



International Students Medical Plan

Group Policy 17882-005



Life's brighter under the sun



This booklet explains the insurance benefits under the University of Prince Edward Island Student Union's International Students Medical Plan (Plan) and should be kept in a safe place.

Insurance benefits provided under Group Policy 17882 (Group Policy) are underwritten by Sun Life Assurance Company of Canada (Sun Life) and issued to University of Prince Edward Island Student Union.

Hospital and medical services for you and your insured eligible Dependents that are Medically Necessary are covered under the Plan.

For information about making a claim, or the status of a claim you have already submitted to Sun Life, call the Health Claims Customer Care Centre at 1-888-206-9004. Be sure to reference Group Policy 17882-005 for University of Prince Edward Island Student Union's International Students Medical Plan.

Cost of insurance

The cost of insurance is based on rates agreed to by Sun Life and the University of Prince Edward Island. You will be notified of this cost by way of a written statement or notice.

Rates are reviewed every year. They may change. Renewal notices will be sent to you identifying any changes to rates.

Applicable taxes will be added to your premium payment.

Definitions

This is a list of definitions for some of the terms that appear in this booklet. Terms that are capitalized will have the meaning as noted in this section.

Accident means bodily injury occurring as a direct result of a sudden unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury while insured under the Plan.

Child means an unmarried child of yours or of your Spouse, who is dependent on you for support, provided that such child is 20 years old or less, or is 25 years old or less provided it can be proven that the child is a fulltime student, or is over 20 years old and has a permanent physical impairment or a permanent mental deficiency on the date of application.

Covered Person means you and any eligible dependent of yours who is insured under the Plan.

Dentist or **Dental Surgeon** means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which they have provided the services or supplies for which the charges are incurred.

Dependent means your Spouse or Child(ren).

Elective Treatment means any treatment that is not Medically Necessary.

Eligible Expenses means Medically Necessary, Reasonable and Customary Costs, at least a portion of which is covered under the Plan for the Covered Person for whom the claim is made.

Emergency means that the Covered Person requires immediate Medical Treatment for the relief of acute pain or suffering resulting from an unexpected and unforeseen Illness or Injury occurring while on a temporary trip outside the province of Prince Edward Island.

Home Country means the country for which you hold a passport. Where you hold more than one passport, Home Country will be taken to mean the country that is listed in your student records where you are enrolled.

Hospital means a facility licensed to provide care and treatment for sick or injured patients, primarily while they are actually ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a Hospital.

Illness means a disease or disorder of the body which results in the deterioration of health requiring a reasonably prudent person to consult a Physician for the purpose of Medical Treatment.

Immediate Family Member means a Dependent, a parent or stepparent, brother, sister, stepbrother or stepsister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law, or a guardian.

Injury means bodily injury occurring as a direct result of an Accident and not as a result of any other cause while insurance is in force under the Plan.

Insured Member means you if you are the Covered Person who was enrolled automatically under the Plan when you registered as an international student at the University of Prince Edward Island, provided that you continue to meet the eligibility criteria for an Insured Member.

Medical Treatment means any reasonable procedure, which is medical, therapeutic or diagnostic in nature, which is Medically Necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the Illness, Injury or symptom.

Medically Necessary in reference to a given service or supply, means such service or supply:

- is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- is not experimental or investigative in nature; and
- cannot be omitted without adversely affecting your condition or quality of medical care.

Overdose means the inadvertent or deliberate consumption of a dose much larger than habitually used and likely to result in a serious toxic reaction or death.

Physician means a legally qualified medical practitioner, lawfully entitled to practice medicine in the place where he provides the Medical Treatment.

Reasonable and Customary Costs means costs incurred for eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar illness or injury.

Spouse means the person you married legally or with whom you have been residing for at least the last 12 months.

Student Year means a period of 12 consecutive months or less, beginning September 1 and ending August 31 of the following year.

I. Eligibility

Insured Member eligibility

Provided that you are eligible, you will be enrolled as an Insured Member automatically at the time you register at the University of Prince Edward Island as an international student,

To be eligible for coverage as an Insured Member under the Plan, you must meet all of the following conditions:

- hold a valid Study Permit;
- be enrolled as a full-time or part-time student at the University of Prince Edward Island and in active pursuit of your studies;
- be 64 years old or younger; and
- have passed all medical requirements to enter Canada.

