2025 I 2026

McGill International Student Health Insurance Plan

mcgill.ca/internationalstudents/health

McGill

Student Services | International Student Services

We are pleased to present your Medavie Blue Cross booklet outlining the coverage you and your dependent(s) are entitled to.

Basic and Supplementary Health Benefits are explained, as well as Accidental Dismemberment and Repatriation. You will find guidelines that will help you claim expenses covered by your Insurance Plan. Additional details on the scope of your coverage are also provided.

Your booklet contains valuable information and should answer most of your questions. We encourage you to read it carefully and to keep it handy for future reference. Remember to carry your insurance certificate with you at all times.

For additional functionality and information on your insurance plan, please download the Medavie Blue Cross mobile application.

Should you need additional information, please contact Medavie Blue Cross Customer Services at 1-888-588-1212.

This booklet is based on the official texts of the insurance contract governing the Plan. These texts set forth the detailed provisions of the program and take precedence in the event of any conflict with this document.

Prepared by Aon, June 2023.

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Eligibility and participation

Who can enrol in the Plan?

You are eligible and must participate in the Plan if you meet the following conditions:

- you are a student registered at McGill University
- you are not a Canadian citizen, nor a permanent resident, but you have a valid authorization

or

- you are a Canadian citizen but not a resident of Canada

You must also enrol your dependent(s) in the Plan, namely your spouse, as defined in the following section. To include your dependent(s), you must do so when they arrive in Canada. Please note that we cannot retroactively add dependent(s) to your IHI plan for previous terms.

Cancellation of coverage for dependents can only be done in the first **30 days** of a semester of study.

Canadian non-residents students can join or cancel coverage during the first **30 days** of each new semester.

Who pays for my coverage?

The cost of your coverage is entirely at your charge. Dependent child(ren) are eligible for RAMQ in Quebec. Before requesting to add your children to the IHI plan, please note, that accompanying children (less than 18 years old) of international students and minor students are eligible for Quebec's Health Insurance Plan - Régie de l'assurance maladie du Québec(RAMQ). If your child is covered under the RAMQ plan, you do not need to add them to IHI coverage.

For RAMQ registration information, please call RAMQ directly once you and/or your children have entered Canada.

When does my coverage become effective?

Your coverage becomes effective at the latest of the following dates:

You[1]	Your dependent(s)
• date on which you register at McGill University • date on which you arrive in Canada • August 15, for the semester starting September 1 or • December 15, for the semester starting January 1 or • April 15 for the semester starting May 1	• date on which your coverage becomes effective • August 15, for a dependent arriving to Canada and joining the plan after August 15 but prior to September 1 • December 15, for a dependent arriving to Canada and joining the plan after December 15 but prior to January 1 • April 15, for a dependent arriving to Canada and joining the plan after April 15 but prior to May 1 • date on which they become your dependent(s) (see the definition of dependent(s), on page 4)

If a dependent arrives to Canada and joins the plan after September 1, January 1 or May 1, dependent's coverage begins on September 1, January 1 or May 1 of a given semester.

If a Canadian non-resident student joins the plan for either the Fall, Winter or Summer semester for the first time in a current academic year, their coverage begins on August 15, December 15 or April 15.

[1] Coverage becomes effective on August 15, December 15 or April 15 since newly admitted students starting their first semester at McGill University get two complimentary weeks of coverage in Canada.

How long is my coverage effective?

The insurance coverage is effective for the full duration of the academic year, defined as the period going from September 1 to August 31 of the following year. All students and their spouses must obtain a Medavie Blue Cross insurance card at the beginning of the school year. All students and their dependents can obtain a Medavie Blue Cross insurance card on Minerva, after activating their insurance contract at the beginning of their studies.

When does participation end for me and my dependent(s)?

You and your dependent(s) stop being covered at the earliest of the following circumstances:

You	Your dependent(s)
• when you withdraw from McGill University • your student status becomes inactive for a reason other than graduation • August 31 of any given academic year • when you present a proof of coverage under the Canadian Federal or Provincial governmental plans • when you leave Canada on a permanent basis • if you are repatriated to your country of origin for medical reasons, following Medavie Blue Cross' recommendation	• when your coverage terminates • when you present a proof of coverage for them under the Canadian Federal or Provincial governmental plans • when they leave Canada on a permanent basis • if they are repatriated to their country of origin for medical reasons, following Medavie Blue Cross' recommendation • when they no longer qualify as dependent(s)

Definitions

Contract year

Each academic year, defined as the period going from September 1 to August 31 of the following year.

Dependent(s)

Your spouse and/or dependent child(ren).

