



Your Group *Benefits* Booklet

Acadia Students' Union – Companion Plan

ASU Out-of-Province (Companion)

Plan Number:
99094

Effective Date:
August 1, 2021



Welcome to your Student Benefits Plan

Your Student benefits coverage provides you with the peace of mind that you 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, plan administrators and governments across Canada for over 70 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 benefit plan held by your plan administrator. In the event of a difference of wording of the benefit plan, the benefit plan will prevail, to the extent permitted by law.



Helpful Tip

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

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 benefit plan (such as your responsibility to notify your plan administrator 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.

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Summary of Benefits

Emergency Health Care Benefits

Travel Outside of Province or Territory of Residence

Overall Policy Maximum	\$1,000,000/Policy Year
Reimbursement Level	100%
Coverage Duration	First 31 days of Trip
<hr/>	
	Benefit Maximum
Trip to Home Country	\$1,000/incident/Policy Year
Hospitalization	See benefit details
Physician/Surgeon/Anaesthetist	See benefit details
Durable Medical Equipment	See benefit details
Mobility Aids and Orthopedic Appliances	See benefit details
Nursing Care	50 shifts, \$100 per shift/Policy Year
Diagnostic Services	See benefit details
Prescription Drugs	30 day supply per prescription; see benefit details
Paramedical Services	\$500/Policy Year/practitioner type; see benefit details
Accidental Dental and Other Dental Emergencies	\$2,000/Policy Year; see benefit details
Ambulance Transportation	
<i>Ground Emergency</i>	\$5,000/Policy Year
<i>Air Emergency</i>	\$100,000/Policy Year
<i>Taxi Fare in lieu of Ambulance</i>	\$100/Policy Year
Repatriation – Return of the Deceased	\$20,000; see benefit details
Transportation for Family to Visit the Member	\$5,000; see benefit details
<i>Living Expenses Allowance</i>	See benefit details
Return and Escort of Children	See benefit details
Return of Travel Companion	See benefit details
Vehicle Return	See benefit details
Meals and Accommodation	See benefit details

Termination

The earliest of:

- the end of the Policy Year;
 - the Member reaching age 65;
 - 60 days after the date the Member is no longer enrolled and not attending a Participating Educational Institution; or
 - the date on which the Member permanently returns to their Home Country.
-

Emergency Health Care Benefits

Travel Outside of Province or Territory of Residence

Purpose of Coverage

Blue Cross will pay the Eligible Expenses described in this benefit, if they are incurred as a result of an Emergency outside of the Member's Canadian province or territory of residence, 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 occurring while the Member is covered under the plan that requires immediate medical Treatment for acute pain or suffering which cannot be delayed until the Member returns to their Canadian province or territory of residence. Blue Cross will declare an end of Emergency upon determination that the Member is fit to travel or return to their Canadian province or territory of residence or their Home Country.

Hospital: A facility that:

- is licensed as an accredited hospital outside of Canada;
- 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 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 Member's spouse, parents, child, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

Stable: A state of being in which the Member has an existing medical condition for which they, in the 90 days before the Policy Year begins, have not:

- been treated or evaluated for new symptoms or related conditions;
- had symptoms that increased in frequency or severity, or examination findings indicating the condition has worsened;
- been prescribed a new Treatment or change in Treatment for the condition (generally does not include reductions in medication due to improvement in the condition, or regular changes in medication as part of an established Treatment plan);
- been admitted to or treated in a hospital for the condition; or
- been awaiting new treatments or tests regarding the medical condition (does not include routine tests).

Travel Companion: Persons who are sharing prepaid travel arrangements with the Member.

Trip: Travel outside of the Member's Canadian province of residence. Coverage for each Trip ends on the earliest of:

- a) 11:59 PM (local time) on the expiry date shown on the Member's confirmation of insurance;
- b) the date and time a Member returns to their Canadian province or territory of residence; or

Emergency Health Care Benefits

- c) the date a Member exceeds the Coverage Duration of a Trip outside of their Canadian province or territory of residence, as specified in the Summary of Benefits.

Additionally, a Trip to a Member's Home Country is subject to a benefit maximum specified in the Summary of Benefits.

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 Member 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 Member'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 Member's medical condition.



Helpful Tip

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

Hospitalization: Charges for Hospital room accommodation (not a suite of rooms), emergency room fees and for Medically Necessary inpatient and outpatient services.

Physician/Surgeon/Anaesthetist: Charges for the services of a qualified Physician, surgeon or anaesthetist who is not an Immediate Family Member of the Member.

