

COMPREHENSIVE+ PLAN

Emergency Assistance

In a medical **emergency you must contact Intrepid 24/7™**,
Toll-Free 1-866-883-9787 or Collect 416-640-7865

Intrepid 24/7™ makes sure that *you* get the care *you* need. When *you* call Intrepid 24/7™, a case will be opened for *you*, and medical staff will review *your* case to make sure *you* receive the best care possible for *your* situation. Intrepid 24/7™ will even arrange direct payment to *hospitals* and other service providers, so *you* don't need to worry about the bills.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

In the event of a medical **emergency you** or someone acting on *your* behalf must call one of the following telephone numbers listed below:

U.S. and Canada **1-866-883-9787**

Elsewhere **416-640-7865** Collect

In the event of *sickness* or *injury* covered by this policy requiring *hospitalization*, *surgery*, *major diagnostic testing*, or any *medical treatment* outside of Canada, *you* must contact Intrepid 24/7™ within 48 hours from the time of incident. If Intrepid 24/7™ is not contacted, *your* claim may be denied or only partially covered.

This insurance covers medical expenses from *sickness* or *injury*, and losses arising from sudden and unforeseen circumstances. Coverage is subject to certain limitations and exclusions, which are explained in this policy. It is important that *you* read and understand *your* policy.

You must call Intrepid 24/7™ to ensure coverage of certain expenses. If *you* fail to contact Intrepid 24/7™, *you* may be responsible for a portion of the expenses.

In the event of an *accident*, *injury* or *sickness*, *your* prior medical history will be reviewed after a claim has been reported.

All benefit limits are expressed in Canadian currency.

This policy is underwritten by Berkley Canada (a Berkley Company). MSH International (Canada) Ltd., operating as StudyInsured™, performs enrolment and provides customer service. Emergency Assistance is provided by Intrepid 24/7™, a member of the Ingle Group of Companies.

Berkley Canada will pay the benefits stated in this policy, subject to all of its terms, conditions, limitations, exclusions and other provisions for *reasonable* and *customary* expenses that are incurred as a result of an unexpected *sickness* or *injury* up to the benefit maximum for that particular benefit, or to the overall policy maximum. All maximums stated in this policy are per *insured person* per consecutive 12 month period unless otherwise stated.

This policy is in force only if StudyInsured™ confirms *your* coverage after receiving *your* enrolment application and the full premium. If *you* have not received confirmation of coverage, contact Intrepid 24/7™ immediately by phone at **1-866-883-9787** or email intrepid247@intrepid247.com.

Restriction on Beneficiary Designation

This policy contains a provision removing or restricting *your* right to designate persons to whom or for whose benefit insurance money is to be payable.

Please read *your* policy carefully before *you* travel.

For information about making a claim, or the status of a claim *you* have already sent us, call **Intrepid 24/7™ Claims at 1-866-883-9485**.

POLICY FOR INTERNATIONAL STUDENT HEALTH INSURANCE

SECTION I – ELIGIBILITY AND COVERAGE PERIOD

To be eligible for coverage, a person must be:

- an *international student* at a *participating educational institution* with a current passport and/or student visa, under the age of 70, whose name is on file with the *plan administrator* as being insured under this policy during the *coverage period*; or
- the *international student's parent/legal guardian, teacher or chaperone* under the age of 70; or
- the *spouse and/or dependent child(ren)* under the age of 70 of any of the persons listed above, residing together in Canada.

Coverage commences on the latest of:

- the date the *plan administrator* confirms that a person is insured under the policy;
- the date that an *insured person* leaves his or her *home country* to come to Canada;
- the effective date shown on the *insured person's* confirmation of coverage letter.

Travel from the *insured person's home country* to Canada is covered (including any layover location en route to Canada) provided the total trip length between departure from the *insured person's home country* and arrival in Canada does not exceed seven (7) days.

