2023-2024

MORCARE

International Student Program

HUMBER COLLEGE
UNIVERSITY OF GUELPH-HUMBER

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

Humber Institute Of Technology and Advanced Learning

- **OHIP ALTERNATIVE BENEFIT**
- **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

COVERAGE SUMMARY
Group Policy No. 100011032 issued by the insurer, Special Market Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., and Industrial Alliance.

FOR EXTENDED HEALTH & DENTAL COVERAGE
REFER TO **PAGE 15**

FOR FREQUENTLY ASKED QUESTIONS
REFER TO **PAGE 46**

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 120 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 120 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.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

COVERAGE

Injury sustained during the period of time the student attends classes in Canada.

PRINCIPAL SUM

Student	$ 50,000.00
Spouse	$ 10,000.00
Each Dependent Child	$ 2,500.00

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The “loss” or “loss of use” must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Entire Sight of One Eye	66 2/3%
Speech or Hearing in both Ears	66 2/3%
Thumb and Index Finger of Either Hand	33 1/3%
Four Fingers of Either Hand	33 1/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs)	200%
Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT ($10,000)

If injury requires medical treatment within 30 days, the Company will pay for reasonable and customary expenses actually incurred for the following: (a) expenses for the services of a nurse; (b) transportation by a licensed ambulance service or, when recommended by a physician, by any other conveyance licensed to carry passengers for hire to or from the nearest hospital which is equipped to provide the required treatment; (c) hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary; (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, subject to a maximum reimbursement of $500.00 during any one policy year; (f) drugs and medicines which require the written prescription of a physician and are dispensed by a registered pharmacist or physician; (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of $750.00 during any one policy year; (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of $500.00 during any one policy year.

The plan is subject to and will not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans. Benefits will be reduced by any amount paid or payable under any other policy providing similar reimbursement expenses.

BEREAVEMENT BENEFIT ($1,000)

If an injury results in loss of life of a student, the Company will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the student for up to six sessions of grief counselling, by a professional counsellor.

COSMETIC DISFIGUREMENT BENEFIT ($25,000)

If an insured suffers a third degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

COSMETIC DISFIGUREMENT BENEFIT ($25,000)

If an insured suffers a third degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

Body Part	**Area Classification (A)**	**Maximum Allowable % for Area Burned (B)**	**Maximum % of Principal Sum Payable (C)**
		%	**%**
Face, Neck, Head	11	9.0	99.0
Hand and Forearm	5	4.5	22.5
Either Upper Arm	3	4.5	13.5
Torso (front or back)	2	18.0	36.0
Either Thigh	1	9.0	9.0
Either Lower Leg (below knee)	3	9.0	27.0

The maximum percent of Principal Sum payable (C) is determined by multiplying the area classification (A) by the maximum allowable percent for Area Burned (B). In the event of a 50% surface burn, the maximum allowable percent for area burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the insured suffers burns in more than one area, as a result of any one accident, benefits will not exceed the maximum amount stated above.

DAY CARE BENEFIT ($5,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of, or within 12 months following the accident.

EDUCATION BENEFIT ($10,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there are no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of $2,500.00 to the designated beneficiary.

FAMILY TRANSPORTATION BENEFIT ($15,000)
If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of $0.35 per kilometer travelled.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT ($15,000)
If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

HOSPITAL INDEMNITY EXPENSE ($2,500)
A daily benefit, subject to the above-mentioned monthly maximum, will be payable when an insured is in a hospital, if such period of hospitalization is necessary for the treatment of an injury which results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and begins while insurance is in force.

A period of hospitalization necessary for an injury other than for a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity will be covered as stated above, provided such hospitalization is of at least a 4 day period.

FUNERAL EXPENSE BENEFIT ($6,500)
If injury results in loss of life in the city of Residence in Canada, an additional amount is payable for cremation or burial (if in the city of Residence in Canada) expenses actually incurred. This benefit is only payable if no Repatriation Benefits have been paid out.

IDENTIFICATION BENEFIT ($10,000)
If injury results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by a member of the immediate family for lodging, board and transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters.

If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of $0.35 per kilometre travelled.

PSYCHOLOGICAL THERAPY BENEFIT ($5,000)

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity and results in the insured requiring psychological therapy, as prescribed by a physician, the Company will pay the reasonable and necessary expenses actually incurred.