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

- manual wheelchair, including cushions and inserts; and
- manual hospital bed, including mattress and safety side rails.

The accumulated charges for rental of any one of the above items must not exceed the standard market purchase price for the same item.

This coverage excludes charges for special mattresses.

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

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



Helpful Tip

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

Emergency Health Care Benefits

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.

This coverage excludes expenses for custodial care, homemaking duties, shopping, transportation, respite care and services not related to the Activities of Daily Living.

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

Prescription Drugs: The cost of drugs prescribed by a physician on an outpatient basis following an initial covered Emergency or injury, not to exceed a 30 day supply per prescription, except when the Member is Hospitalized. The Member must provide satisfactory proof of purchase of this medication that includes:

- the name of the Member;
- 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.

Paramedical Services: The cost of outpatient services rendered by chiropractors, osteopaths, chiropodists/podiatrists and physiotherapists required following an Emergency or injury, to a maximum of \$500 per Policy Year per practitioner type. This coverage excludes charges for X-rays.

Accidental Dental and Other Dental Emergencies: Charges for dental Treatment when required to repair or replace a sound natural tooth to a maximum of \$2,000 per Policy Year. 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 plan administrator;
- initiated within 7 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 30 days of the date of the accident or dislocation, unless the Member has been approved by Blue Cross for deferred Treatment due to the Member's age.

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

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 Member. This includes air or rail transportation, as well as taxi fare in lieu of ambulance transportation. Air transportation includes the cost of transport on a licensed airline from the Member's Canadian province or territory of residence to their Home Country in the event that the Member is diagnosed with a terminal illness.

Repatriation – Return of the Deceased: The cost of preparing and transporting the remains of the deceased Member to their city of residence in their Home Country, including if the death of the Member occurs in their Canadian province or territory of residence.



Helpful Tip

Coverage amounts are determined by the fee guide for dental general practitioners applicable to the dentist's province of practice in the year expenses are incurred.

Emergency Health Care Benefits

Transportation for Family to Visit the Member: The cost of round-trip economy fare (by airline, bus or train) for up to 2 Immediate Family Members to the Hospital where the Member has been confined for 7 or more days if the attending physician provides written acknowledgement that this attendance is required, including hospitalization that occurs in the Member's Canadian province or territory of residence. Blue Cross may waive the 7 day waiting period if Blue Cross is satisfied that this waiver is required.

The cost of round-trip economy fare (by airline, bus or train) for an Immediate Family Member to identify the body of the Member, if deceased.

The maximum reimbursement under this benefit is \$5,000.

The cost of commercial living expenses for Immediate Family Members when using this benefit is also covered to a maximum reimbursement of \$250 per Member per day for a maximum of 10 days (up to a total maximum of \$2,500 per incident).

All costs must be supported by receipts from commercial organizations.

Return and Escort of Children: Charges for economy airfare, commercial accommodation, meals and an escort to return and accompany any dependent child to the departure point in the event that a Member is returned to Canada or their Home Country under the Air Transportation or Repatriation benefits. The maximum reimbursement under this benefit is \$5,000.

Return of Travel Companion: Charges for single one-way economy airfare for a travel companion to return to Canada if a Member is returned to Canada or their Home Country under the Air Transportation or Repatriation benefits. The maximum reimbursement under this benefit is \$2,000.

Vehicle Return: The fees charged by a commercial agency to return the Member's vehicle, whether private or rental, to the Member's residence in Canada or to the nearest appropriate vehicle-rental agency, when the Member is unable to drive as a result of an Emergency illness or injury. A medical certificate from the attending physician confirming the Member's medical incapacity to operate the vehicle is required. This benefit is subject to a maximum of \$1,000 per Trip.

Meals and Accommodation: The cost of commercial accommodation, meals, essential telephone calls, internet fees, bus, taxi or rental care fare and child care expenses for any dependent child when the Member's travel is delayed due to an Emergency illness or injury of the Member or Travel Companion. The medical reason for the delay must be verified by the attending physician. The maximum reimbursement is \$150 per Member per day for a maximum of 10 days (up to a total maximum of \$1,500 per Incident).

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 Members who need medical assistance or general assistance while travelling.

Medical Assistance

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

Emergency Health Care Benefits

General Assistance

In Emergency situations, the travel assistance provider appointed by Blue Cross will also provide the Member 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 Member or for the availability of such care.

Payment of Claims

How Payments are Made

Blue Cross may approve payment directly to the service provider. In certain circumstances, the Member 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 Member.