This policy terminates on the earliest of:

- the expiry date indicated on the *insured person's* confirmation of coverage letter,
- the date the required premium is due and unpaid and appropriate statutory notice has been given to the *insured person*,
- the date the *insured person* attains age 70,
- the date we obtain reasonable evidence of fraudulent use of the coverage card,

- the date the *insured person* permanently returns to their *home country*,
- 60 days after the date the *insured person* is no longer enrolled and not attending a *participating educational institution* (the "termination date"), or
- 60 days after the date the *insured person* no longer meets the eligibility requirements under SECTION I – ELIGIBILITY AND COVERAGE PERIOD.

School breaks and travel outside Canada during the *coverage period* are valid provided at least 51% of the *coverage period* is spent in Canada. Coverage for travel to the USA is limited to a maximum of 30 days per visit and cannot exceed 49% of the *coverage period*.

Visits to an *insured person's home country* are permitted, however, coverage will be suspended and expenses will not be covered, nor premiums refunded while in the *insured person's home country*, except where travel to the *insured's home country* is expressly taken in order to participate in a school-organized sporting or extra-curricular event. 51% of the *coverage period* must still be spent in Canada.

Extended Coverage After Termination

If an *insured person* is *hospitalized* on the last day of this policy's *coverage period* for an eligible *sickness* or *injury*, coverage will be automatically extended for up to 30 days without additional premiums. Coverage for the same *sickness* or *injury* for which an *insured person* was initially *hospitalized*, will be extended for an additional 72 hours after the *insured person* is discharged from the *hospital* to facilitate an *insured person's* return to the *home country*.

Coverage is automatically extended for up to 72 hours in the event an *insured person* missed his or her scheduled return to their *home country* due to a delay caused by the *common carrier* in which the *insured person* is a passenger.

SECTION II – DEFINITIONS

Whenever used in this policy, the following terms shall be italicized and have the meaning specified below.

Accident means a sudden, unforeseen, unexpected and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Chaperone means an individual who is temporarily visiting Canada for the purposes of accompanying one or more *international students* to monitor their behaviour and/or to ensure their safety at a *participating educational institution*.

Claim Documents means the information relevant to an *insured person's* visit to a medical facility. This includes, but is not limited to, a signed claim form, medical notes/records, referrals, itemized bills, payment, and prescription receipts.

Common Carrier means any person or agency publicly engaged in the business of transporting passengers by land, water, or air for profit. *Common carriers* include railroads, steamships, airlines, buses, and taxis where passengers are charged a fare.

Coverage Period means the period of time that an *insured person* is insured under the policy, starting from 12:01 a.m. on the effective date of coverage and ending at 12:00 midnight on the termination date.

Dentist means a practitioner of dentistry lawfully qualified and licensed to practice in the jurisdiction in which he has provided the services or supplies for which the charges are incurred.

Dependent Child(ren) means unmarried persons residing with *you* and dependent on *you* for support if *you* are their *parent/legal guardian*, and who are:

- at least 15 days old, unless the child is born as a result of an eligible pregnancy as set out under this policy, and under 21 years of age; or
- under 26 years of age and in attendance at an institution of higher learning, or
- of any age over 15 days old and have a mental or physical impairment.

Emergency means an unexpected and unforeseen *sickness* or *injury* which makes it necessary to receive immediate *medical treatment* for the relief of acute pain or suffering which cannot be delayed until the *insured person* returns to his or her *home country*.

End of Emergency means a given declaration, as determined by the Intrepid 24/7™ medical team, once the *insured person* is deemed medically stable and/or is able to return to their *home country* and/or by virtue of discharge from a medical facility.

Excursion means any continuous travel outside of Canada (and not to an *insured person's home country*) during the *coverage period*, provided that at least 51% of the *coverage period* is spent in Canada.

Fit to Travel means the treating medical officer had determined the *insured person* is able to complete travel to their country of origin and/or resident country with or without medical attention and services.

GHIP (Government Health Insurance Plan) means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

Home Country means the country where the *insured person* maintained a permanent residence prior to entry into Canada.