Opt-out conditions

Coverage under the Plan is mandatory for all eligible international students attending the University of Prince Edward Island and their eligible dependents with the following exceptions:

- you have comparable healthcare coverage because you are either:
 - the dependent child of a diplomat or consul posted to Canada; or
 - you are in Canada studying under a government sponsorship or scholarship program.

If either of these exceptions apply to you and you wish to opt out of the Plan, you must provide proof of comparable coverage.

If this comparable coverage terminates during the Student Year, provided you meet the eligibility criteria for an Insured Member, you must re-enrol for coverage under the Plan within **30 days** of the date your comparable coverage terminates.

If your request to re-enrol is received more than 30 days after coverage under the comparable plan ends, Sun Life will require proof of your good health to determine whether you can become insured again under the Plan.

Dependent Eligibility

Your Dependents may participate in the Plan provided you are covered. The person must meet the applicable definition on the date you apply and your Spouse must be age 64 or less.

To apply for dependent coverage, you must make a written request at your student services administration office.

II. When coverage starts and ends

When Insured Member's coverage starts

For benefits to become effective, you must be residing in Canada.

If you are applying for coverage under the Plan for the first time before the start of the Student Year, your coverage starts on the **later** of:

- the date you arrive in Canada to register for classes; or
- the first day of the month immediately preceding the start of your classes start at the University of Prince Edward Island.

If you are hospitalized before becoming eligible for coverage, coverage will not begin before you are discharged and resume normal activities.

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.

In all cases, premiums must be paid in full.

When Dependent coverage starts

Dependent coverage starts on the **latest** of:

- the date your Dependent arrives in Canada;
- the date your coverage starts; or
- the date Dependent coverage is approved in writing by Sun Life,

provided the required family premium has been paid.

If your Dependent is confined to Hospital on the date of application, (other than a newborn child who becomes covered within 31 days of becoming eligible) coverage will not become effective until the date your Spouse or Child is no longer so confined.

Proof of good health

You must enroll your eligible Dependents within 31 days from the following dates:

- your Dependent's arrival in Canada; or
- a life event change (marriage, birth of a child, etc.); or
- termination of coverage from a comparable plan.

After 31 days, proof of good health must be submitted for review. If the application is approved, coverage will begin on the date confirmed by Sun Life.

When coverage ends

An Insured Member's coverage ends on the **earliest** of the following dates:

- the date the Student Year ends;
- the date that you leave the University of Prince Edward Island permanently;
- the date that you withdraw or de-register from the University of Prince Edward Island;
- the date that 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 Prince Edward Island;
- the 31st day of a stay in your Home Country which is not for academic purposes.

Dependent coverage ends on the **earliest** of the following dates:

- the date you are no longer covered under the Plan;

- the date that your Dependent becomes eligible for a provincial or territorial government insurance plan anywhere in Canada;
- the date that a Dependent ceases to meet the applicable definition; OR
- the date your Dependent returns permanently to their Home Country.
- the 91st day after your Dependent leaves Prince Edward Island.

Spousal coverage will also end on the date your Spouse reaches age 65.

Reinstatement

If coverage ends due to an extended absence from Prince Edward Island, it will be reinstated on the date the Covered Person returns to Prince Edward Island, provided all other eligibility requirements of the Plan are met.

When coverage will be extended automatically

Coverage for stays in Hospital in Canada will be automatically extended for up to a total of 60 days without the payment of additional premium if the Covered Person is in Hospital on the date coverage would otherwise end, due to the same Illness or Injury for which the Covered Person was initially hospitalized.

Coverage will also be automatically extended for up to 72 hours if the Covered Person is prevented from returning to their Home Country from Canada as scheduled if the train, boat, bus, plane, or other vehicle in which the Covered Person is a passenger is delayed, whether the delay is caused by bad weather, involvement in a traffic accident or mechanical breakdown.

Note: All claims incurred must be supported by documented proof of the event resulting in your automatic extension.

The Plan does not cover costs associated with flight changes.

