacular stunts.

Key Terms

You and Your Dependents

Throughout this booklet several key terms are used to refer to you and your Dependents:

- the terms that may refer to you are: Employee, Member and Participant;
- the terms that may refer to your Dependents are: Dependent, Spouse, Child and Participant.

International Student: A person

- who temporarily resides in Canada; and
- is enrolled at and attending a Participating Educational Institution.

Member: An International Student who is eligible and approved for coverage under this policy.

Dependent: Your Spouse or Child.

Spouse: A person who:

- temporarily resides in Canada; and
- meets one of the following criteria:
 - is legally married to the Member; or
 - has been in a civil union with the Member as defined by the Civil Code of Quebec; or
 - has been living with the Member in a conjugal relationship for at least 1 year; however, where required by provincial legislation, this 1 year period is waived if a child is born of such relationship.

The Spouse must be designated by the Member on their application for coverage. Only one person may be covered as a Spouse at any one time.

Child: A person who:

- temporarily resides in Canada;
- is the natural or adopted child of the Member or Spouse, or the child over whom the Member or Spouse has been appointed as guardian with parental authority;
- is financially reliant on the Member or Spouse for care, maintenance and support;
- is not married or in a common law relationship; and
- meets one of the following criteria:
 - a) is under age 20;
 - b) is under age 25 and is attending an accredited educational institution, college or university on a full-time basis; or
 - c) became mentally or physically disabled while a child as defined in (a) or (b) and has been continuously disabled since that time.

A child is considered to be mentally or physically disabled for the purposes of this definition if they are incapable of engaging in any substantially gainful activity and are financially reliant on the Member or Spouse for care, maintenance and support due to this disability. Blue Cross may require the provision of written proof of a child's disability as often as is reasonably necessary.

Participant: The Member or one of the Member's Dependents who has been approved for coverage under this policy.



Helpful Tip

You are responsible for enrolling your Dependents under the plan when they become eligible.

In addition, you are responsible for removing them when they no longer meet the definitions outlined here.

You can update your family or Dependent status by filling out and submitting a change form, available through our website.



Helpful Tip

A Member, Spouse and Child are all Participants under the policy.

Other Important Terms

Accident: A sudden, fortuitous and unforeseeable event that:

- is violent in nature;
- arises solely from external means;
- causes bodily injury to the Participant directly and independently of all other causes; and
- is unintended by the Participant.

The resulting injury to the Participant must be certified by a physician.

Approved Provider: A provider of health care services or supplies who has been approved by Blue Cross to provide specific Eligible Expenses.

Deductible: The amount of Eligible Expenses that the Participant must pay before Blue Cross will reimburse any Eligible Expenses.

The Deductible amount applies once per Policy Year or per prescription drug, as specified in the Summary of Benefits. However, Eligible Expenses incurred during the last 3 months of a Policy Year that totally or partially met the Deductible for that year may be used to reduce the Deductible for the following Policy Year.

Eligible Expenses: Charges incurred by the Participant for health care services and supplies that are:

- Medically Necessary;
- Usual, Customary and Reasonable;
- recommended or prescribed by a physician or Health Practitioner who:
 - does not normally reside in the Participant's home;
 - is not the Participant's Family Member; and
 - is not the Participant's employer or co-worker;
- rendered or dispensed by an Approved Provider who:
 - does not normally reside in the Participant's home; and
 - is not the Participant's Family Member; and
- rendered or dispensed after the effective date and while the policy is in effect, unless otherwise specified.



Helpful Tip

Important: Blue Cross will only reimburse health expenses meeting these Eligible Expenses criteria.

Health care services and supplies that Participants prescribe, render or dispense to themselves are not Eligible Expenses.

An Eligible Expense is considered to be incurred on the date the service or supply was received by the Participant. Reimbursement for Eligible Expenses incurred outside of Canada will be limited to the amount that would have been reimbursed if the expense had been incurred in the Participant's province of residence, unless the benefit is restricted to in Canada only.