Time Limit to Submit a Claim

Blue Cross must receive proof of claim within 12 months of the date the expense was incurred to be eligible for maximum reimbursement under the benefit.

In the event the Member's coverage is terminated, all claims must be submitted to Blue Cross within 90 days after the date coverage is terminated.

Exclusions and Limitations

Applicable to Emergency Health Care Benefits

No payment will be made (or payment will be reduced) for:

- a) any Illness, injury or medical condition that was not Stable in the 90 days prior to the Member's coverage effective date;
- b) any Illness or Injury that, at the time of departure from a Member's Canadian province or territory of residence, might reasonably be expected to require the Member 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) services, treatment, articles or supplies that do not fall within the categories of Eligible Expenses listed in this benefit;
- e) services, treatment or supplies that the Member receives free of charge;
- f) charges that would not have been incurred if no coverage existed;
- g) services, treatment or supplies provided by a Member or an immediate family member of the Member;
- h) treatment or services within the Member's Home Country after the Member has returned, or been repatriated, to their Home Country;
- i) services, treatment or supplies that are:
 - i. not incurred as a result of an Emergency;
 - ii. not Medically Necessary;
 - iii. for cosmetic purposes only;
 - iv. elective in nature; or

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- v. experimental or investigative.
- j) services or treatment for mental, emotional or psychological disorders including medications (this exclusion does not apply to the Repatriation – Return to Home Country or Repatriation – Return of the Deceased benefits);
- k) all services relating to family planning, 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;
- l) expenses incurred due to pregnancy or pregnancy complications that occur within 9 weeks of the expected date of delivery;
- m) services or supplies normally intended for recreation or sports;
- n) 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
- o) extra supplies that are spares or alternates;
- p) translation services of any kind, even when utilized in the delivery of medical services;
- q) organ transplants;
- r) charges for missed appointments or the completion of forms;
- s) 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;
 - ii. participation in a criminal act or attempt to commit a criminal act, regardless of whether charges are laid or a conviction is obtained;
 - iii. an illness or injury that occurred while under the influence of any intoxicants in contravention of any law, unless administered on, and in strict accordance with, the advice of a legally qualified Physician;
 - iv. an illness or injury resulting from non-compliance with medical treatment or therapy that has been prescribed; or
 - v. suicide, attempted suicide or voluntary injury or illness (this exclusion does not apply to the Repatriation – Return to Home Country or Repatriation – Return of the Deceased benefit);
- s) the Member fails to communicate with Blue Cross in the event of medical consultation or hospitalization following an injury or illness;
- t) expenses are incurred beyond the coverage duration period specified in the Summary of Benefits;
- u) 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;
- v) expenses have already been paid or are eligible for refund from a third party;
- w) expenses for any care, treatment, surgery, products or services that could be delayed until the Member's return to Canada; or
- x) 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.

Key Terms

Throughout this booklet, the terms that may refer to you are: International Student and Member.

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.

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 Member directly and independently of all other causes; and
- is unintended by the Member.

The resulting injury to the Member 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.

Common Carrier: A person or organization that commercially offers transportation services to fare-paying passengers by land, water or air vehicles on a for-profit basis.

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

- Medically Necessary;
- recommended or prescribed by a Physician or Health Practitioner who:
 - does not normally reside in the Member's home;
 - is not the Member's Family Member; and
 - is not the Member's plan administrator or co-worker;
- rendered or dispensed by an Approved Provider who:
 - does not normally reside in the Member's home; and
 - is not the Member'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 Members 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 Member.

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.

Emergency: A sudden and unexpected illness or injury occurring while the Member is covered under the plan that requires immediate medical Treatment for acute pain or suffering which cannot be delayed until the Member returns to their Canadian province or territory of residence. Blue Cross will declare an end of Emergency upon determination that the Member is fit to travel or return to their Canadian province or territory of residence or their Home Country.

Key Terms

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 Member maintained permanent residence prior to arrival in Canada.

Hospitalization: Admission to a hospital as an inpatient for a minimum period of 24 hours that occurs upon recommendation of a physician as being Medically Necessary.

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

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.

Participating Educational Institution: An accredited educational institution, college or university in Canada that has agreed to participate in this plan.

Policy Period: The period of time, not to exceed the Policy Year, beginning on the first day of a Participant's enrolment period and ending on the last day of the enrolment period as provided by the plan administrator.

Policy Year: The period of time beginning on the first day of September in a given year and ending on the last day of August the following year.