Spouse

The person, of opposite sex or same sex, who is:

- legally married to you, or
- designated by you and with whom you have been living on a permanent basis for at least one year (this period does not apply if a child is born of such union).

At any given time, only one person may be insured as your spouse.

Dependent Child(ren)

Unmarried financially dependent child(ren), until they reach age 18.

Hospitalization

Admission and stay in a hospital as an in-patient. Day surgery or hospital visit is not considered as a hospitalization.

Person insured

You and any of your dependent(s), covered under this Insurance Plan.

Your Plan at a glance

Your Plan is divided into four categories. A detailed description of each coverage is presented in the following section of this booklet.

Coverage	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Basic Health Benefits	• You • Your spouse • Your dependent child(ren)	100% Subject to the maximum specified for each benefit[1]	None	$500,000 lifetime for each person insured
Supplementary Health Benefits	• You • Your spouse • Your dependent child(ren)	80% Subject to the maximum specified for each benefit[1]	None	$15,000 per contract year for each person insured
Accidental dismemberment	• You	N/A	None	Depending on the nature of the injury
Repatriation (in case of death)	• You • Your spouse • Your dependent child(ren)	N/A	None	$50,000 for each person insured

[1] According to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ).*

Types of coverage

- Single (only you)
- Dependent (you and your spouse or you and your dependent child)
- Family (you, your spouse and at least one dependent child or you and more than one dependent child)

Extent of coverage

The Health Benefits are provided on a 24-hour basis, 12 months a year, in Canada, and **only upon an emergency requiring a hospitalization outside of Canada.** Please refer to the Travel Benefit section on page 6 & 14 for more details.

Health Benefits cover:

- physical injury
- sickness
- pregnancy

Limitation

- The medical condition must be certified by a physician.
- Charges related directly or indirectly to a pre-existing condition (including pregnancies) are payable up to a lifetime maximum of $20,000 for each pre-existing condition.

Definition of pre-existing condition

A medical condition for which you or your dependent(s) have consulted a physician, been treated by a physician or been prescribed medication during the 3-month period (12-month period for travel benefit) preceding the effective date of insurance. Pregnancy is considered a pre-existing condition if delivery takes place within the first 30 weeks following initial registration in the plan, whether or not it was diagnosed during the 3-month period preceding the effective date of insurance. For insurance purposes, such a condition will cease to be considered a pre-existing condition on the date you or your dependent(s) have completed a period of 12 consecutive months following the effective date of insurance without any physician consultation, medical treatment or drug prescription for this condition. Even if you or your dependent(s) have not consulted a physician during the three-month period preceding your arrival in Canada, the medical condition is considered as a pre-existing condition by the Insurer if the state of health shows obviously that the condition existed at the time of arrival in Canada. Moreover, is also considered a pre-existing condition, any state of condition for which symptoms have been ignored or for which a medical advice has not been followed, or for which recommended investigation treatment, examination or intervention have not been done. The pre-existing condition applies in all cases of congenital disease, whether or not diagnosed.

The pre-existing condition will not apply if this plan replaces a similar coverage the student had with a group insurance plan offered by a recognized Canadian educational institution, for a period of 12 consecutive months immediately prior to the present coverage.

Important Notice

Students participating in a University Sanctioned Activity such as an exchange program, an internship, field course and/or research related to their program outside the province of Quebec or outside of Canada.

Additional coverage is available to students who participate in a University Sanctioned Activity outside of Quebec or outside Canada, in a country other than their country of origin. Please make sure to request extended coverage according to the location at https://www.mcgill.ca/internationalstudents/health/coverage/travel BEFORE you leave the province of Quebec or Canada.

Travel outside of Canada[(1)]

For any leisure travel outside of Canada, you are covered for emergencies up to 4 weeks. Please refer to the Travel Benefit section on page 14 for more details. Under normal circumstances, if you travel for more than 4 weeks in a given contract year, we recommend that you obtain additional travel insurance through Québec Blue Cross website https:// qc.bluecross.ca/travel-insurance or by phone at 514-906-4923. Please contact Québec Blue Cross to learn more about this travel coverage.

(1) Exceptionally and until further notice:
- You must be residing inside Canada to activate this benefit.
-- Travel coverage outside Canada is only active if the Government of Canada has NOT issued an «Avoid all travel» or «Avoid non-essential travel» notice (https://travel.gc.ca/travelling/advisories) to the country you wish to travel to.