Where more than one form or an alternative form of Treatment exists, Blue Cross has the right to base its payment for Eligible Expenses on the lowest cost alternative if Blue Cross, in consultation with its health care consultants, deems the alternative Treatment to be appropriate and consistent with good health management.

Experimental or Investigative: Any treatment, procedure, facility, equipment, drug or drug usage that, in the opinion of Blue Cross after consultation with its health care consultants:

- is not Medically Necessary; or



Helpful Tip

Family member refers to a Participant's:

- spouse or common law partner;
- parent and parent's spouse or common law partner;
- children and spouse's or common law partner's children;
- brothers and sisters;
- grandchildren; or
- grandparents.

Coverage Details

- lacks sufficient published data to establish its medical effectiveness or safety for the purpose for which it is being provided or prescribed; or
- is not recognized as standard of care in current prescribing guidelines or practice setting protocols.

Health Practitioner: A health care practitioner who is a registered member of their regulatory body (if applicable) and practices within the limits of their authority as established by law. If no occupational guild applies to a particular practitioner, the practitioner must:

- be a registered member of their association;
- provide care and treatment within the limits of their professional scope of practice; and
- be an Approved Provider.

Home Country: The country in which the Participant maintained permanent residence prior to arrival in Canada.

Illness: A deterioration of health or a bodily disorder that has been diagnosed by a physician and requires regular and continuous care.

Life Event: A situation resulting from one of the following that permits a Member to change their coverage:

- marriage or common law union;
- birth or adoption of a child;
- divorce or legal separation;
- the Member's or Dependent's other coverage terminates for reasons outside of their control; or
- death of a Dependent.

Proof of health is required if the request is received more than 31 days after the Life Event date.

Medically Necessary: A health care service or supply provided or prescribed by a physician or Health Practitioner to treat an injury or Illness that, in the opinion of Blue Cross after consultation with its health care consultants:

- has not been provided or prescribed primarily for convenience or cosmetic reasons;
- is the most appropriate, safe and cost effective Treatment for the diagnosed injury or Illness; and
- is generally medically recognized as acceptable Treatment for the diagnosed injury or Illness.



Helpful Tip

Blue Cross will only pay for Eligible Expenses that are Medically Necessary.

Treatment: The management and care of a Participant to improve or cure an Illness, disorder or injury. This management and care must be:

- considered appropriate and approved by Blue Cross; and
- prescribed, provided or performed by a Health Practitioner or physician practicing in the field of medicine applicable to the Participant's disease, disorder or injury.

Usual, Customary and Reasonable: Charges incurred by the Participant that are:

- consistent with the amount typically charged by Health Practitioners or Approved Providers for similar services or supplies in the province in which the services or supplies are being purchased; and
- in the opinion of Blue Cross in consultation with its health care consultants, consistent with the frequency and quantity that would usually be prescribed or needed for the Participant's condition.

Coverage Details

Who is Eligible for Coverage?

You are eligible for coverage if you:

- hold a valid study permit;
- be enrolled as a full-time or part-time student at the school of Acadia University and in active pursuit of your studies;
- have passed all medical requirements to enter Canada; and
- are under age 65.

Your Dependents are also eligible for coverage if they meet the definition of Spouse or Child outlined above in the *Key Terms*.

How do I Enrol for Coverage?

Application Form

You are automatically enrolled for coverage under this plan by your educational institution. There may be some students who are required to opt in based on their student status by completing an application form.

Can I Opt Out of Coverage for Certain Benefits?

You are not allowed to individually select the benefits you want under the policy. In addition, when you enrol for coverage you must also enrol all of your eligible Dependents. You are allowed to waive the health benefits coverage for yourself or your Dependents if you or your Dependents already have similar coverage under another Student policy because you are either:

- the dependent child of a diplomat or consult posted to Canada; or
- you are in Canada studying under a government sponsorship or scholarship program.