Treatment: The management and care of a Member 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 Member's disease, disorder or injury.

Coverage Details

Who is Eligible for Coverage?

You are eligible for coverage if you:

- meet the definition of International Student;
- are on a Trip outside of your Canadian province or territory of residence; and
- are under age 65.

To be eligible for coverage, you must be entitled to government health care coverage for the duration of your Trip.

How do I Enrol for Coverage?

You are automatically enrolled in this plan when you opt out of the primary care insurance coverage with valid provincial health care.

This plan is mandatory and there is no opt-out option.

When Does My Coverage Begin?

International Students

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

- the date your plan administrator confirms you are covered under this policy;
- the effective date shown on your confirmation of coverage letter; or
- the date you meet all of the eligibility requirements.

When Does My Coverage End?

Coverage ends on the earliest of the date:

- the policy terminates;
- you reach age 65;
- you reach the termination date, if any, specified in the Summary of Benefits;
- you die;
- your coverage expires as indicated in your confirmation of coverage letter;
- you return to your Home Country permanently;
- that reasonable evidence of fraudulent activity of this policy is obtained;
- 60 days after you are no longer enrolled and not attending a participating educational institution; or
- 60 days after you no longer meet one or more of the eligibility requirements.

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

Extension of 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 for the same sickness or injury for which you were initially hospitalized will be extended for an additional 72 hours after being discharged from the hospital to facilitate a return to your Home Country.

Coverage is automatically extended for up to 72 hours in the event you miss your scheduled return to your Home Country due to a delay caused by the Common Carrier with which you are a passenger.

What if I Have Coverage Elsewhere?

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.

Government Health Care Coverage

Blue Cross will not pay for any health care services or supplies available under government health care coverage, or administered by government funded hospitals, agencies or providers. Blue Cross will only consider Eligible Expenses in excess of those provided under government health care coverage.

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 group benefit plan, the plan that has covered you the longest pays first.



Helpful Tip

Blue Cross will help direct you to existing **government programs** whenever possible.



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.

Rights and Responsibilities Under the Policy

What Are My Responsibilities Under the Policy?

Keeping Your Student Plan Administrator Informed

To ensure coverage is kept up-to-date, 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:

- Change in marital status
- Change of beneficiary

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 writing and 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 Plan Terminates

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

Rights and Responsibilities Under the Policy

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, income, employment data, marital and dependent status, medical records, and financial information.

How is Your Personal Information Used?

Your personal information is necessary for Blue Cross to process your application for coverage under its life, health and travel plans. Your personal information is used to provide the services outlined in your benefit plan, 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 benefit plan of which you are an eligible member:

- other Canadian Blue Cross organizations to administer your benefit plan if you reside outside the Atlantic Provinces, Quebec or Ontario;
- 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 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 benefit plan 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 Benefit Plan

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 Member in relation to a claim for benefits.

Recovery of Overpaid Amounts

Blue Cross has the right to recover from a Member:

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

Blue Cross has the right to reduce future benefit payments to the Member 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 Member 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 Member 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 appropriate campus Health Plan Office (see Additional Resources and Information section for contact details).

Blue Cross also offers convenient options to quickly and efficiently submit your health benefit claims:

- **Provider eClaims**
For Approved Providers who have registered to submit claims to Blue Cross through our electronic claims submission service, our e-claim service allows approved health care professionals to instantly submit claims at the time of service. This eliminates the need for you to submit your claim to Blue Cross and means you only pay the amount not covered under your Student benefits plan (if any).
- You can also mail your completed claim form to the nearest Blue Cross office.



Helpful Tip

Instead of a cheque by mail, get reimbursement directly to your bank account by signing up for direct deposit. It's fast, and convenient. Visit our website to register.

Plan Member Website

The plan member website is a secure, user-friendly website that is available 24 hours a day, 7 days a week. The website provides additional information regarding your coverage and other useful options including:

- **Coverage inquiry:** Detailed information about your Student benefits plan;
- **Forms:** Printable versions of Blue Cross forms;
- **Addition/updating of banking information** for direct deposit of claim payments;
- **Member statements:** view claims history;
- **Record of payments:** view transactions issued to yourself or the service provider.



Helpful Tip

For security reasons, the plan member website is for your use only. Please record your user ID and password in a secure site for future reference.

To register for the plan member website, visit **www.medavie.bluecross.ca** and log in.

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: 1-888-873-9200

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 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 plan number and identification number ready when you call for questions regarding your coverage.