For any leisure travel in your country of origin, you are only covered for emergencies resulting from hospitalization, up to $2,000 CAD funds per day for all services combined as specified in the Medavie Blue Cross contract. Under normal circumstances, in this case, we recommend that you obtain additional travel insurance through Québec Blue Cross website https://qc.bluecross.ca/travel-insurance or by phone at 514-906-4923. Please contact Québec Blue Cross to learn more about this travel coverage.

Coordination of benefits

You and/or your dependent(s) may be entitled to compensation for medical expenses under another group insurance such as the *Société de l'assurance automobile du Québec (SAAQ),* or the *Act respecting assistance for victims of crime* and similar programs.

If expenses are incurred for medical services of the same nature as those covered under the Basic Health Benefits and/or Supplementary Health Benefits of the Plan, the amount of compensation you and/or your dependent(s) receive from other coverage will be deducted from the eligible expenses you may submit according to the provisions of this Insurance Plan.

Make sure to declare the existence of other coverage by indicating **yes** or **no** on the claim form in the appropriate section.

Currency

Insured amounts which are payable under the contract are expressed in Canadian dollars.

Your detailed benefits

Basic Health Benefits

The Basic Health Benefits are provided on a 24-hour basis, 12 months a year, in Canada.

	Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
Hospitalization **Physicians' fees** **Diagnostic Tests** **Pharmacy Services** **Maternity** **Dental Care** (accidental) **Medical Evacuation** **Vision Care**	• You • Your spouse • Your dependent child(ren)	100% Subject to the maximum specified for each benefit[1]	None	$500,000 lifetime for each person insured **for all services combined**

[1] According to the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ), unless specified otherwise.

Hospitalization

Read the following instructions carefully before engaging any hospital-related expenses.

Important Notice

Regarding hospitalizations or surgeries

In order to confirm coverage and validate payment terms, pre-authorization is mandatory for all **planned hospitalizations or surgeries**. A *Pre-authorization Request* form must be filled out prior to any planned hospitalization or surgery. Failure to submit a pre-authorization request will automatically result in a denial of the claim.

In the case of **hospitalizations for mental health conditions,** a pre-authorization request is necessary for hospitalization required **following a visit to an emergency room.** A pre-authorization request must be sent to the insurer immediately upon hospitalization. Failure to submit a pre-authorization request for hospitalization for mental health conditions could result in a partial or total denial of any claim for the expenses incurred. Hospitalization for mental health conditions is subject to a maximum of 30 days per contract year.

In **other emergency situations,** a pre-authorization request is necessary for hospitalization required **following a visit to an emergency room.** A pre-authorization request must be submitted to the insurer immediately upon hospitalization. Failure to submit a pre-authorization request could result in a partial or total denial of any claim for the expenses incurred.

- Ask your physician to fill out the *Pre-authorization Request* form available on the University's International Student Services website at www.mcgill.ca/internationalstudents/health/claims/forms
- Once completed, return the form to Medavie Blue Cross for verification (Fax: 514-286-8480, email: contact@medavie.bluecross.ca)
- Medavie Blue Cross will respond to the physician or clinic within 3 working days.

Hospitalization in Canada

Expenses covered	Maximum*
• Board, room and routine nursing and other services incurred while hospitalized up to the standard ward charge for the hospital	The highest daily standard ward charge applied to Non-Canadians, by the hospital in which you or your dependent(s) are confined, as applicable to teaching hospitals associated with McGill University Hospitalization for mental health conditions is subject to a maximum of 30 days (per contract year) for the first event, with an additional 5 days for possible subsequent relapses within the same contract year
• Expenses incurred for treatment received at the hospital, without hospitalization	Up to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*

* For services incurred outside the province of Quebec in Canada applied up to 3 times the amount specified in the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ).

Physicians' fees (elective* care excluded)

You and your dependent(s) are covered for fees charged by a physician, surgeon, anaesthetist or radiologist, up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ).* Through Medavie Blue Cross Connected Care available online or on the mobile application, you can connect with a Canadian doctor in minutes, for a virtual consultation and treatment - day or night. For preventive treatments, you and your dependent(s) are covered for fees charged by a physician, up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec* (*RAMQ*) and a maximum of one examination per person insured per year will be covered. Please note that examinations required for an application for immigration are not covered.

Through the MAPLE virtual care services covered by Medavie Blue Cross, you have access to consultations with Mental Health Physicians. These physicians can support you with mental, emotional, and behavioural health. They can also diagnose and manage common medical conditions including: Anxiety Disorders, Acute Adjustment Disorders, OCD, Panic Disorder, Depression, Insomnia, etc.

* Treatment that is not medically required.