When Does My Coverage Begin?

International Students

Your coverage takes effect on the latest of the following dates:

- the arrival date in Canada to register for classes; or
- the first day of the month immediately preceding the start of your classes start at Acadia University
- If you arrive in Canada after the Student Year starts, your coverage starts on the date you register for classes.

If you are registering as a returning student, your coverage will renew on the first day of the Student Year.

Early Arrival Coverage

If you are applying for coverage under this policy for the first time and you arrive in Canada prior to the start of the Policy Year, coverage for you and your eligible Dependents takes effect the latest of the following dates:

- the date you arrive in Canada; or
- the first of the month immediately preceding the start date of your attendance at the Participating Educational Institution.

Dependents

Your Dependent's coverage takes effect on the latest of the following dates:

- the date you become eligible for coverage;
- the date they meet all of the eligibility requirements;
- the date Blue Cross approves their proof of health, if required; or
- the date following their discharge from hospital if they were hospitalized on the date they would have become eligible for coverage, unless:
 - they were covered under a Previous Policy, in which case their coverage begins on the effective date of the policy; or
 - they were born while this coverage is in force, in which case their coverage will be effective from their live birth.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the date the Student Year ends;
- the date you leave Acadia University permanently;
- the date you withdraw or de-register from Acadia University;
- the date you become eligible for a provincial or territorial government insurance plan anywhere in Canada;
- the date that you reach age 65;
- the date you cease to be an Insured Member;
- the 91st day after you leave Nova Scotia; or
- the 31st day of a stay in your Home Country which is not for academic purposes.

Coverage for your Dependents will also terminate on the date your coverage terminates.

No coverage will be provided to you or your Dependents while performing duties as an active member in the armed forces of any country, unless coverage must be retained under applicable provincial legislation.

Extended Coverage after Termination

If you are hospitalized on the last day of the policy's coverage period for an eligible illness or injury, coverage will automatically be extended for an additional 30 days without additional premium.

Coverage is automatically extended for up to 72 hours in the event you miss your scheduled return to your Home Country due to delay of the train, boat, bus, plane or other vehicles in which you are a passenger, where the delay is caused by bad weather, involvement in traffic accident or mechanical breakdown.

What if I Have Coverage Elsewhere?

With the exception of the travel benefits provided under the travel benefit section of this booklet, Blue Cross will co-ordinate your Student benefits coverage with other health plans when similar coverage is available. The co-ordination of benefits process helps ensure you get the most out of your coverage. It means you can receive up to, but no more than, 100% reimbursement for Eligible Expenses.

Other Health Plans

Do you take advantage of coverage under the other benefit plans available to you, such as your Spouse's? If not, you may be missing out on possible reimbursement of up to 100% of Eligible Expenses.

Blue Cross applies co-ordination of benefits according to the guidelines of the Canadian Life and Health Insurance Association Inc. (CLHIA). Here are the general rules:

Expenses for Yourself:

- You must first submit expenses incurred to this plan (where you are covered as a Member). The balance that has not been paid by this plan (if any) can then be submitted to the other plan where you are covered as a dependent (for example your Spouse's plan).
- If you are covered as a member under more than one benefit plan, the plan that has covered you the longest pays first.

Expenses for Your Spouse:

- Your Spouse must submit any expenses incurred for themselves to their own group benefit plan (if any) first. The balance that is not paid by their plan (if any) can then be submitted to this plan.

Expenses for Your Child:

- If a Child is covered as a dependent by both you and your Spouse, you should submit their claim to the plan of the parent whose birthday comes first in the year.
- In the event of divorce or separation, the plan of the parent with whom the Child resides (the plan of the parent with custody of the Child) pays first.



Helpful Tip

The types of other plans that are potentially subject to co-ordination of benefits include any form of group, individual, family, creditor or saving insurance coverage that provides reimbursement for medical treatment, services or supplies.



Helpful Tip

For more information on co-ordination of benefits (including examples), visit our website.