III. Your benefits

The Plan provides coverage up to a maximum of \$1,000,000 per Covered Person per Student Year for your health care expenses that are Medically Necessary for the treatment of a covered Illness or Injury outlined in this section.

Sun Life will pay for the services described in this section of the booklet, subject to any maximums under the Plan stated below, and the exceptions to coverage described in section IV. *Limitations and Restrictions* and section V. *When Sun Life Won't Pay*.

Reference to Physician may also include a nurse practitioner

– If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Sun Life will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a Physician.

A. Government health insurance replacement plan

Unless otherwise indicated, coverage for you and each of your insured Dependents is limited to the amount that Prince Edward Island's provincial health insurance plan would provide to a covered resident on the date the service was received.

Annual Medical Examination: One annual medical examination and related laboratory tests.

Diagnostic Services: Laboratory tests and x-rays prescribed by the attending Physician.

Medical Supplies: Blood plasma, whole blood or oxygen, including the administration thereof.

Physician Charges: Medical Treatment by a Physician.

Administration of Vaccines: The Plan reimburses you for up to \$25 per Covered Person per Student Year for the cost of administering vaccines, antitoxins or injections for immunization against diseases or poisons. (The cost of the drug itself is not covered.)

Tuberculosis (TB) Testing: Sun Life will reimburse expenses for TB testing, up to a maximum of \$100 in the coverage period, provided it is a requirement for the Covered Person's course of study.

Hospital Accommodation and Related Services:

- Charges up to the ward rate or an intensive or coronary care unit where Medically Necessary.
- Reasonable and Customary Costs for treatment on an outpatient basis.

Maternity: In the event of pregnancy (including caesarean section), Sun Life will reimburse you for up to \$25,000 per Student Year for the Reasonable and Customary Costs incurred, including hospital nursery charges, subject to all limitations, exclusions and other provisions of the Plan.

Maternity benefits will be provided only if:

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

Complications arising from pregnancy or childbirth are covered for an additional \$25,000 (for a total of \$50,000) per Student Year.

Well Baby Care: Expenses of well-baby care and Physicians' examinations, where deemed Medically Necessary.

Psychiatric Care: Up to \$25,000 per Covered Person per Student Year for the treatment of psychiatric disorders, including inpatient and out-patient hospitalization.

Suicide Provision: Charges for the following will be limited to a lifetime maximum of \$20,000 per Covered Person:

- Inpatient and outpatient hospital services (including emergency room charges);
- ambulance services;
- psychiatry services;
- nursing and home support (including assessment charges);
- outpatient treatment for programs which would be provided under the Prince Edward Island's provincial health care plan.

Family Transportation: Sun Life will reimburse the Reasonable and Customary Charges for a round-trip economy class flight for an Immediate Family Member, up to a maximum of \$2,500 in a Plan Year when either:

- the Covered Person is hospitalized as an Inpatient for seven consecutive days or more and the attending Physician has requested that an Immediate Family Member be in attendance, or
- it is necessary for an Immediate Family Member to identify the body of a Covered Person before the release of the body.

Repatriation: If a Covered Person is diagnosed as terminally ill (with 12 months or less to live) and the Covered Person's medical condition is deemed stable by Sun Life, Sun Life will pay reasonable costs of returning the Covered Person by the most direct route to the air terminal nearest the Covered Person's residence in their Home Country.

Eligible Expenses include economy airfare for the Covered Person (and stretcher, if required) and return airfare for a qualified medical attendant (if certified necessary by the attending Physician), including, if required, overnight hotel and meal expenses for the medical attendant.

In the event of the Covered Person's death, Sun Life will pay the expenses for the return of the remains by the most direct route to the air terminal nearest the Covered Person's normal residence in their Home Country. Eligible Expenses include the cost of preparation and transportation of the remains, documentation and standard shipping container. The maximum amount payable is \$20,000.

If the parent or legal guardian of a Covered Person decides on burial or cremation instead of repatriation, Eligible Expenses include the transportation of the remains to a funeral home, the cost of a casket, preparation of the remains and interment or cremation. The maximum amount Sun Life will pay is \$10,000.