Psychiatrists' fees

Charges for treatment by a psychiatrist when referred by a **general practitioner or psychiatrist from the McGill Student Wellness Hub or another off-campus clinic or hospital.** However, only students, not dependents, may use the Student Wellness Hub to obtain any such referrals. Reimbursement is based on the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ),* up to a maximum of $5,000 per person insured per contract year.

See page 15 for exclusions and limitations

Diagnostic Tests[1]

You and your dependent(s) are covered for laboratory analyses (blood, urine), X-Rays (including CT scans), colonoscopy, ultrasounds and electrocardiograms limited to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ).** You and your dependents are covered for magnetic resonance imaging (MRI) up to two times the amounts specified in the Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ).*

* For services incurred outside the province of Quebec in Canada applied up to 3 times the amount specified in the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec* (*RAMQ*).

[1] Charges for out-of-hospital diagnostic tests, other than those mentioned in this section, are not covered. To obtain an estimate of the amount that would be reimbursed by the plan for a diagnostic test, you can send a request for an estimate to Medavie Blue Cross as you would do for a claim (for example, on the Medavie Blue Cross application) and a response will be sent to you.

Pharmacy Services

You are covered for the same pharmacy services that are eligible for a Quebec resident, as per the Régie de l'assurance maladie du Québec (RAMQ). The maximum fees established by RAMQ for those services will apply.

Maternity

***Please note: some hospitals may require a deposit up-front for maternity care.**

Expenses covered	Maximum
• Prenatal care and the following tests: – medical examinations – blood tests – urinalyses – prenatests and nuchal translucency tests • Ultrasound performed in a hospital or private clinic • Prenatal screenings • Nuchal translucency ultrasounds performed in a hospital • Costs related to miscarriage or premature delivery or from complications • Delivery, including hospital charges up to the standard ward level and either a physician's or midwife's fees	Up to the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*
• Therapeutic abortion prescribed by a physician or intentional termination of a pregnancy before the fetus can live independently (defined as a maximum of 24 weeks of pregnancy) performed by a physician[1]	None
Limitations	
Barring complications, the following limitations apply: • 12 medical visits per pregnancy • 3 ultrasounds per pregnancy • 2 nights of hospitalization for a natural birth	

[1] Should there be complications of such therapeutic abortion or intentional termination of a pregnancy requiring hospital confinement, hospitalization charges will be eligible as described in *Hospitalization*, page 8.

Maternity benefits extend to you and your spouse if you re-register and were already covered under the Insurance Plan for McGill University International Students or if you or your spouse were previously insured by a similar benefit from a group insurance plan offered by a recognized Canadian educational institution during the previous academic year.

If you or your spouse were not insured during the previous academic year, maternity benefits are insured if normal delivery takes place during the first **30 weeks** following initial registration in the plan up to a maximum of $20,000.

The **30-week** limitation does not apply in case of a miscarriage or early delivery, as long as conception occurred during the first 6 weeks immediately prior or subsequent to registration.

Charges for the services of a midwife are subject to a maximum reimbursement of $5,000 per pregnancy. Should any pregnancy complications arise, or for any other valid reason, the pregnant Insured may be allowed to switch from a midwife to a physician. Before making such a change, proof and information must be provided, as needed and requested by the Insurer, and pre-approval must be obtained from the Insurer.

In order for the services of a midwife to be eligible for reimbursement, they must be a registered member of the Ordre des sages-femmes du Québec and practice within the limits of their authority as established by law.

Change in coverage following the birth of your child

Please note most children under the age of 18 are eligible for RAMQ coverage in QC. However, if you decide to add your child to the MBC IHI plan, you have **30 days** from the date of birth of your child to add your child to your plan in order to change your coverage according to your new situation.

- If you initially chose the single coverage, you **must** change to dependent coverage with the proper premium adjustment
- If you initially chose dependent coverage for you and your spouse, you **must** change to family coverage with the proper premium adjustment

Please email international.health@mcgill.ca to add your newborn to your IHI plan. Please include their birth date, first name, last name and gender.

Dental Care following an accident

You and your dependent(s) are covered for dental care made necessary due to an accident or when hospitalization is required. Please note that X-Rays will be required whenever a claim for dental care is submitted.

Expenses covered	Maximum
Following an accident • Usual and customary fees for dental treatment of natural teeth when damage is sustained in an accident, provided that treatment is started **within 30 days and terminated within one year**	None
Other dental treatment requiring hospitalization[1] • Surgical extraction of a tooth or care dispensed to complement treatment of the dental condition which required the hospitalization (for example, impacted wisdom tooth)	$1,000 per person insured, per contract year, **for all services combined** and based on treatment recognized by the *Régie de l'assurance maladie du Québec (RAMQ)* and the *Hospital Insurance Act*

[1] Excluding treatment received without hospitalization.

