2019-2020

MORCARE

International Student Program

DURHAM COLLEGE

This booklet is provided for the purpose of explaining the benefits provided under the group policy and is not a contract of insurance.

The terms and conditions of the group policy will prevail. The complete terms, conditions, exclusions, limitations and restrictions governing the coverage are found in the group contracts issued by the insurers.

For questions regarding the information in this booklet or if additional information about the benefits is required, the Student should contact: Morcare Insurance. Content subject to change without notice.

Morcare Call Centre: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free)
Please also visit www.morcare.ca

Morcare Insurance administers the group policy, however it is not the insurance carrier and it is not responsible for the approval, adjudication or payment of claims.

MORCARE

Durham College

- **OHIP ALTERNATIVE BENEFIT**

COVERAGE SUMMARY
Group Policy No. 100011018 issued by the insurer, Special Market Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., and Industrial Alliance.

FOR FREQUENTLY ASKED QUESTIONS
REFER TO **PAGE 10**

IMPORTANT NOTICE - PLEASE READ CAREFULLY

- **In the event of an injury or sickness, your prior medical history may be reviewed when a claim is reported.**

Insurance is provided to full-time non-Canadian students, under age 65, who hold an International Student Visa and are registered in and attending classes at a recognized institution learning within Canada, and their accompanying spouse and dependent children insured under the policy, who do not qualify for any Canadian federal and/or provincial health and hospitalization insurance plan.

"Dependent Child" means any natural child, step-child, or legally adopted child of the student, who receives support and maintenance from the student and is; (a) under 21 years of age and unmarried; or (b) 21 years of age but less than 26 years of age, unmarried, and is a full-time student in Canada; or (c) mentally or physically infirm. This shall also include a child of the student's spouse who lives with the student in a parent-child relationship.

"Spouse" means a person who is under the age of 65 and; (a) to whom the student is legally married; or (b) to whom the student is married by a marriage that is voidable and has not been declared null and void; or (c) with whom the student has continuously cohabited and who has been publicly represented as the student's spouse for a minimum of 12 months immediately before a loss is incurred under the policy. Only one individual will qualify as a spouse. If the student is legally married but is also cohabiting with an individual as described under (b) or (c) above, the student may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the student is legally married.

Whenever a reference to the masculine gender appears it will also be construed to include the feminine gender.

FAMILY OPT IN (DEPENDENT COVERAGE)

Dependent
A Member may elect the family plan at any time within 30 days of the effective date of insurance of the Member. The family plan will not be accepted if the Member does not exercise this option within the 30 day period.

EFFECTIVE DATE OF INSURANCE OF AN INSURED

Each person who is eligible for insurance under the policy shall become an insured on the later of:

A. With respect to the student:
   a) the effective date of the policy;
   b) the date he becomes an eligible person, as specified.
B. With respect to an insured Spouse and/or insured Dependent Child:
   a) coincident with the effective date of the student's insurance. Any future Dependent Children are automatically insured under the family plan coverage.

A student who is disabled on the effective date of coverage will only become eligible on the date he is attending classes on a full-time basis. Spouses and Dependent Children who are hospitalized on their effective date of coverage will only become eligible on the date they are released from the hospital.

Early Arrival: Insurance shall commence 30 days prior to the effective date stated on the application on file with the Administrator, provided premium has been paid, if the Insured Person arrives prior to such effective date.

TERMINATION OF INSURANCE OF AN INSURED

A. Coverage will immediately terminate on the earliest of:
   a) With respect to the student:
   b) the policy termination date;
   c) the premium due date if the Policyholder fails to pay a student's premium, except as a result of an inadvertent error;
   d) attainment of age 65;
   e) the date a student is ineligible for coverage;
   f) the date a student becomes eligible under a Canadian federal/provincial health plan or other group insurance plan;
   g) the date a student returns to his country of origin;
   h) the date a student withdraws from classes with the Policyholder;
   i) the date he becomes an eligible person, as specified.
B. With respect to an insured Spouse and/or insured Dependent Child:
   a) the date such person becomes ineligible for coverage;
   b) the date a student's insurance is terminated;
   c) the date such person becomes eligible under a Canadian federal/provincial health plan or other group insurance plan.

OHIP ALTERNATIVE BENEFIT

IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Company for approval three days in advance of the date of admission. Failure to submit such notification within the prescribed period of time will limit coverage to 70% of all expenses incurred, to an overall maximum of $10,000.