If such terminally ill person refuses repatriation, you will not be allowed to renew your coverage and instead any further expenses payable under the Plan will be limited to a maximum of \$5,000.

Return Home Benefit: Sun Life reserves the right as reasonably required to transport the Covered Person to their Home Country if:

- the Covered Person is unable to continue their studies due to an Illness or Injury; or
- the Covered Person has a serious Illness requiring ongoing treatment.

If the Covered Person refuses to be transported when declared medically or mentally fit to travel, any continuing costs incurred after the Covered Person's refusal will be limited to a \$5,000 maximum. The payment of any costs above the \$5,000 limit is the Covered Person's responsibility.

B. Other health benefits

The following benefits are in addition to coverage provided in section A. *Government health insurance replacement plan.*

Ambulance Services: If Medically Necessary, in the event of an Emergency:

- transportation in a licensed ground ambulance that takes the Covered Person to the nearest Hospital that is able to provide the Medical Treatment; or
- standard fare for a licensed taxi that takes the Covered Person to the nearest Hospital or medical clinic able to provide the Medical Treatment, up to a maximum of \$100 per Covered Person per Student Year (in total with any taxi fare claims under section C. *Emergency Travel Services*). Receipts will be required; or
- transportation in a licensed air or rail ambulance that takes the Covered Person to the nearest Hospital able to provide the Medical Treatment.

Dental Accident: Dental care provided by a Dentist or Dental Surgeon to repair or replace permanent natural teeth damaged as a result of a direct external blow to the mouth (and not by an object placed intentionally in the mouth) which occurs while covered under the Plan.

Treatment must take place within 180 days of the dental accident and be completed during the coverage period. A treatment plan with complete details must be submitted in advance of receiving the treatment.

Benefits will be based on Dental Association Suggested Fee Guide in effect in the province of Prince Edward Island. The maximum amount payable is \$1,000 per Covered Person per incidence.

To file a claim you must provide an accident report from the Dentist or Dental Surgeon.

Medical Appliances and Supplies: When prescribed by the attending Physician and approved in advance by Sun Life:

- minor appliances such as crutches, casts, splints, canes, slings, trusses, braces;
- walkers and/or the temporary rental of a wheelchair or hospital-type bed due to a covered Illness or Injury (the rental cost must not exceed the purchase price);
- catheters, hypodermic needles;
- oxygen, including the rental of equipment for oxygen administration and kidney dialysis equipment;
- non-dental prostheses, such as artificial limbs and eyes, including up to \$300 per Covered Person per Student Year for repairs and replacement if required because of a change in physical condition.

Physiotherapist: up to \$300 per Covered Person per Student Year for the services of a physiotherapist, including x-rays, when prescribed by the attending Physician.

Private Duty Nursing: The professional services of a registered private nurse (other than by an immediate family member) provided such services are recommended by a Physician. This benefit is available only as an alternative to hospitalization. The costs must not exceed the daily rate for a public ward stay and the services must be provided in your home.

Psychologist: Expenses for outpatient consultation by a licensed psychologist or clinical counsellor are limited to a combined maximum of \$500 per Covered Person per Student year.

C. Emergency Travel Services

Subject to section II. *When coverage ends*, if a Covered Person has an Emergency while travelling outside Prince Edward Island, coverage is limited to that which Prince Edward Island's provincial health insurance plan would provide on the date of the Emergency.

Note: The services that Prince Edward Island's provincial health insurance plan will cover for Emergencies outside Prince Edward Island and the amount of reimbursement depends on whether the Emergency occurs while the Covered Person is travelling inside Canada or outside Canada.

Hospital Accommodation:

- Charges up to the ward rate or an intensive or coronary care unit where Medically Necessary, up to 14 days, including all related medical expenses;
- Reasonable and Customary Costs for treatment on an outpatient basis.

Physician and surgeon fees.

Diagnostic Services:

Laboratory tests and x-rays prescribed by the attending Physician due to an Emergency.

Blood, blood products and their transfusion.