Please also refer to *Medical evacuation to the country of origin,* here under

Medical evacuation to the country of origin

This coverage applies if you or your dependent(s) are diagnosed as terminally ill, or if the diagnosis indicates that the medical condition will prevent you from attending your courses for a long period (e.g. long term hospitalization). However, medical leave granted by McGill University does not necessarily justify a medical evacuation to the country of origin. Medical evacuation is subject to the approval of your attending physician and Medavie Blue Cross' medical consultant.

Expenses covered	Maximum
• Charges for medical evacuation to your country of origin (or your dependent(s)' country of origin, if different from yours) by means of appropriate transportation	$10,000

Vision Care

You and your dependent(s) may claim expenses related to basic vision care, as follows:

Expenses covered	Maximum
• **For all insureds:** One vision test by an optometrist or ophthalmologist	1 per person insured per contract year
• **For children under age seventeen (17):** Charges for corrective eyeglasses (frames and lenses) and contact lenses, when prescribed by an optometrist or ophthalmologist	$250 per child per 24 consecutive months

For exclusions and limitations in your Basic Health Benefits, please refer to page 15

Supplementary Health Benefits

The Supplementary Health Benefits are provided on a 24-hour basis, 12 months a year, in Canada.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
• You • Your spouse • Your dependent child(ren)	80% Subject to the maximum specified for each benefit[2]	None	$15,000 per contract year for each person insured **for all services combined**[3]

[1] According to the current Provincial Schedule of Fees of the Régie de l'assurance maladie du Québec (RAMQ), unless specified otherwise.

[2] For prescription drugs, once the RAMQ out of pocket limit is reached, drugs will be reimbursed at 100%

[3] Prescription drugs are not subject to this maximum

You and your dependent(s) are covered for the following:

Expenses covered	Maximum
Breast prosthesis when required following a mastectomy	1 per breast per 2 calendar years
The difference between semi-private room and standard ward accommodation in a hospital located in Canada	According to the Schedule of Fees in the *Hospital Insurance Act*
Charges for prescription drugs and medicines, including insulin, needles, reagent strips for diabetes and iron supplements **Drugs are reimbursed up to a 90-day supply**[1]	None
Routine vaccines listed in Québec's regular vaccination schedule, provided by the *Ministère de la Santé et des Services Sociaux* (MSSS) for children under age 17	Up to a lifetime maximum of $1,000 per child
Vaccinations	Up to a maximum of $1,000 per contract year
If medically required, out-of-hospital professional services of registered nurses	$5,000 per person insured, per contract year
Flu shot	None
Charges for physiotherapy and/or athletic therapy	$1,500 per person insured, per contract year **for all services combined**
Charges of an osteopath, podiatrist and/or chiropractor	$500 per person insured, per contract year **for all services combined**
Charges of a registered dietitian-nutritionist	$500 per person insured, per contract year **for all services combined**
Local ambulance services	$400 per person insured, per contract year
Blood transfusions, artificial limbs and eyes (initial cost only), casts, braces, trusses, crutches, walking aids, rental of standard manual wheelchair, CPAP (Continuous Positive Airway Pressure) and BIPAP (Bi-level Positive Airway Pressure)	Based on the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ)*
The maximum reimbursement for charges for a certified psychologist or a social worker or an occupational therapist who is a member of their Canadian or provincial associations or psychotherapist who is a member of the *Ordre des psychologues du Québec*. Eligible charges per visit are limited to the usual and customary rate for a visit	$3,000 per person insured, per contract year **for all services fees combined** $2,500 per person insured, per contract year, for assessments, tests and analyses carried out
Charges for intra-uterine devices and diaphragms	$400 per person insured, per contract year **for all items combined**
Eligible smoking cessation drug products	In accordance with RAMQ [1]

[1] Drugs and medicines are covered if they are only available when prescribed by a physician in Quebec and are not offered over-the-counter. However, eligible drugs under this plan may be covered only for the therapeutic indications set forth by Medavie Blue Cross or the *Régie de l'assurance maladie du Québec (RAMQ).*

For exclusions and limitations in your Supplementary Health Benefits, please refer to page 16

Travel Benefit[1]

The Insurer will pay the eligible emergency hospital and medical expenses for leisure travel up to **4 weeks** if:

- the Insured obtains prior approval of the Insurer before the eligible expense is incurred, when possible to do so;
- they are incurred as a result of an emergency; and
- the Insurer is satisfied the expense is necessary to stabilize the Insured's medical condition.