COVERAGE
Health Coverage during the period of time the student attends classes in Canada.

MAXIMUM LIMIT OF INDEMNITY
$1,000,000 lifetime maximum.

MEDICAL REIMBURSEMENT EXPENSES
If injury or sickness, results in medically necessary treatment, the Company will reimburse reasonable and necessary charges for services or supplies as provided under the Provincial Health Insurance Plan Schedule of Benefits in effect, in accordance with the following:

a) hospital charges, subject to 100% of the daily standard ward accommodation rate currently charged by the hospital in the province or territory of Residence;
b) If in-patient hospitalization is required for psychiatric treatment, benefits are payable up to a lifetime maximum of $25,000.00;
c) Hospitalization for any condition related to the Human Immunodeficiency Virus (HIV) is not covered if the insured's positive HIV test was known by anyone prior to the effective date of insurance, otherwise, coverage is limited to a one-time hospitalization maximum of 72 hours;
d) expenses incurred for blood plasma and whole blood, including the administration thereof;
e) expenses incurred for x-rays and laboratory examinations which are required for diagnostic purposes;
f) expenses incurred for MRI scan, when recommended by a Physician, up to a maximum of $2,500.00 per policy year;
g) expenses for medical care and treatment rendered or surgical procedure performed by a Physician, subject to the current Fee Guide published by the Medical Association in the province or territory of the Insured Person's Residence;
h) expenses for the services of a licensed anaesthetist, when recommended by a Physician, subject to the health insurance plan schedule of fees published by the province or territory of the Insured Person's Residence;
i) expenses for specific dental procedures if performed in an operating room by a dental surgeon appointed to the dental staff of the Hospital.

The Company will also reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

a) expenses for an annual health examination;
b) expenses for well-baby care, for a period of six months after the birth of an Insured Dependent Child;

c) expenses for serums, vaccines, anti-toxins, injections for immunizing against disease or poisons and administration thereof, not to exceed $150.00 per Insured Person per policy year, which includes multiple injections of the same serum or vaccine if require to be administered in stages as covered by the provincial health insurance plan. Vaccines required for traveling are excluded.

CLEFT LIP AND PALATE ASSISTANCE PROGRAM

The Company will pay the expenses actually incurred for specialized dental treatment for covered dependent children with cleft lip and palate.

MATERNITY EXPENSE INDEMNITY

In the event of pregnancy or childbirth, the Company will reimburse expenses actually incurred for pregnancy, childbirth, miscarriage, complications and maternity, including pre-post natal costs, provided that family coverage had been in force with respect to the claimant for the entire term of the pregnancy, or when the insured's coverage is in effect as of the inception date of the policy, subject to a lifetime maximum of $25,000.00.

ONCOLOGY TREATMENT

Charges for oncology treatments as an in-patient or out-patient are covered up to a lifetime maximum of $25,000.00.

REPATRIATION BENEFIT ($15,000)

If Injury or Sickness results in the loss of life of an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of Residence in Canada or the Country of Origin, including the preparation of the body for such transportation, subject to a maximum of $15,000.00 or up to $5,000.00 for cremation or burial of the remains at the place of death. The cost of a casket or urn is excluded.

Benefits payable under this part shall be limited to only one part of this policy in the event this benefit is contained in two or more parts of this policy.

RETURN HOME BENEFIT ($10,000)

If Injury or Sickness totally incapacitates an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for returning the Insured Person by the appropriate means of transportation to his city of Residence in the Country of Origin. All travel arrangements must be approved by the Company prior to departure and are limited to a maximum of $10,000.00.

Notwithstanding the above, the Company reserves the right, as reasonably required and at the Company's expense, to transfer the Insured Person to any Hospital in the Country of Origin following an Injury or Sickness, subject to the maximum amount noted above.

SELF-INFLICTED INJURIES, AND ATTEMPTED SUICIDE

Charges for the following will be payable subject to a lifetime maximum of $10,000.00 per insured:

a) in-patient and out-patient hospital services (including emergency room charges);
b) psychiatry services;
c) nursing and home support (including assessment charges);
d) out-patient treatment programs which would be provided under the Provincial Health Insurance Plan.