Hospital means an establishment which:

- holds a license as a *hospital* (if licensing is required in the jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides 24 hour a day nursing service by registered or graduate nurses;
- has a staff of one or more *physicians* available at all times;
- provides organized facilities for diagnosis, and major medical surgical facilities;
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment; and
- is not, other than incidentally, a place for the treatment of alcohol or drug addiction.

Hospitalized/Hospitalization means an *insured person* occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means the *insured person's spouse, parent* (includes stepparent), brother or sister (includes stepbrother or stepsister), child (including legally adopted child or stepchild), brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law.

Injury means bodily damage or harm, sustained by an *insured person*, directly resulting from *accident* that occurs while the *insured person's* coverage under this policy is in force and requires *emergency* treatment that is covered by this policy.

Insured or Insured Person means a person for whom insurance is in force under this policy and who is on file/declared with the *plan administrator*.

Insurer means Berkley Canada (a Berkley Company) who provides this insurance.

International Student means a student enrolled in and attending classes in an educational program at a *participating educational institution* who has had to obtain a student visa and/or temporary visa status for the purpose of pursuing an education within Canada and is required to arrange insurance through the *participating educational institution*.

Loss means, in sections pertaining to Accidental Death and Dismemberment benefits:

- with reference to quadriplegia, paraplegia, and hemiplegia: the complete and irreversible paralysis of such limbs;
- with reference to hand or foot: complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- with reference to arm or leg: complete severance through or above the elbow or knee joint;
- with reference to thumb and index finger: complete severance through or above the first phalange;
- with reference to eye: the irrecoverable loss of the entire sight thereof;
- with reference to speech: complete and irrecoverable loss of the ability to utter intelligible sounds;

- with reference to hearing: complete and irrecoverable loss of hearing in both ears;
- with reference to "Loss of Use": the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent.

Major Diagnostic Testing means diagnoses which require magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and/or biopsies.

Medical Treatment means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical *physician* or eligible paramedical practitioner, including prescribed medication, reasonable investigative testing, *hospitalization*, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem.

Medically Necessary means the services or supplies provided by a *hospital* or *physician*, licensed *dentist* or other licensed provider that are required to identify or treat an *insured person's sickness* or *injury* and that are defined as follows:

- consistent with the symptom or diagnosis and treatment of the *insured person's sickness* or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of the *insured person*, a *physician* or *surgeon* or other licensed provider; and
- when applied to the care of an in-patient, it further means that the *insured person's* medical symptoms or conditions require that the services cannot be safely provided as a *hospital* outpatient.

Parent/Legal Guardian means the natural or adoptive parent, or another adult, who is responsible for the care of an *international student* under the age of 18.

Participating Educational Institution means a school, college, university, or other recognized Canadian institution of learning which has been fully accredited (if required) in accordance with applicable law and regulations and has agreed to participate in the International Student Health Insurance - Comprehensive+ Plan.

SECTION III - BENEFITS

When, by reason of *sickness* or *injury*, an *insured person* incurs eligible expenses as described in this part, the *insurer* will reimburse the *reasonable and customary* costs for such expenses, subject to all limitations, exclusions and other provisions of the policy. The *insurer* will pay benefits to the claimant or the assigned person/health care provider named on the claim form, during the *coverage period* to a maximum of \$5,000,000 per *insured person*. Coverage for an *insured person* under the age of six (6) months old is limited to \$25,000. The benefits within this policy are not subject to a deductible. Coverage for eligible expenses will only be provided until the *end of emergency* is declared, unless follow-up treatment is approved in advance by Intrepid 24/7™.

Should an *insured person* qualify for and receive coverage under *GHIP*, eligible expenses shall exclude any treatment or services eligible under *GHIP*.

1. Hospitalization Expenses

- Hospital* charges for room and board in a *hospital*, limited to the semi-private accommodation level;
- emergency room fees;
- hospital* charges for out-patient services when medically required.

2. Medical Emergency Expenses

- the services of a legally qualified *physician* or *surgeon*;
- the services of a registered graduate nurse (other than an *immediate family member*) while outside of *hospital*, up to a maximum limit of \$15,000 subject to pre-approval;
- diagnostic services such as lab tests and/or x-ray examination as ordered by a *physician* or *surgeon* for the purpose of diagnosis;
- the rental of crutches or *hospital* type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by Intrepid 24/7™, but in no event will the amount payable exceed the total purchase price or that expense typically covered under provincial programs.