Student can make many trips during a given contract year, for a maximum duration of 4 consecutive weeks per trip. The student must return to Quebec between each trip to be eligible for an additional 4 consecutive weeks travel coverage. Please note that there is an overall maximum reimbursement of $1,000,000 per insured, per lifetime for leisure travel benefits.

[1] Exceptionally and until further notice:

- You must be residing inside Canada to activate this benefit.
-- Travel coverage outside Canada is only active if the Government of Canada has NOT issued an «Avoid all travel» or «Avoid non-essential travel» notice (https://travel.gc.ca/travelling/advisories) to the country you wish to travel to.

Worldwide Travel Assistance

The Insurer, through its travel assistance provider, CanAssistance, provides the following emergency toll-free lines available 24 hours a day, 7 days a week, for Insureds who need medical assistance or general assistance while traveling. For Canada and US: 1-866-491-7726
For the rest of the world (collect call): 514-286-7726

For complete details of Worldwide Travel Assistance and eligible expenses under the Travel Benefit, please refer to Medavie Blue Cross's Travel Benefit brochure available in electronic format on ISS website.

Important Notice

Prior approval from CanAssistance must be obtained before incurring hospital charges and medical and/or surgical expenses. Medavie Blue Cross reserves the right to deny a claim if the person insured has failed to contact CanAssistance.

Accidental Dismemberment

This coverage provides for bodily injuries you may sustain while you are covered under the Plan.

In order to be covered, the injury must be solely due to an external, violent and accidental event. It must result directly, and independently of all other causes, in any one of the losses listed below, within 365 days of the date on which you were injured.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
You	N/A	None	Depending on the nature of the injury

Medavie Blue Cross will pay the amount specified hereunder for the injury you sustained **provided you are still alive.**

Nature of the injury	Amount reimbursed
Loss of two limbs or both eyes	$15,000
Loss of one arm or one leg	$11,000
Loss of one complete hand or foot	$8,000
Loss of complete sight of one eye	$2,000
Loss of thumb or index finger	$2,000

If you suffer several losses due to the same injury, only the highest of the applicable amounts will be paid rather than the sum of these amounts.
The complete and irrecoverable loss of use of a limb or complete and irrecoverable loss of sight is treated as complete severing of a limb.
The loss of a fraction of a limb is not covered.

Repatriation (in case of death)

If you or your dependent(s) die while in Canada, Medavie Blue Cross will pay for funeral and repatriation expenses up to the maximum indicated in the table below.

Who is covered?	Percentage reimbursed	Deductible	Maximum reimbursed
• You • Your spouse • Your dependent child(ren)	N/A	None	$50,000 for each person insured

Exclusions and limitations

Your Insurance Plan does not cover the following

Exclusions and limitations

General

- Charges relating to a pre-existing medical condition in excess of $20,000
- Injuries or charges arising from the following events:
  - Insurrection, war or participation in a riot
  - Military service
  - Injury or illness resulting directly or indirectly from any force or threat entailing the use of nuclear, chemical or biological agents or weapons by a person, a group of persons or an organization for a political, religious or ideological purpose
  - Committing or attempting to commit a criminal offence, including the driving of a motor vehicle, an aircraft or a boat while the alcohol level in the blood is over 80 milligrams in 100 millilitres of blood
- Charges incurred while not under active treatment by a physician or surgeon
- Charges for Basic Health Benefits and Supplementary Health Benefits in excess of the current Schedule of Fees in the *Hospital Insurance Act* and the current Provincial Schedule of Fees of the *Régie de l'assurance maladie du Québec (RAMQ),* unless otherwise specified
- Charges incurred while outside Canada unless you enrolled into the University Sanctioned Activity
- Charges related to treatment for aesthetic purposes
- Charges by any health specialist not mentioned in this document
- Services not listed in this document
- Charges incurred following emergency outside Canada, when those charges would not have been eligible under the Plan if they had been incurred in Canada

Basic Health Benefits

Hospitalization and surgery

- Charges related to hospital confinement or surgery, when the student has failed to obtain the required pre-authorization
- Hospitalization for elective purposes
- Organ transplants, whether donor or recipient

Diagnostic tests

- Analyses and tests for screening purposes

Dental Care

- Charges for dental work performed in a dentist's office or in the hospital, **without hospitalization**

Vision Care

- Charges for eye glasses and contact lenses (except as defined on p. 12 for children under age 17)