Ambulances Services:

If Medically Necessary, in the event of an Emergency:

- transportation in a licensed ground ambulance that takes the Covered Person to the nearest Hospital that is able to provide the Medical Treatment; or
- standard fare for a licensed taxi that takes the Covered Person to the nearest Hospital or medical clinic able to provide the Medical Treatment, up to a maximum of \$100 per Covered Person per Student Year (in total with any taxi fare claims under section B. *Other health benefits*). Receipts will be required; or
- transportation in a licensed air or rail ambulance (with an attendant when required), that:
 - takes the Covered Person to the nearest Hospital able to provide the Medical Treatment; or
 - returns the Covered Person to Prince Edward Island for the Medical Treatment.

Ambulance services coverage is limited to one Emergency per diagnosis and related condition.

IV. Limitations and restrictions

- 1. Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment** Sun Life's preapproval is required for any surgery, invasive procedure, diagnostic testing or treatment (magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies). It remains your responsibility to inform the attending Physician to call Sun Life for preapproval of any such surgery, procedure, testing or treatment unless there is an Emergency.

- 2. Benefits Limited to Reasonable and Customary Costs** If Eligible Expenses are paid directly to a health service provider without prior approval by Sun Life, the cost of these services will be reimbursed to you on the basis of the Reasonable and Customary Costs that would have been paid directly to such provider by Sun Life. Medical charges you pay may be higher than this amount; therefore, you will be responsible for any difference between the amount you paid and the Reasonable and Customary Costs reimbursed by Sun Life.
- 3. Benefits Limited to Incurred Expenses** If any of the benefits are duplicated under a similar benefit or under another insurance coverage in the Plan or another group policy issued by Sun Life, the maximum you are entitled to is the largest amount specified under any one benefit or insurance coverage. The total amount paid to you from all sources cannot exceed the actual expense you incur.
- 4. Availability and Quality of Care** Sun Life shall not be held responsible for the availability or quality of any Medical Treatment (including the results thereof) or transportation, or your failure to obtain Medical Treatment while this coverage is in effect.
- 5. Transfer or Medical Repatriation** (while travelling inside Canada on a temporary trip outside the province of Prince Edward Island), During an Emergency (whether prior to admission, during a covered hospitalization or after the Covered Person's release from the Hospital),

Sun Life reserves the right to:

- transfer the Covered Person to one of Sun Life's preferred health care providers, and/or
- return the Covered Person to the province of Prince Edward Island for the Medical Treatment of their Illness or Injury without danger to your life or health.

If the Covered Person chooses to decline the transfer or return when declared medically stable by Sun Life, Sun Life will be released from any liability for expenses incurred for such Illness or Injury after the proposed date of transfer or return. Sun Life will make every provision for the Covered Person's medical condition when choosing and arranging the mode of their transfer or return and, in the case of a transfer, when choosing the Hospital.

Sun Life also reserves the right, as reasonably required, to return a Covered Person to their Home Country if the Covered Person:

- is unable to continue their studies due to an Illness or Injury that is covered under the Plan;

- has a serious illness requiring ongoing treatment; or
- is diagnosed with a terminal illness (with 12 months or less to live) and the medical condition is stable.

If the Covered Person refuses to be transported when found to be fit to travel, any costs incurred after the date of the Covered Person's refusal of Sun Life's offer will be limited to a \$5,000 maximum. Payment of any cost above the \$5,000 maximum is your responsibility.

V. When Sun Life won't pay

Sun Life will not pay for:

