



## EMERGENCY OUT OF PROVINCE/CANADA

Travel Coverage

- » **COVERAGE FOR EMERGENCY INJURY OR SICKNESS**  
Per covered trip: \$5,000,000
- » **TRIP DURATION**  
180 Days maximum

Emergency Out of Province Coverage and Assistance is provided by AIG Travel Insurance under policy: 9429064

### Global Excel

For emergency assistance call: **1-877-207-5018**  
Outside North America, call collect: **+1 819-566-3940**

### Medical Assistance

YOU MUST contact Global Excel prior to receiving any medical treatment. If you do not, you may receive inappropriate or unnecessary medical treatment which may not be included in your coverage.

Note: Refer to the AIG Out Of Province/Canada Travel booklet for full policy details and exclusions available on [morcare.ca](http://morcare.ca)



## STUDENT ASSISTANCE PROGRAMS

WeConnect

- » **STUDENT ASSISTANCE PROGRAM**  
WeConnect is a central resource providing students access to mental health and wellness information and supports.

The information and tools available through WeConnect have been developed to assist students in increasing and/or sustaining optimal health, so they can maintain a productive and positive lifestyle while completing their studies.

Visit [morcare.ca](http://morcare.ca) for more information



## HOW TO FILE YOUR CLAIM

### OHIP ALTERNATIVE, AD&D, EMERGENCY OUT-OF-PROVINCE HOSPITAL/MEDICAL INSURANCE CLAIMS:

Submit claims online: visit [www.morcare.ca](http://www.morcare.ca)  
Secondary option: By mail to the address on the claim form

- » **YOUR GROUP POLICY NUMBER IS: 100011031**
- » **PROVIDER: SPECIAL MARKET SOLUTIONS**
- » **YOUR CERTIFICATE NUMBER IS YOUR STUDENT ID**

You can download your claim forms at [www.morcare.ca](http://www.morcare.ca)  
**Please ensure you scan or send photos of both your claim form, and all receipts or invoices.**

### DRUG, DENTAL, EXTENDED HEALTH CLAIMS:

Your drug, dental, and extended health care claims are paid by ClaimSecure. When making a pay direct drug/dental claim, the pharmacy/dentist will need to know the following:

- » **YOUR GROUP NUMBER IS: 100003**
- » **PROVIDER: CLAIMSECURE**
- » **YOUR CERTIFICATE NUMBER IS:**  
N \_ \_ \_ \_ \_  
(N followed by your 9 digit student number)  
Example: if your student ID is 235-839-388  
Your certificate number is N235839388.

If you are mailing your claim, please mail your prescription drug/dental/ extended health care claim directly **to the address on the form.**

For dental inquiries please call ClaimSecure: **1-888-513-4464**

### PLAN CONSULTANTS:

2255 Sheppard East, Atria 1, 2nd Floor, Suite 202  
Toronto, ON, M2J 4Y1  
Tel: 416-216-5735 Fax: 416-216-1179

**Toll Free: 1-888-985-1552**  
**Website & Live Chat: [morcare.ca](http://morcare.ca)**  
**Email: [help@morcare.ca](mailto:help@morcare.ca)**



# MORCARE

## 2023-2024

### International Student Program

## Seneca College



**STAY CONNECTED WITH THE MORCARE APP**  
Available to download on  
**the App Store & Google Play**

#### TO DOWNLOAD YOUR MORCARE MEDICAL CARD:

1. Go to [www.morcare.ca](http://www.morcare.ca)
2. Select "Seneca College"
3. Click "Your Space" from the top menu
4. Enter your Date of Birth & Student Number
5. Please print a paper copy

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## OHIP ALTERNATIVE INSURANCE

Health coverage in Canada

YOUR POLICY NUMBER IS: 100011031

YOUR PROVIDER IS: SPECIAL MARKET SOLUTIONS

YOUR CERTIFICATE NUMBER IS YOUR STUDENT ID

All International Students, under age 65, their accompanying spouses and accompanying dependent children are eligible for this coverage.