REHABILITATION BENEFIT ($15,000)

If injury requires that the student undergo special training in order to be qualified to engage in a special occupation in which the student would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

SPOUSAL RETRAINING BENEFIT ($15,000)

If injury results in loss of life of a student, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

TRAVEL EXPENSE REIMBURSEMENT FOR PARENT(S) ($10,000)

The Company will pay the actual expenses incurred by the parent(s) of the student for transportation, board, lodging and extra travel expenses incurred while en route and/or during the stay in the city or town where the body of the student is located following an accidental death.

TUTORIAL AND SPECIAL TELEPHONE EXPENSE ($2,000)

If injury shall, within 100 days from the date of the accident, totally disable and confine the student to his residence or hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services attained by the student at a rate not to exceed $20.00 per hour, and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his residence or hospital.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

WHEN DOES THIS ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE NOT APPLY?

A. The plan does not cover loss, fatal or non-fatal, caused by or resulting from:
   a) declared or undeclared war or any act thereof;
   b) active full-time service in the armed forces of any country;
   c) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
   d) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".
   e) Nor does the plan cover expenses incurred:
B. purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
   a) charges of masseur;
   b) sickness or disease, either as a cause or effect;
   c) expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan or its equivalent.

INDEMNITY PAYMENTS

ACCIDENTAL DEATH & DISMEMBERMENT

Indemnity payable in the event of the loss of life of a student is payable to the estate of the student. All other indemnities payable, including those payable for the insured Spouse and/or insured Dependent Children, are payable to the student, with the exception of indemnities payable under the following benefits: Bereavement, Day Care, Education, Family Transportation, Funeral Expense, Identification, Repatriation and Spousal Retraining benefit.

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation. **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.

MORCARE

Humber Institute Of Technology and Advanced Learning

- **PRESCRIPTION DRUG, EXTENDED HEALTH & DENTAL**

COVERAGE SUMMARY
Group Number 514561
Policy Number 100011684 issued by the insurer, Special Markets Solutions, a division of Industrial Alliance Financial Group Inc.

Section I	**Balanced Plan**	**(Page 20)**
Section II	**Enhanced Drug Plan**	**(Page 28)**
Section III	**Enhanced Dental Plan**	**(Page 36)**

PAY DIRECT PRESCRIPTION BENEFITS

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse **80%** of the reasonable and customary charges incurred, to a maximum of **$2,000.00** per Insured, per policy year:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, subject to a maximum of $500.00 per Insured per policy year (pseudo din# 910333 must be used for all diabetic supplies);
d) allergy serums;
e) Gardasil vaccine;
f) oral contraceptives, contraceptive patch, Nuva Ring and IUD's subject to a maximum of $500.00.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.
The maximum amount allowed for a dispensing fee is **$10.50** any amount charged over and above will be payable by the student.

EXCLUSIONS AND REDUCTIONS

This benefit does not cover any expense for the following:

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) anti-smoking remedies (Nicorette gum, patches or similar products);
d) contraceptives other than oral, the contraceptive patch and Nuva Ring;
e) oral vitamins, injectable vitamins that are non-prescription;
f) drugs, hormones, products and injections for the treatment of obesity;
g) infant formula, dietary foods and aids; salt and sugar substitutes;
h) first-aid and surgical supplies; atomizers, vaporizers;
i) drugs which are experimental in nature, diagnostic aids and laboratory tests;
j) preventative vaccines (excluding Gardasil), including Hepatitis B;
k) all acne preparations including Accutane.

EXTENDED HEALTH CARE BENEFITS

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

Eligible Expenses (In Province)
ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

Vision Care
If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months, to a maximum of $75.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $110.00 in any consecutive 24 months for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of $200.00 for one complete set of lenses for any Insured, in any 24 consecutive months. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

Ambulance

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

Paramedical Practitioners

80% up to a maximum of **$300.00** each policy year for each type of practitioner listed below:

a) Combined services of a naturopath or a chiropractor;
b) Services of a registered massage therapist, if recommended by a physician;
c) Services of a physiotherapist, if recommended by a physician
d) Combined services of a podiatrist or chiropodist, if recommended by a physician;
e) Services of an osteopath;
f) Services of a registered dietician;
g) Services of an acupuncturist, Practitioners must be registered with:
h) Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

80% up to a maximum of **$1,000.00** each policy year for each type of practitioner listed below:

a) Combined services of a clinical psychologist or speech therapist, if recommended by a physician.