Rights and Responsibilities Under the Policy

What Are My Responsibilities Under the Policy?

Keeping Student Plan Administrator Informed

To ensure coverage is kept up-to-date for you and your Dependents, it is important to report any changes to your Student plan administrator within 31 days of the change. Failure to do so could result in the need for proof of health before your requested change in coverage takes place. Changes that must be reported to your Student plan administrator include:

- Adding or removing a Dependent
- Status updates of a Dependent student
- Change in marital status
- Application for benefits previously waived

Beneficiary Designations

Unless otherwise designated, all benefits are payable to you.

Providing Proof of Claim

You must submit your claims for Eligible Expenses within applicable time limitations. Proof of claim must be provided in a form acceptable by Blue Cross.

Blue Cross reserves the right to suspend or deny a claim until you have submitted the additional information requested to process the claim.

Costs associated with providing proof of claim are your responsibility.

Submitting Claims After Your Student Policy Terminates

If the Student policy has terminated, you must submit proof of claim to Blue Cross **within 90 days** following the termination date of this Student policy for all benefits.

Recovering Damages From a Third Party (Subrogation)

If you have the right to file legal action against a third party (individual or corporate body) for a loss relating to any claim submitted under this Student benefits plan, Blue Cross is entitled to acquire your rights for recovering damages for any portion of the loss that has been paid by Blue Cross.

You must sign and return the necessary documents to facilitate this process and you must do everything that is required of you to protect your rights to recover damages from the third party.

Reporting Health Insurance Fraud

Health insurance fraud is the intentional act of submitting false, deceiving or misleading information for the purpose of financial gain.

Whether committed on a small or large scale, fraud can lead to significant financial losses to the benefit plan and result in higher premiums and decreased coverage. Blue Cross is committed to protecting the integrity of our benefit programs for our policyholders and members by monitoring and resolving any abusive or fraudulent activity.



Helpful Tip

Health care fraud in Canada is estimated to cost between \$2 billion and \$12 billion annually.

How You Can Help

As a Student plan member, you can help eliminate fraudulent abuse of your plan:

- keep your identification card, policy number, member identification number and related information confidential and secure;
- carefully review your receipts for products and services claimed to ensure:
 - you understand the charges billed; and
 - the charges reflect the services received.

If you are unclear about any of the charges on your receipt, ask your provider to explain the charges to you:

- carefully review your Explanation of Benefits claim statements (EOB) for any discrepancies in services received compared to services claimed;
- never sign a blank claim form;
- from time to time, we send member verification questionnaires to confirm treatments and other related information. If you receive one of these questionnaires, please complete it and return it promptly. These questionnaires are essential to our fraud deterrence efforts.



Helpful Tip

If you suspect health care fraud, please refer it to Blue Cross through one of the following confidential methods:

Toll free:
1-877-412-8809

StopFraud@medavie.
bluecross.ca

www.medavie.bluecross.
confidenceline.net

What Are My Rights Under the Policy?

Privacy

In the course of providing customers with quality health and travel coverage, Blue Cross acquires and stores certain personal information about its clients and their dependents.

Protecting the confidentiality of client information is fundamental to the way we do business. Our staff takes our privacy policies and procedures very seriously.

What is personal information?

Personal information includes details about an identifiable individual and may include name, age, identification numbers, employment data, marital and dependent status and medical records.

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage under its health and travel plans. Your personal information is used to provide the services outlined in your Student policy, to understand your needs so that we can recommend suitable products and services, and to manage our business.

To Whom Could This Personal Information be Disclosed?

Depending on the type of coverage you carry, release of selected personal information to the following may be necessary in order to provide the services outlined in the Student policy of which you are an eligible member:

- specialized health care professionals when required to assess benefit eligibility;
- government and regulatory authorities in an emergency situation or where required by law;
- third parties, on a confidential basis, when required to administer your benefits; or
- the plan member in any contract under which you are a participant.