- » **LIFETIME MAXIMUM: \$1,000,000**
- » **DOCTOR/PHYSICIAN**  
Treatment of Illness or Injury  
Doctor/Clinic visits  
Emergency room  
Medical services and devices coverage
- » **MEDICAL SERVICES AND DEVICES COVERAGE INCLUDES:**  
Treatment of fractures or dislocations, x-rays and laboratory exams, dental procedures by a dental surgeon, health exams, licensed anesthetist, cleft lip and palate assistance, well-baby care expenses
- » **OBSTETRICAL/MATERNITY EXPENSE INDEMNITY**  
Lifetime Maximum: \$25,000 per student year
- » **PSYCHIATRIC HOSPITALIZATION**  
Lifetime Maximum: \$25,000
- » **SELF-INFLICTED INJURIES/SUICIDE AND ATTEMPTED SUICIDE**  
Lifetime Maximum: \$10,000 for required in-patient hospitalization
- » **ONCOLOGY TREATMENT**  
Lifetime Maximum: \$25,000 per student year
- » **REPATRIATION**  
Maximum: \$15,000 per student year
- » **RETURN HOME**  
Maximum: \$10,000 per student year

IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Insurer for approval 3 days in advance of the date of admission. If not submitted, coverage is limited to 70% of all expenses incurred, to an overall maximum of \$10,000.00

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## DRUGS

YOUR GROUP NUMBER IS: 100003

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **100% REIMBURSEMENT**
- » **\$5,000 MAXIMUM PER STUDENT YEAR**
- » **PREVENTATIVE VACCINES AND IMMUNIZATION**  
Maximum: \$150 per student year  
Includes Hepatitis A and B
- » **CONTRACEPTIVES**  
Maximum: \$200 per student year

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## EXTENDED HEALTH

YOUR GROUP NUMBER IS: 100003

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **CHIROPODIST AND PODIATRIST**  
\$500 combined maximum benefit per student year
- » **PHYSIOTHERAPY AND OSTEOPATH**  
\$500 maximum benefit per practitioner per student year
- » **PSYCHOLOGIST, SOCIAL WORKER, PSYCHIATRIST AND PSYCHOANALYST**  
\$1,000 combined maximum per student year
- » **TUTORIAL SERVICE**  
\$1,000 at \$15 per hour per student year
- » **EMERGENCY TAXI**  
\$50.00 (excluding Ambulance) per student year
- » **ACCIDENTAL DENTAL**  
\$2,000 maximum per student year per student year
- » **STANDARD MAJOR MEDICAL SERVICES AND DEVICES COVERAGE**

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## VISION

YOUR GROUP NUMBER IS: 100003

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **100% REIMBURSEMENT**
- » **ONE (1) EXAM**  
Maximum: \$50 benefit per 24 months
- » **EYEGLASSES AND/OR CONTACTS**  
Maximum: \$75 benefit per 24 months

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## DENTAL

YOUR GROUP NUMBER IS: 100003

YOUR PROVIDER IS: CLAIMSECURE

SEE BACK FOR YOUR CERTIFICATE NUMBER

- » **\$750 MAXIMUM PER STUDENT YEAR**
- » **\$0 DEDUCTIBLE**
- » **BASIC SERVICES**  
80% Reimbursement
- » **PREVENTATIVE SERVICES**  
80% Reimbursement
- » **MAJOR, ENDODONTIC AND PERIODONTIC SERVICES**  
50% Reimbursement

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## AD&D

Accidental death and dismemberment

- » **MAXIMUM: \$1,000,000 PER ANY ONE (1) ACCIDENT**
- » **LOSS OF LIFE PER INSURED**  
Student: \$50,000  
Spouse: \$10,000  
Each Dependent Child: \$2,500

Specific Loss Indemnity Table, Accidental Medical Reimbursement, Bereavement, Cosmetic Disfigurement, Day Care, Education Benefit, Family Transportation, Funeral Expenses, Home Alteration & Vehicle Modification, Identification, In-Hospital Mos. Confinement Income, Psychological Therapy, Rehabilitation, Repatriation, Seat Belt, Spousal Occupational Training, Travel Expense Reimbursement for Parent(s), Tutorial Service.



**THIS IS A SUMMARY OF BENEFITS ONLY.**

FOR MORE INFORMATION PLEASE VISIT **WWW.MORCARE.CA**