Orthopedic Supplies

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of **$200.00,** if recommended by a physician, podiatrist or chiropodist.

Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.

Orthopedic supplies must be dispensed by a different provider than the prescriber.

Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

Prosthetic Appliances

a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
c) Charges for casts, splints, trusses, braces or crutches, including replacements when medically necessary;
d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year.

Medical Supplies

Charges for vaccines (excluding Hepatitis B and Gardasil), compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

Equipment Rental

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of $250.00.

Other Eligible Expenses

a) Charges for oxygen, blood or blood products and the equipment required for its administration;
b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

EXCLUSIONS AND REDUCTIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) medical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by Humber Institute of Technology and Advanced Learning;
k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

DENTAL BENEFIT

Maximum Coverage
During each policy year, the maximum coverage per Insured is $500.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

Basic and Preventative Services
100% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams
a) complete oral examinations
b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays
a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 4 films in 12 consecutive months)
e) occlusal (no more than 4 films in 12 consecutive months)
    - 100% of one cleaning and one unit of polishing; includes up to 4 units of scaling, above the gum line.

Fluoride treatments will be limited to one per policy year.

Minor Restorative Services
75% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers, during each policy year.

EXCLUSIONS AND REDUCTIONS
Please note the following information:
a) space maintainers only applicable to dependents under 15 years of age
b) tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
c) multiple restorations on a common surface placed on the same service date will be considered a single restoration
d) maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

Extractions and Oral Surgery Services
75% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year, other oral surgery is covered at 10% during each policy year.

The Services Listed Below are Covered at 10%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow- up care:

a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
b) root canal therapy
c) apexification
d) periapical services
e) root amputation
f) hemisection
g) intentional removal, apical filling and reimplantation

Periodontics

a) non-surgical procedures
b) definitive surgical procedures
c) adjunctive surgical procedures
d) occlusal equilibration
e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
f) periodontal appliance repair, maintenance and adjustment (no more than 4 units in any policy year)

Major Restorative (crowns/bridges/dentures) - Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS AND REDUCTIONS

Please note the following information:

a) services not included in the list of defined eligible services (e.g. temporary fillings);
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

PAY DIRECT PRESCRIPTION BENEFITS

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse **90%** of the reasonable and customary charges incurred, to a maximum of **$4,000.00** per Insured, per policy year:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, subject to a maximum of $1000.00 per Insured; per policy year (pseudo din# 910333 must be used for all diabetic supplies);
d) allergy serums;
e) Gardasil vaccine;
f) oral contraceptives, contraceptive patch, Nuva Ring and IUD's subject to a maximum of $500.00.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.
The maximum amount allowed for a dispensing fee is **$10.50** any amount charged over and above will be payable by the student.

EXCLUSIONS AND REDUCTIONS

This benefit does not cover any expense for the following:

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) anti-smoking remedies (Nicorette gum, patches or similar products);
d) contraceptives other than oral, the contraceptive patch and Nuva Ring;
e) oral vitamins, injectable vitamins that are non-prescription;
f) drugs, hormones, products and injections for the treatment of obesity;
g) infant formula, dietary foods and aids; salt and sugar substitutes;
h) first-aid and surgical supplies; atomizers, vaporizers;
i) drugs which are experimental in nature, diagnostic aids and laboratory tests;
j) preventative vaccines (excluding Gardasil), including Hepatitis B;
k) all acne preparations including Accutane.

EXTENDED HEALTH CARE BENEFITS

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

Eligible Expenses (In Province)
ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

Vision Care
If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months, to a maximum of $75.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $100.00 in any consecutive 24 months for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of $200.00 for one complete set of lenses for any Insured, in any 24 consecutive months. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.
d) The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

Ambulance

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

Paramedical Practitioners

80% up to a maximum of **$300.00** each policy year for each type of practitioner listed below:

a) Combined services of a clinical psychologist or speech therapist, if recommended by a physician
b) Combined services of a naturopath or a chiropractor;
c) Services of a registered massage therapist, if recommended by a physician;
d) Services of a physiotherapist, if recommended by a physician
e) Combined services of a podiatrist or chiropodist, if recommended by a physician;
f) Services of an osteopath;
g) Services of a registered dietician;
h) Services of an acupuncturist, Practitioners must be registered with:
i) Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Orthopedic Supplies

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of **$200.00**, if recommended by a physician, podiatrist or chiropodist.

Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.