3. Emergency Ground Transportation

Expenses incurred for transportation of an *insured person* by a licensed ground ambulance (or taxi fare up to \$125 in lieu of ambulance) to the nearest medical facility for *medical treatment* as the result of a covered *emergency*. The maximum amount payable for this benefit for any one *sickness* or *injury* is \$10,000 per *insured person*.

4. Air Transportation Benefit

This benefit must be pre-approved and arranged by Intrepid 24/7™

Expenses up to a maximum limit of \$300,000 in total per *coverage period* for the cost of air transportation if *medically necessary* as the result of a covered *emergency* for either:

- Air ambulance to the nearest *hospital* or to a *hospital* in *your home country*;
- Transport on a licensed airline, including the cost for additional seats to accommodate a stretcher if required, to return *you* to *your province* or territory of residence in Canada or *your home country*;

The cost of ground transportation before or after the flight or for connecting flights as well as the cost of a medical attendant if required are included in this benefit.

5. Repatriation

This benefit must be pre-approved and arranged by Intrepid 24/7™

- In the event of the death of the *insured person* a maximum limit of \$20,000 for preparation of remains and return of the deceased *insured person* in a standard shipping container to the city of residence in the *home country* of the deceased. This benefit also applies to burial or cremation at the place of death should the family opt not to repatriate the remains.
- A maximum limit of \$20,000 for the cost of one-way transportation by the most appropriate means, including air ambulance or stretcher accommodation on a commercial airline, including the cost of a medical attendant if required, to return *you* to *your home country* for ongoing care or recovery if *you* have received *medical treatment* for a covered *sickness* or *injury* under this policy.

6. Travel for Members of the Immediate Family

The actual expenses incurred up to a maximum limit of \$5,000 for the round-trip by the most direct and economical route for up to two (2) *immediate family members* to:

- visit the *insured person* who is *hospitalized* for a minimum of 7 days; or
- identify the body of an *insured person* before repatriation.

This benefit will also pay up to \$150 per day for *reasonable and customary* commercial living expenses incurred by each *immediate family member*, up to a maximum limit of \$1,500 each.

7. Prescription Drugs

Drugs or medicines that legally require a *physician's* or *dentist's* written prescription following a consultation which are required as a result of an *emergency* but not to exceed a 60 day supply per prescription.

8. Maternity

In the event of the pregnancy of an *insured person* commencing during the *coverage period*, the *reasonable and customary* expenses actually incurred in Canada for a maximum period of six (6) months following the birth of the child, up to a maximum limit of \$25,000 subject to all limitations, exclusions and other provisions of this policy for pre-natal care, complications arising from such pregnancy, childbirth and post-natal care.

This benefit is provided only when there was continuous coverage under this policy prior to the commencement of the pregnancy and the benefit ends on the expiry date. Expenses incurred outside of Canada are not covered.

Physician or Surgeon means a medical doctor, other than the *insured person* or an *immediate family member*, who is licensed to administer *medical treatment* and prescribe drugs in the jurisdiction where he or she provides medical services.

Plan Administrator means MSH International (Canada) Ltd., operating as StudyInsured™.

Reasonable and Customary means the amount usually charged for treatment, services or supplies to provide an appropriate level of care given the severity of the *sickness* or *injury* being treated, in the geographical location where the treatment, services or supplies are being provided.

Sickness means the onset or deterioration of illness or disease requiring *medical treatment*, care or advice while the *insured person* is in Canada or on an *excursion*.

Spouse means the person related to an *insured person* in one of the following ways:

- legally married to an *insured person* or in a civil union, or
- living with the *insured person* in a conjugal relationship and represented as the *insured person's* spouse or partner.

Stable means the existing medical condition is not worsening and there has been no alteration* in any medication for the condition or its usage or dosage, nor any *medical treatment* prescribed or recommended by a *physician* or received, during the 90 day period prior to the policy's effective date.