PRE-EXISTING CONDITIONS

The policy will not pay for expenses resulting from any condition for which an insured received medical advice, consultation or treatment within 90 days prior to the commencement of insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication, and there has been no change in the medical condition for a minimum of 90 days.

Grandfathering Clause: Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

WHEN DOES THIS INSURANCE NOT APPLY?

The plan does not cover loss, fatal or non-fatal, caused by or resulting from:
declared or undeclared war or any act thereof;

A. any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
    a) active full-time service in the armed forces of any country;
    b) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane, except as provided;
    c) the commission or the attempt to commit a criminal act by the insured;
    d) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
    e) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
    f) drug related illness or disease as a result of drug addiction or excessive use of drugs;
    g) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
    h) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;

B. The policy does not cover any of the following supplies or services or costs thereof:
   a) expenses eligible under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;
   b) prescription drugs;
   c) hospital visits solely for the administration of drugs;
   d) private duty nursing;
   e) medical examinations for the use of a third party, including immigration medical check-ups, experimental drugs, preventative medicines;
   f) medical examinations specifically for: (i) an application for insurance (or continuance thereof), (ii) an application for a school, camp, association, club, group or program (admission to or continuance at), (iii) an application for employment (or continuance thereof), and (iv) legal requirements or proceedings. Except if mandatory for co-operative and/or internship programs;
   g) group examinations, immunizations or inoculations, and examinations for screening, survey or research purposes;
   h) cosmetic surgery, unless medically necessary as a result of an accident;
   i) charges for any experimental medical treatments;
   j) services for which no charge would ordinarily be made if there was no insurance coverage;
   k) hearing aid;
   l) acupuncture procedures;
   m) contraceptive devices of any form;
   n) treatments and consultations related to infertility;
   o) any elective treatments or surgeries;
   p) pre-natal classes;
   q) laboratory or clinical pathology, other than as provided;
   r) expenses incurred for eyeglasses and contact lenses, or prescriptions therefor;
   s) expenses incurred for dental treatment, nor the cost of replacement or repair of artificial teeth, dentures or dental appliances, other than as provided;
   t) travelling time or mileage; and court testimony, preparation of records, reports, certificates or communications.

INDEMNITY PAYMENTS

OHIP ALTERNATIVE

MEDICAL INSURANCE

Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

ELIGIBILITY

ELIGIBILITY DATE

Subject to all other provisions of the group policy, each student shall become eligible on the latest of the following dates:

c) on the effective date of the policy, if he is then enrolled as a full-time student,
d) on the date on which he enrolls as a full-time student,

or for early arrival, insurance shall commence 30 days prior to the effective date stated on the application on file with the Policyholder, provided premium has been paid, if the Insured Person arrived prior to such effective date.

MEMBER ELIGIBILITY

A Member will become eligible to be insured under the group policy as a participant on the date (his "eligibility date") on which he
satisfies the following condi¬tions:

i) He satisfies the definition of Member in the group policy.
ii) He is first covered under an approved plan similar to the provincial health plan of his province of residence.

DEPENDENT ELIGIBILITY

The participant's spouse or a child of the participant or of the spouse.

A person will become eligible to be insured under the group policy as a depen¬dent on the date (his "eligibility date") on which he satisfies the following condi¬tions:

i) He satisfies the definition of dependent in the group policy.
ii) He is covered under the provincial health plan of his province of residence.
iii) The member of whom he is a dependent has become eligible to be insured under the group policy.

DEPENDENT DEFINITION

If dependents are insured under the group policy, "spouse" and "child" shall have the following meanings:

a) Spouse
The person who is married to or is in a civil union with the participant, or the person designated by the participant, whom he declares publicly to be his spouse and with whom he has been living on a permanent basis for at least one year, or less, if a child is born from their union.

A de facto separation of more than 3 months will result in the person no longer qualifying as the participant's spouse for the purposes of the group policy.

If according to this definition, the participant has had more than one spouse, spouse shall mean the person most recently qualified

b) Child

An unmarried child of the participant or of his spouse who wholly depends on the participant for support and maintenance and who meets at least one of the following conditions

i) He is under 18 years of age; or

ii) He is under 21 years of age and is attending a recognized educa¬tional institution on a full-time basis; or

iii) He is mentally or physically handicapped and is incapable of earning his own living due to such handicap provided such handi¬cap commenced while he was a child as defined in (i) or (ii).