Orthopedic supplies must be dispensed by a different provider than the prescriber.

Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

Prosthetic Appliances

a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
c) Charges for casts, splints, trusses, braces or crutches, including replacements when medically necessary;
d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year.

Medical Supplies

Charges for vaccines (excluding Hepatitis B and Gardasil), compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

Equipment Rental

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of $250.00.

Other Eligible Expenses

a) Charges for oxygen, blood or blood products and the equipment required for its administration;
b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

EXCLUSIONS AND REDUCTIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) medical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by Humber Institute of Technology and Advanced Learning;
k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

DENTAL BENEFIT

Maximum Coverage
During each policy year, the maximum coverage per Insured is $400.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners

Basic and Preventative Services
80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams
a) complete oral examinations
b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays
a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 4 films in 12 consecutive months)
e) occlusal (no more than 4 films in 12 consecutive months)
    - 80% of one cleaning and one unit of polishing; includes up to 4 units of scaling, above the gum line.

Fluoride treatments will be limited to one per policy year.

Minor Restorative Services
60% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers, during each policy year.

EXCLUSIONS AND REDUCTIONS
Please note the following information:
a) space maintainers only applicable to dependents under 15 years of age
b) tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
c) multiple restorations on a common surface placed on the same service date will be considered a single restoration
d) maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

Extractions and Oral Surgery Services
60% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year, other oral surgery is covered at 10% during each policy year.

The Services Listed Below are Covered at 10%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow- up care:

a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
b) root canal therapy
c) apexification
d) periapical services
e) root amputation
f) hemisection
g) intentional removal, apical filling and reimplantation

Periodontics

a) non-surgical procedures
b) definitive surgical procedures
c) adjunctive surgical procedures
d) occlusal equilibration
e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
f) periodontal appliance repair, maintenance and adjustment (no more than 4 units in any policy year)

Major Restorative (crowns/bridges/dentures) - Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS AND REDUCTIONS

Please note the following information:

a) services not included in the list of defined eligible services (e.g. temporary fillings);
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

PAY DIRECT PRESCRIPTION BENEFITS

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse **65%** of the reasonable and customary charges incurred, to a maximum of **$1,500.00** per Insured, per policy year:

a) most prescription drugs or medicines;
b) insulin injectibles;
c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, subject to a maximum of $500.00 per Insured per policy year (pseudo din# 910333 must be used for all diabetic supplies);
d) allergy serums;
e) Gardasil vaccine;
f) oral contraceptives, contraceptive patch, Nuva Ring and IUD's subject to a maximum of $250.00.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.
The maximum amount allowed for a dispensing fee is $10.50 any amount charged over and above will be payable by the student.

EXCLUSIONS AND REDUCTIONS

This benefit does not cover any expense for the following:

a) over-the-counter products, or medicines available without a prescription;
b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
c) anti-smoking remedies (Nicorette gum, patches or similar products);
d) contraceptives other than oral, the contraceptive patch and Nuva Ring;
e) oral vitamins, injectable vitamins that are non-prescription;
f) drugs, hormones, products and injections for the treatment of obesity;
g) infant formula, dietary foods and aids; salt and sugar substitutes;
h) first-aid and surgical supplies; atomizers, vaporizers;
i) drugs which are experimental in nature, diagnostic aids and laboratory tests;
j) preventative vaccines (excluding Gardasil), including Hepatitis B;
k) all acne preparations including Accutane.

EXTENDED HEALTH CARE BENEFITS

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

Eligible Expenses (In Province)
ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

Vision Care
If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months, to a maximum of $75.00 plus (b) or (c) below;
b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of $50.00 in any consecutive 24 months for one complete set of lenses and frames for any one Insured; or
c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of $200.00 for one complete set of lenses for any Insured, in any 24 consecutive months. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.
d) The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

Ambulance

a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

Paramedical Practitioners

$20.00 per visit up to a maximum of **$300.00** each policy year for each type of practitioner listed below:

a) Combined services of a clinical psychologist or speech therapist, if recommended by a physician
b) Combined services of a naturopath or a chiropractor;
c) Services of a registered massage therapist, if recommended by a physician;
d) Services of a physiotherapist, if recommended by a physician
e) Combined services of a podiatrist or chiropodist, if recommended by a physician;
f) Services of an osteopath;
g) Services of a registered dietician;
h) Services of an acupuncturist, Practitioners must be registered with:
i) Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Orthopedic Supplies

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of **$200.00**, if recommended by a physician, podiatrist or chiropodist.

Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.

Orthopedic supplies must be dispensed by a different provider than the prescriber.

Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

Prosthetic Appliances

a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
c) Charges for casts, splints, trusses, braces or crutches, including replacements when medically necessary;
d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of $200.00 per individual each policy year.

Medical Supplies

Charges for vaccines (excluding Hepatitis B and Gardasil), compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

Equipment Rental

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of $250.00.

Other Eligible Expenses

a) Charges for oxygen, blood or blood products and the equipment required for its administration;
b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

EXCLUSIONS AND REDUCTIONS

a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
f) medical treatment which is experimental or investigational in nature;
g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
h) services, treatment or supplies not included in this benefit;
i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by Humber Institute of Technology and Advanced Learning;
k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

DENTAL BENEFIT

Maximum Coverage
During each policy year, the maximum coverage per Insured is $800.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners

Basic and Preventative Services
100% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams
a) complete oral examinations
b) recall oral examinations
c) emergency or specific oral examinations
d) consultation

Eligible X-rays
a) full mouth series, maximum of 16 films in any 36 consecutive months
b) panorex (one in any 36 consecutive months)
c) periapical (no more than 16 films in any 36 consecutive months)
d) bitewing (no more than 4 films in 12 consecutive months)
e) occlusal (no more than 4 films in 12 consecutive months)
    - 100% of one cleaning and one unit of polishing; includes up to 4 units of scaling, above the gum line.

Fluoride treatments will be limited to one per policy year.

Minor Restorative Services
85% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers, during each policy year.

EXCLUSIONS AND REDUCTIONS
Please note the following information:
a) space maintainers only applicable to dependents under 15 years of age
b) tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
c) multiple restorations on a common surface placed on the same service date will be considered a single restoration
d) maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

Extractions and Oral Surgery Services
85% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year, other oral surgery is covered at 15% during each policy year.

The Services Listed Below are Covered at 15%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow- up care:

a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
b) root canal therapy
c) apexification
d) periapical services
e) root amputation
f) hemisection
g) intentional removal, apical filling and reimplantation

Periodontics

a) non-surgical procedures
b) definitive surgical procedures
c) adjunctive surgical procedures
d) occlusal equilibration
e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
f) periodontal appliance repair, maintenance and adjustment (no more than 4 units in any policy year)

Major Restorative (crowns/bridges/dentures) - Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS AND REDUCTIONS

Please note the following information:

a) services not included in the list of defined eligible services (e.g. temporary fillings);
b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
c) cosmetic surgery or treatment when classified as such by the Company;
d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature.

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

ELIGIBILITY

ELIGIBILITY DATE

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

a) on the effective date of the policy, if he is then enrolled as a full-time student,
b) 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.

ADJUDICATION OF CLAIMS

CLAIMS SUBMISSION

The insurer must receive notice of any claim for a Health Insurance benefit or Dental Care Insurance benefit within 6 months of the date of the event which gives entitlement to the benefit.

All notices of claims must be submitted to the insurer on the forms provided for that purpose by the insurer and must include all information that the insurer deems necessary for the assessment of the claim. If all information that is re¬quired by the insurer is not received, the insurer will have the right to deny the claim.

The insurer reserves the right to require additional proof or information regarding a claim whenever it deems necessary.

If notice of claim is not received by the insurer within the periods set out above or additional proof or information requested by the insurer is not provided, the insurer will have the right to deny the claim.

The insurer will undertake all necessary actions to detect and investigate fraudulent claims under the group policy. It is a crime if a participant should knowingly, and with the intent to defraud the insurer and the group plan, file a claim that contains any false, incomplete or misleading information. The insurer retains the right to audit all claims at any stage, including after payment has been made, for fraud or misrepresentation. If the insurer determines that a participant has intentionally submitted a claim that contains false or misleading information, the insurer shall have the right, at its sole discretion, to notify the policyholder, decline the claim or require reimbursement if the claim has been paid. In addition, the insurer will have the right to terminate the participant's entire coverage under the group policy including any coverage for the participant's dependents, and will have the right to undertake the prosecution of the participant in accordance with provincial and/or federal law.

REIMBURSEMENT OF CLAIMS

The insurer will reimburse the percentage of covered expenses incurred, as specified in the Summary of Benefits, once the deductible has been satisfied.