- illness or injury that is confining the Covered Person to Hospital on the date coverage starts.
- chemotherapy treatment unless approved in advance by Sun Life.
- The cost of repairing or replacing damaged or lost hearing devices, prosthetic teeth, limbs or devices except as specified under section III. *Your Benefits, Medical Appliances and Supplies*.
- Myoelectric prosthetic appliances, robotic prostheses or internal (in-body) prosthetic devices.
- flight accident (unless the Covered Person is travelling as a fare-paying passenger on a commercial airline).
- medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a Physician by telephone or e-mail.
- acupuncture, massage therapy, Elective Treatment or surgery, cosmetic or plastic surgery, whether or not for psychological reasons, unless required as the result of Injury incurred while insurance is in force.
- dental treatment, oral surgery or any related procedures, except as otherwise specified under section III. *Your Benefits, Dental Accident*.
- pregnancy, childbirth, miscarriage and any complications thereof, except as specified under section III. *Your Benefits, Maternity*.
- the Covered Person's participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces of any country.
- the Covered Person's commission or attempt to commit an illegal act or a criminal act.
- expenses arising from the use of medication or drugs unless taken as prescribed by a Physician, toxic substance abuse or overdose.
- expenses arising from alcohol abuse, alcoholism or an Accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood (0.08).
- drugs, other than administered in Hospital.
- any personal comfort, convenience, exercise, safety, self-help or environmental control items, or items which may also be used for non-medical reasons, such as, but not limited to heating pads or lamps, communication aids, air conditioners or cleaners, and whirlpool baths or saunas.
- participation in:
 - any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - any competitive motorized sporting events, racing or speed contests;
 - scuba diving (unless you hold a basic SCUBA designation from a Canadian certified school), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, mountaineering.
- renal dialysis or organ transplants.
- rehabilitation and convalescent homes or holidays for recuperative purposes.
- non-compliance with any prescribed medical therapy or Medical Treatment (as determined by Sun Life) or failure to carry out a Physician's instructions.
- treatment or surgery received outside of Prince Edward Island, when a Covered Person leaves Prince Edward Island with the intent to receive such services, whether or not recommended by a Physician.
- Transportation by ground/air/rail ambulance or taxi where there is no Emergency.
- Transportation by ground/air/rail ambulance from one medical facility to another medical facility without Sun Life's preapproval.
- expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charge.

- illness, Injury or medical condition a Covered Person suffers or contracts in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued an official travel warning, before their departure date, advising travelers to avoid nonessential travel or to avoid all travel to that specific country, region or area.

If the Canadian Government issues an official travel warning after your departure date from Canada, your coverage for illness, Injury or medical condition is limited to a period of 10 days from the date the official travel warning was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area.

- any administrative fees or charges above those specified in this booklet.
- any expenses that are deemed to be experimental or investigational treatments, cosmetic, not legal, self-prescribed, not Medically Necessary, elective or non-emergency, or for which Sun Life's advance approval was required but not obtained.

Experimental or investigational treatments mean treatments that are not approved by Health Canada or other government regulatory body for the general public.

- any charges for appointments that a person does not keep, delivery charges, travel to and from appointments.
- any complications that require medical attention as a result from a non-emergency or elective surgery, medical care, or other services that were performed outside Canada prior to your coverage start date.
- any complications that require medical attention as a result from a non-emergency or elective surgery that was performed outside of Canada during your coverage period and not pre-approved by Sun Life.
- expenses for any remedial or corrective medical treatment resulting from and/or related to any procedure that is not covered under the Plan or deemed by Sun Life to be non-emergency or elective, or not approved by Sun Life in advance.
- any medical condition which existed prior to the date coverage started where the Covered Person was not medically or mentally stable for a minimum of 90 days prior to the date coverage started.
- any medical expenses resulting from a medical condition that would reasonably require medical attention prior to departure from the Covered Person's Home Country.

- medical expenses incurred outside of Canada that are not covered by or exceed the amount insured under Prince Edward Island's provincial health insurance plan.
- bone marrow or stem cell transplants and the treatment relating to the medical condition that resulted in such transplantation.

VI. How to make a claim

Obtain a claim form from your Health Plan Administrator and present it to your Physician and/or Hospital for completion.

You are responsible for providing all the documents outlined below and for any charges levied for these documents. For expenses incurred outside the province of Prince Edward Island, proof of departure and return date are required.

- Any notice of claim or correspondence concerning a claim must include your student program number, the Covered Person's name and date of birth.
- Submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, the date(s) and type of treatment, and the name of the medical facility and/or Physician. Only original bills will be considered for payment. Photocopies, facsimile transmissions or carbon copies are not acceptable. (You should make and keep copies for your own records.)
- If the Covered Person refuses or fails to sign the medical authorization form or refuses to provide any information pertinent to your claim, it may result in a delay in processing your claim.

Payment of Benefits

There are time limits for making claims. Written proof of claim must be received by Sun Life no later than six months following the date the claim was incurred. Proof of claim is at your expense. If you fail to meet these time limits, you may not be entitled to some or all benefit payments.