PRE-EXISTING CONDITIONS

The policy will not pay for expenses resulting from any condition for which an insured received medical advice, consultation or treatment within 90 days prior to the commencement of insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication, and there has been no change in the medical condition for a minimum of 90 days.

Grandfathering Clause: Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

SURVIVOR BENEFIT

If the participant dies while covered under this benefit, insurance under this benefit shall continue for his dependents who were covered under this benefit at the time of his death, with premium payment, until the end of the student year.

FAMILY OPT IN (DEPENDENT COVERAGE)

Dependent

A Member may elect the family plan at any time within 30 days of the effective date of insurance of the Member. The family plan will not be accepted if the Member does not exercise this option within the 30 day period.

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FREQUENTLY ASKED QUESTIONS

FAMILY OPT-IN PROVISION

You may elect to add the family plan at any time within 30 days of the **effective date** of your insurance. The family plan will not be accepted if you do not opt in your family within the 30 day period. **Please visit www.morcare.ca**

DO I NEED TO ADD MY FAMILY TO MY PLAN EVERY YEAR?
Yes. You will need to add your family to the plan each school policy year. Family coverage is only active while the student coverage is active during the same policy year.

If the online link is closed, please proceed to your International Student Office for assistance.

"**SPOUSE**" means the legal spouse of the Insured Student, residing in Canada, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the Durham College's records for insurance purposes and is covered under the provincial health insurance plan.

"**DEPENDENT CHILD OR CHILDREN**" means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is a resident of Canada and is covered under the provincial health insurance plan.

Please be aware that should you decide to purchase family benefits for your spouse and/or dependent children they will also be enrolled in the same benefit plan that you have chosen.

HOW CAN I SET UP A DOCTOR OR WALK-IN CLINIC APPOINTMENT

TO AVOID UPFRONT COSTS CALL MORCARE: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free)

APPOINTMENT SET-UP FOR: DOCTOR VISITS, WALK-IN CLINICS, X-RAYS, HOSPITAL VISITS

If it is not a medical emergency, please contact Morcare for assistance in setting up your appointment.

You can also go to your family doctor, any walk-in clinic or hospital and present your Morcare student benefit card. Most places will accept the student benefit card. If your doctor, walk-in clinic or hospital will not accept the card you can pay them directly and submit a claim for reimbursement. Coverage for your visit is up to the benefit maximum in your coverage. Other fees or costs may apply to you. If you have questions about your coverage, contact Morcare for assistance.

DO I NEED APPROVAL IF I WILL BE STAYING OVERNIGHT IN A HOSPITAL OR SCHEDULED FOR OUTPATIENT SURGERY?

Yes. If you will have an expense for scheduled confinement in a hospital or scheduled surgery, including outpatient surgery, Notification of this claim must be submitted to the Insurer for approval **THREE (3) days in advance of the date** you will be admitted.

If you do not get approval 3 days in advance, your coverage is limited to 70% of all expenses incurred to an overall maximum of $10,000. If you have questions, contact Morcare for assistance.

FOR MEDICAL EMERGENCIES

If it is a medical emergency, proceed directly to the hospital. If you are admitted overnight, please contact Morcare immediately at 1-888-985-1552.

DEADLINE TO FILE A CLAIM

Please submit your claim within 6 months of the date of service, or by November 30th, 2020; whichever is earlier.

HOW TO FILE AN OHIP ALTERNATIVE HEALTH CLAIM

OHIP ALTERNATIVE HEALTH CLAIMS (Doctors, x-rays, walk-in clinics, hospital visits, emergency) If the healthcare provider accepts your Morcare International Medical Card, claims will be paid by the Insurer directly to the provider.

If you have paid for any expenses yourself, these claims can be submitted by MAIL ONLY. If you have been issued an invoice for outstanding payment, you can include the unpaid invoice along with a completed International claim form and indicate that payment should be made directly to the health care provider.
Download the Claim Form at **Morcare.ca**
Complete the claim form and Mail the form with the original receipts and/or invoice. Make sure to keep photocopies for yourself.
Please be sure to include on the claim form: your policy number, certificate number and current mailing address.

You can also contact Morcare at: 416-216-5735 (Local) and 1-888-985-1552 (Toll Free) for assistance with the Claim Form.

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www.morcare.ca