TERMINATION OF INSURANCE

PARTICIPANT

A participant's insurance automatically terminates on the earliest of the following dates:

a) The date the group policy is terminated;
b) The date of the participant's death;
c) The later of the following dates:
    i) the date indicated on a written notice received from the policy¬holder;
    ii) the date this notice was received by the insurer;
d) The date the participant is incarcerated after committing a criminal offence for which he was found guilty;
e) The date the participant ceases to qualify as a member as defined in the group policy;
f) The date the student ceases to be a full-time student.

DEPENDENTS

A dependent's insurance terminates on the earliest of the following dates:

a) The date the participant of whom he is a dependent ceases to be covered under the group policy;
b) The date the dependent ceases to be a dependent as defined in the group policy;
c) The date the dependent reaches the age limit specified in the Summary of Benefits, if an age limit is indicated;
d) The later of the following dates:
    i) the date indicated on a written notice received from the policy¬holder;
    ii) the date this notice was received by the insurer.

EXTENDED HEALTH INSURANCE

The insurer undertakes to reimburse the medical expenses defined herein which are due to an injury, illness or pregnancy and which are incurred after the insured person became covered under this benefit, subject to the terms and conditions of this benefit and the group policy.

DEFINITIONS

As used in this benefit:

Hospital: An institution which

a) is legally licensed by the appropriate government body;
b) is intended for the care of bedridden patients; and
c) provides at all times the services of physicians and registered nurses.

Prosthesis: A device designed to replace all or part of a limb or an organ.

Original or generic drug: If mention is made of these two types of drugs, the original drug refers to the drug that was first developed and launched in the marketplace. The generic drug refers to any reproduction of the original drug.

Medical emergency: A sudden or unexpected occurrence that requires imme¬diate medical attention.

Convention: Drugs which by law do not require a prescription, but which would not ethically be dispensed by a pharmacist without one.

Medically required: Certified by a physician as required to treat a condition which is detrimental to the patient's health.

DENTAL INSURANCE

The insurer undertakes to reimburse the insured person's dental care expenses which are incurred after the insured person became covered under this benefit, subject to the terms and conditions of this benefit and the group policy.

DEFINITIONS

As used in this benefit:

General practitioner: A licensed dentist who practices dentistry without spe¬cialization.

Specialist: A person licensed by the provincial licensing authority to practice dentistry with specialization.

Denturist: A person licensed by the provincial licensing authority to work as a practitioner supplying and fitting dentures.

Expenses incurred: Any fee corresponding to a professional procedure which has been performed. Expenses are considered to be incurred only when treat¬ment has actually been given, even if a treatment plan has been submitted to and approved by the insurer.

For dentures, expenses are considered to be incurred only on the date the dentures are installed.

Dental hygienist: A person licensed by the provincial licensing authority to work as a practitioner specializing in the cleaning of teeth and assisting the patient in proper oral health.

Dental expenses: Only those items included below which are specified in Sections I, II, III and IV will be considered "eligible expenses" provided they were rendered by a general practitioner, a specialist on the recommendation of a general practitioner or by a dental hygienist.

Treatment Plan: If the total cost of a course of treatment is expected to exceed $500, a treatment plan should be submitted to the insurer who will determine, before commence¬ment of the treatment, the amount of eligible expenses. "Treatment plan" means a written description of the course of treatment which, in the opinion of the dentist, will be required, including x-rays in support of such opinion, and specification of the probable date and cost of the treatment.

Payment of Benefits – Fees: Eligible expenses will be reimbursed according to the appropriate Fee Guide of the year specified in Sections I, II, III and IV, subject to any limits stated in the benefit. Expenses incurred for services provided by a denturist are limited to the normal suggested fee for denturists of the insured person's province of residence.

Expenses incurred in Canada, other than expenses related to services provided by a denturist, will be limited to the normal rate suggested for general practitio¬ners in the insured person's province of residence.

Expenses incurred for services provided by a denturist are limited to the normal suggested fee for denturists of the insured person's province of residence.

Proof: Before paying benefits, the insurer may require, at no expense to the insurer, a complete diagram showing the insured person's state of dentition prior to the beginning of the treatment for which a claim is submitted. The insurer may also, if it deems necessary, require laboratory or hospital reports, x rays, casts, molds or models used for examination purposes, or any other similar evidence.

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.wespeakstudent.com**

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 Humber 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, 2024; 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 **www.wespeakstudent.com**

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.