Exclusions and limitations

Supplementary Health Benefits

- Drugs and medical treatment
  - Medicines, professional treatment or injections for the prevention rather than the cure of disease, including, but not restricted to, those received for immigration and travel (except vaccination which is covered under this plan)
  - Vitamins, fertility and weight-control treatments and any related drugs other than contraceptive drugs
  - Sexual stimulants, as well as drugs used to treat erectile dysfunctions
  - Drugs as well as drug formats or preparations without medical necessity
  - Other *lifestyle* treatments
- Charges incurred for prosthetic appliances for aesthetic purposes
- Charges for podiatric ortheses, insoles, orthopaedic shoes and related treatments

Travel Benefit

- No payment will be made for:

a) expenses for any care, treatment, surgery, products or services that:

i. are not incurred as a result of an emergency;

ii. are not medically necessary;

iii. are performed for cosmetic purposes only;

iv. are not required for the immediate relief of acute pain and suffering; or

v. could be delayed until the Insured's return to Canada;

b) expenses incurred due to pregnancy or pregnancy complications that occur within 8 weeks of the expected date of delivery; or

c) expenses incurred due to an emergency that occurs while participating in:

i. a sport for remuneration;

ii. a motor vehicle or speed contest of any kind; or

iii. any extreme Sport, defined as an activity with a high level of inherent danger and which often involves speed, height, a high level of physical exertion, highly specialized gear or spectacular stunts.

d) expenses incurred while travelling in the Insured's country of origin

e) expenses incurred beyond the coverage duration period of 4 weeks

f) expenses incurred while travelling in a country (or specific region) for which there is a Government of Canada travel warning to avoid all or non-essential travel

For a complete list of exclusions, please refer to the Travel Benefit brochure available in electronic format on ISS website.

Important Notice

In the absence of medical contra-indication, Medavie Blue Cross may require that the person insured* who is hospitalized outside the province of Quebec to be repatriated to that province or transferred to other medical facilities. Refusal by the person insured* cancels all rights to benefits.

* Either you or one of your dependent(s).

Your claims

It is Medavie Blue Cross' objective to pay claims fairly and promptly. You can facilitate the payment of your claims by following these guidelines.

Prescription drugs will only be reimbursed up to a 3-month provision

Claims related to Health Benefits (Basic and Supplementary)

Hospital

Hospitalization in Quebec	Hospitalization outside Quebec
If you are hospitalized within Quebec, **payment will be made directly to the hospital.** Thus, you do not have to fill out the **Extended Health Care Benefits Claim Form.** On admittance, notify the hospital of your coverage[1]	For hospitalization outside of Quebec, ask the hospital to give you a standard claim form and send it promptly to Medavie Blue Cross. **Be sure to record your contract and certificate number on all forms**
Refer to page 8 under *Hospitalization* for the instructions regarding pre-authorization	In order to verify your coverage, the hospital must contact CanAssistance at 1-866-491-7726 (toll-free in Canada and the USA / collect call 514-286-7726 elsewhere in the World). This service is available 24 hours a day and 7 days a week

[1] *Note that if you leave the emergency room without seeing a physician, you could be charged a fee to cover the costs of triage, registration, etc. This fee will be reimbursed by the Plan.*

Important Notice

Due to coverage limitations, hospitalizations and surgeries must be pre-authorized by Medavie Blue Cross. Please refer to page 8, *Important Notice.*

Other Health Benefits, excluding Hospitalization

- Payment will be made to you or to the provider of services, if you so request.
- Should McGill Student Wellness Hub provide treatment, you can authorize direct payment to the Service.
- Payments are made in Canadian funds according to the current Provincial Schedule of Fees. For expenses incurred outside Canada, the exchange rate used will be the one in effect when the claim payment is processed.
- Claim payments are processed within 2 to 3 weeks. If you did not receive your cheque after that delay, contact Medavie Blue Cross Customer Services at 1-888-588-1212.

For more information regarding your coverage, please contact us at 1-888-588-1212

Submitting your claims - online

Submitting claims can be done online by scanning or taking a photo of your receipts and submitting them through the secure Member Services site: www.medavie.bluecross.ca or Medavie Blue Cross Mobile App: www.medavie.bluecross.ca/app. Visit International Student Services website at F www.mcgill.ca/internationalstudents/health/claims/eclaims for step-by-step instructions.

Drug card for prescription drug claims

You now have access to a prescription drug card through the Medavie Blue Cross Mobile App or website. You can present this card at your next pharmacy visit and receive immediate reimbursement from the plan for your prescription drug claims, which means you will only have to pay your out-of-pocket portion at the pharmacy.