To assess a claim, we may ask you to send us the following documents:

- medical records or reports
- proof of payment
- itemized bills
- prescriptions
- other information we need.

Get the form on our website www.sunlife.ca.

For information about making a claim, or the status of a claim you have already sent Sun Life, call the Health Claims Customer Care Centre at 1-888-206-9004.

Except where otherwise stated, written proof of claim must be received by Sun Life not later than 12 months following the date the claim was incurred.

Benefits will be payable according to the insurance contract in force on the date the loss was incurred.

VII. General provisions

Payment of premiums

Sun Life provides insurance in accordance with the terms and conditions of the Group Policy, provided the required premium is paid.

Your premiums are charged automatically at the time you register for classes, unless you have the University of Prince Edward Island's permission to opt out of the Plan.

Premiums for Dependent coverage become payable on the date you apply for Dependent coverage.

Note: To be covered for Maternity benefits, the required premium must be paid before or immediately following the birth of your Child.

Subrogation

If you suffer a loss covered under the Plan, Sun Life is granted the right from you to take action to enforce all your rights, powers, privileges, and remedies upon making payment or accepting the claim to the extent of incurred losses against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to you, regardless of fault, Sun Life is granted the right to make demand for, and recover, those benefits.

If Sun Life institutes an action, Sun Life may do so at its own expense, in your name, and you will attend at the place of loss to assist in the action.

If you institute a demand or action for a covered loss, you shall immediately notify Sun Life so that Sun Life may safeguard its rights. You shall take no action after a loss that will impair the rights of Sun Life set forth in this paragraph and shall do such things as are necessary to secure Sun Life's rights.

Coordination of benefits

If you have similar benefits through any other insurer, the amount payable under the Plan will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered to be the first payer and therefore pays benefits before a plan which includes a coordination of benefits clause.

For dental accidents, health plans with dental accident coverage pay benefits before dental plans.

The maximum amount that you can receive from all plans for Eligible Expenses is 100% of actual expenses.

Where both plans contain a coordination of benefits clause, claims must be submitted in the order described below.

Claims for you and your Spouse should be submitted in the following order:

- the plan where the person is covered under a student health or dental plan provided through an educational institution.
- the plan where the person is covered as a Dependent.

Claims for a child should be submitted in the following order:

- the plan where the child is covered under a student health or dental plan provided through an educational institution.
- the plan of the parent with the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1, and your Spouse's birthday is June 5, you must claim under your plan first.
- the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birth date.

The above order applies in all situations except when parents are separated/divorced and there is no joint custody of the child, in which case the following order applies:

- the plan of the parent with custody of the child.
- the plan of the Spouse of the parent with custody of the child.
- the plan of the parent not having custody of the child.

When you submit a claim, you have an obligation to disclose to Sun Life all other equivalent coverage that you or your Dependents have.

VIII. Other information

Refunds

A request for premium refund must be submitted in writing to your Health Plan Administrator, together with documentation in support of your request.

There will be no refund of premium for coverage periods of less than 31 days or for partial months.

If no claim has been incurred during the period for which you are requesting a refund, refunds are payable under the following circumstances:

- the University of Prince Edward Island consents to your request to opt out of the Plan.
- you fail to meet visa entry eligibility requirements.
- you permanently return to your Home Country prior to the completion of the academic term and receive a refund of tuition and fees from the University of Prince Edward Island.
- you become covered under a provincial or territorial government health insurance plan anywhere in Canada.

Legal Actions

Limitation Period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation Period for All Other Provinces and Territories:

Every action or proceeding against an insurer 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 such other applicable legislation in your province or territory of residence.

Assignments

You may assign the payment of Eligible Expenses to the provider of the care, service or supply, when that provider has an agreement with Sun Life, unless otherwise stated in the Plan.

However, Sun Life reserves the right to cancel assignment privileges or reinstate any such privileges at any time.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

**Insurance benefits underwritten by:
Sun Life Assurance Company of Canada**

For information regarding eligibility and rates contact:

**Health Plan Administrator
University of Prince Edward Island Student Union**

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