Helpful Tip

For more information on our privacy protection practices, please visit our website.

Rights and Responsibilities Under the Policy

We do not provide or sell personal information about you to any outside company for use in marketing and solicitation. Personal information about you or your Dependents is not released to a third party without permission unless necessary to fulfil the services Blue Cross is contracted to provide to you.

By becoming a Blue Cross customer or filing a claim for benefits, you are agreeing to allow your personal information to be used and disclosed in the manner outlined above.

Disputing a Claim Decision

In the event Blue Cross determines that benefits are not payable, you have the right to appeal the decision by providing written notice to Blue Cross within 30 days from the date of the written denial.

The time limitation to bring an action against Blue Cross under the Student policy begins on the date of the initial written denial from Blue Cross and runs until the expiry of the minimum limitation period as prescribed by the applicable provincial legislation.

Every action or proceeding against Blue Cross for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Copy of the Student Policy

Where legislated, you have the right to request a copy of the contract for insured benefits, your application for benefits and any written statements or other record provided to Blue Cross as proof of your health.

The Rights of Blue Cross Under the Policy

Right to Audit

Blue Cross has the right, at any time, to inspect or audit the health and claim records of a Participant in relation to a claim for benefits.

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Participant:

- any amount paid in error;
- any amount paid as a result of claims made by the Participant on the basis of fraudulent pretences or misrepresentations; or
- any amount paid that has resulted in overpayment to the Participant.

Blue Cross has the right to reduce future benefit payments to the Participant until the excess amount is fully recovered.

Termination or Suspension of Benefit Payments

Blue Cross may, without prior notice, suspend or terminate the rights and benefits of a Participant in the following circumstances:

- the discovery of a claims discrepancy or the initiation of a claim abuse investigation; or
- the filing of criminal charges or initiation of disciplinary action against the Participant by Blue Cross.

Blue Cross also has the right to suspend or deny payment of a claim for any services or supplies prescribed, rendered or dispensed by a provider who is under investigation by a regulatory body or by Blue Cross or who has been charged with an offence in relation to the provider's conduct or practice.



Helpful Tip

The right to inspect or audit applies to records held by Blue Cross or Approved Providers.

How to Obtain More Information

How to Obtain a Claim Form

Health benefit claim forms can be obtained from any one of the following sources:

- the plan member website (see instructions below);
- your Student benefits administrator; or
- our Customer Information Contact Centre at the toll-free number listed below.

How to Submit a Claim

If you have paid up front for medical services, you must submit your claim for reimbursement. To submit a claim, go online to **asusupports.ca** or contact the International Coordinator (see Additional Resources and Information section for contact details).

Additional Resources and Member Services

Blue Cross Contact Information

For more information about your Student benefits coverage or the plan member website, please contact our Customer Information Contact Centre toll free at:

Atlantic Provinces: 1-800-667-4511

Ontario: 1-800-355-9133

Quebec: 1-888-588-1212

From Anywhere in Canada: 1-800-667-4511

Alternatively, you can email your questions to inquiry@medavie.bluecross.ca or visit our website at www.medaviebc.ca.

Connect with Blue Cross

Like us on Facebook at facebook.com/MedavieBlueCross

Follow us on Twitter at [@MedavieBC](https://twitter.com/MedavieBC)

My Good Health®

My Good Health is a secure, interactive web portal that provides valuable health information and tools for managing your health. You can create your own health profile and use it to map personal goals using My Good Health resources.

Blue Cross is proud to help point your way to healthier living. Go to medaviebc.mygoodhealth.ca and simply follow the instructions to register for your free account!



Savings are available to Blue Cross Members across Canada. To take advantage of these savings, simply present your Blue Cross identification card to any participating provider and mention the **Blue Advantage®** program. A complete list of providers and discounts is available at www.blueadvantage.ca.



Helpful Tip

Have your Student policy number and identification number ready when you call for questions regarding your coverage.