HOW TO FILE AN ACCIDENT CLAIM

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) CLAIMS:
In the event of accidental, death or dismemberment claim, You MUST call the Insurer at 1-800-266-5667

Have the following information ready to provide:
Name of the person insured
Policy number
Type of accident
Date of accident and/or death

The claim forms and instructions will be sent to you at that time.

HOW TO FILE AN EXTENDED HEALTH OR DENTAL CLAIM

EXTENDED HEALTH CLAIMS (Drug, Paramedical, Vision) AND DENTAL CLAIMS

Your student identification card may be used at any participating provider (pharmacy or dentist) across Canada and payment of eligible claims will be honoured. To fill a prescription drug or dental claim, you will need to supply the pharmacist or dentist with your Morcare Health card or the following information:

- **Your Group Number is 100002**
- **Provider: ClaimSecure (formerly RxPlus / Merx Health Corporation)**

- **HUMBER: Your Certicate Number is: Z0 _ _ _ _ _ _ _ _**
  (the last 8 digits of your student number)
  Example: If your student ID is n12345678, your certicate number is Z012345678.

- **GUELPH-HUMBER: Your Certicate Number is: Z00 _ _ _ _ _ _ _**
  (the last 7 digits of your student number)
  Example: If your student ID is 1234567, your certicate number is Z001234567.

At this point you will be required to pay the deductible amount of your claim, if necessary. Please note the dental office may charge more than the Fee Guide, which will require you to be responsible for any additional costs.

If you paid out of pocket and need to be reiumbursed, you must obtain and complete an extended health care claim form available at **www.wespeakstudent.com**. Include all written referrals and original receipts. **You will submit all information to the address on the claim form for reimbursement.** When so requested by the Company, you will secure any further statements from your physician within 90 days of the date of the claim.

MY STUDENT CARD WAS NOT ACCEPTED AT THE PHARMACY OR DENTAL OFFICE

There are a few different reasons for having complications at your pharmacy or dental office. Below are a few scenarios:

a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information online so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims online due to the transfer of information to the online system. If you are affected by this delay, please use the manual reimbursement system as noted under HOW TO FILE AN EXTENDED HEALTH OR DENTAL CLAIM above.

b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through ClaimSecure. A toll-free number has been provided to all pharmacies and dental offices so they are able to assist you on the spot.

c) If you experience complications at the pharmacy that are not related to the above descriptions, please call Morcare for help at at: **416-216-5735 (Local) and 1-888-985-1552 (Toll Free).**

SUBMITTING CLAIMS ONLINE

How to create your online profile

1. **Visit www.wespeakstudent.com**
   Select your school, and click on the "eProfile" tile.

2. **Click "Register Now".**
   You must have an active insurance status and valid e-mail address to register.

   - **Your Group Number is: 514561**
   - **Your Certificate Number is: Z0** _ _ _ _ _ _ _ (the last 8 digits of your student number)
     Example: If your student ID is n12345678, your certificate number is Z012345678.

   GUELPH-HUMBER:
   - **Your Group Number is: 514561**
   - **Your Certificate Number is: Z00** _ _ _ _ _ _ _ (the last 7 digits of your student number)
     Example: If your student ID is 1234567, your certificate number is Z001234567.

   Direct deposit is optional. You can sign up any time under "My Account"

3. **You will receive an email confirmation from "eProfile System" containing your login information.**
   Make sure to log into your account within 15 days, otherwise your registration information will expire.

DO NOT USE YOUR ONLINE PROFILE FOR THE BELOW

- Hospital & physician visits
- Emergency room visits
- Walk-in clinic
- Blood tests
- X-rays & ultrasounds
- Diagnostic imaging

These claims can **only** be submitted by email or mail. Required claim forms downloadable at www.wespeakstudent.com

IF YOU HAVE ANY QUESTONS CONTACT MORCARE:

Toll Free Help Line: 1-888-985-1552 **Email:** help@morcare.ca **Online Chat:** www.wespeakstudent.com

DO I NEED TO SET UP A BANK ACCOUNT FOR DIRECT DEPOSIT?

Yes. In order to submit your claims online with the Insurer you will need a Canadian Bank Account to be set up for direct deposit.

MORCARE

2255 Sheppard East, Atria 1, 2nd Floor, Suite 202, Toronto, ON, M2J 4Y1

www.morcare.ca