Supplemental method of submitting your claims - by mail

When you have to claim expenses covered by your Insurance Plan for Basic and Supplementary Health Care, please use the **Extended Health Care Benefits Claim Form,** available at International Student Services or on the McGill University website at **www.mcgill.ca/internationalstudents/health/claims/forms.**

Make sure to indicate the following information on the claim form:

- your name
- your dependent(s) name if you are claiming for your spouse or child(ren)
- your contract number: 95258
- your certificate number (student ID number)
- the date on which services were rendered to you or your dependent(s)
- the nature of the service performed (your physician should indicate the appropriate RAMQ codes)

- for **prescription drugs:**
  - the date of purchase
  - physician's name
  - type of medication
  - prescription number
  - person receiving the treatment (either you or your dependent[s])
  - written proof of the existence of other coverage by indicating **yes** or **no** in the appropriate section

Important Notice

Charges should be itemized by service received, **stating the appropriate *Régie de l'assurance maladie du Québec (RAMQ)* code,** rather than presented as a total amount.

Send your completed form with your **original** bills or receipts directly to Medavie Blue Cross at the following address:

Medavie Blue Cross
P.O. Box 3300, Station "B"
Montreal, Quebec
H3B 4Y5

In order to be reimbursed, claims are to be mailed to Medavie Blue Cross no later than 90 days following the termination of coverage.

Claims related to Accidental Dismemberment

Please contact Medavie Blue Cross Customer Services to obtain the appropriate claim form. Once completed you should send the form to Medavie Blue Cross with a written proof of the occurrence of loss giving rise to such claim.

Claims related to repatriation in case of death

Please contact Medavie Blue Cross Customer Services to obtain the appropriate claim form. Once completed, the form should be sent to Medavie Blue Cross with a written proof of death of the person insured as soon as possible. Please also contact ISS for assistance.

Further information on your Insurance Plan

International Student Services does not have RAMQ codes or Quebec rates. Please direct your queries to Medavie Blue Cross Customer Services at 1-888-588-1212, contact@medavie.bluecross.ca or at the following address:

Medavie Blue Cross
P.O. Box 3300 Station B
Montreal, Quebec
H3B 4Y5

Deadline to Submit Claims

All claims must be received by Medavie Blue Cross Insurance no later than 90 days after the end of the policy year in which the claims were incurred or 90 days after the end of your coverage, whichever is sooner. Full-year coverage ends Aug. 31 of the current academic year.

If you are submitting claims for services incurred **before Sept. 1,** your claims must be received by Medavie Blue Cross Insurance by Nov. 29 of the same year.

If you are submitting claims for services incurred on **Sept. 1, and onwards**, your claims must be received by Medavie Blue Cross Insurance by Nov. 29 of the following year.

Be sure to leave adequate time for delivery.

Protection of your personal information

The personal information transmitted to us will be kept in your Medavie Blue Cross insurance file.

This information is requested by Medavie Blue Cross in order to process your claims.

Only Medavie Blue Cross employees and its duly authorized representatives will have access to this information in the company's current business practices.

Your file will be held at Medavie Blue Cross offices.

Upon a 30-day written notice, you will be entitled to access the personal information contained in your file and, if applicable, to ask that your file be corrected, according to the provisions of the *Québec Act Respecting the Protection of Personal Information in the Private Sector* (bill 68).

Please forward your request to:

Person in charge of the access to information
Medavie Blue Cross
P.O. Box 3300 Station B
Montreal, Quebec
H3B 4Y5

Other information

Health services referrals

For your convenience, a list of medical clinics and health service providers close to McGill University is posted on the university website at **https://www.mcgill.ca/wellness-hub/.** Neither McGill University nor Medavie Blue Cross may be held responsible for the quality of services provided to you or your dependent(s) through these clinics and providers.

Legal considerations

Waiver of liability

As a condition precedent to the providing of benefits under the Basic Health Benefits and Supplementary Health Benefits of this contract, Medavie Blue Cross shall be held free of any liability for any act or omission of any hospital or any other person rendering any of the service provided thereunder.

False pretenses

The rights of a person insured to benefits under the contract shall terminate automatically if such person insured should aid any person in obtaining or attempting to obtain by false pretenses any benefits hereunder and Medavie Blue Cross shall be immediately relieved of all liability for expenses, otherwise eligible, incurred after the date of termination of such rights.

IMPORTANT NOTICE
This policy offers limited coverage. Hospitals must contact Medavie Blue Cross at the moment of the patient's admission to ensure payment for certain types of care. *Please refer to page 8 for complete details.*

INTERNATIONAL STUDENT SERVICES
William & Mary Brown
Student Services Building
3600 McTavish Street, Suite 5100
Montreal, Quebec H3A 0G3
CANADA

Tel.: 514-398-4349

international.health@mcgill.ca

mcgill.ca/internationalstudents

MEDAVIE BLUE CROSS™