*Alteration includes a new medication, stopped medication, increase or decrease in medication, but does NOT include changes between brand-name and generic versions of drugs with the same active ingredient and dosage, or routine adjustments of maintenance medications such as insulin, Coumadin or Warfarin.

Teacher means an individual in the education profession who is temporarily visiting Canada for the purposes of accompanying one or more *international students* and/or whose visit is sponsored by a *participating educational institution* as part of a cultural exchange or similar program.

You, Your means the *insured person*.

Spontaneous, or non-induced, pregnancy terminations are covered. Induced terminations are limited to one per *coverage period*.

9. Dental Accident and Emergency Benefit

When performed by a legally qualified *dentist* or oral *surgeon*, *emergency* treatment:

- up to \$4,000 to repair or replace whole or sound natural teeth or permanently attached artificial teeth damaged as a result of an accidental blow to the face.
- up to \$650 for relief of pain caused other than by a blow to the face and including impacted wisdom teeth for which *you* have not previously received treatment or advice.

Reimbursement will not exceed the minimum fee specified in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the *insured person* receives such treatment.

Treatment must be initiated within seven (7) days from the time the *emergency* began and be completed no later than 90 days after treatment began and within the *coverage period*.

10. Other Professional Medical Services

When deemed essential on an *emergency* basis and accompanied by a written referral from a *physician*, expenses for: physiotherapist, chiropractor, licensed chiroprapist, massage therapist, naturopath, osteopath, podiatrist, speech therapist or acupuncturist; up to a maximum limit of \$1,000 per policy, for each class of practitioner.

11. Psychiatric/Psychological Benefit

When deemed essential by the attending *physician*, the policy covers expenses incurred for:

- visits to a licensed psychiatrist, psychologist or social worker for the relief of acute symptoms, up to a maximum limit of \$1,500 per policy; or
- for *hospital* expenses due to psychological, mental or emotional disorders, suicide, any attempt at suicide, intentionally self-inflicted *injury* or any attempt at intentionally self-inflicted *injury* up to a lifetime maximum of \$50,000;
- fees billed separately for the services of a psychiatrist provided on an in-patient basis following an *emergency*, up to a lifetime maximum of \$10,000;
- the initial visit to the *physician*.

12. Annual Physician Visit

The cost of one visit to a licensed *physician* for a general check-up during a 12 consecutive month period, provided the minimum term of insurance purchased is six (6) consecutive months.

13. Eye Examination

One visit to a licensed optometrist during a 12 consecutive month period up to a maximum limit of \$100 per *insured person*, provided the minimum term of insurance purchased is six (6) consecutive months.

14. Vaccinations and Tuberculosis Testing

Up to a maximum of \$150 for vaccinations and/or tuberculosis testing in any consecutive 12 month period provided a minimum of 6 consecutive months of coverage has been purchased.

15. Elective Testing for Sexually Transmitted Diseases (STD)

Elective testing for sexually transmitted diseases (STD) during a 12 consecutive month period, including one consultation for the prescription of the 'morning after pill', up to a maximum limit of \$100 provided the minimum term of insurance purchased is six (6) consecutive months.

16. Trauma Counselling

Expenses incurred for up to six (6) sessions of trauma counselling if an *insured person* suffers a covered *loss* of single or double dismemberment, or *loss* of sight of one or both eyes, or single dismemberment and *loss* of sight in one eye within 90 days from the date of an *accident* which occurred during the *coverage period*.

17. Tutorial Service Benefit

In the event an *insured person* is totally confined to a *hospital* due to a covered *sickness* or *injury*, we will pay the actual expense incurred within 365 days from the date of the *sickness* or *injury* for a qualified private tutorial service, provided:

- such confinement is continuous for a minimum period in excess of 30 consecutive days; and
- such payment shall not exceed the rate of \$20 per hour nor an aggregate total payment of \$400 during the *coverage period*.

18. Substance Abuse Treatment Benefit

Up to \$25,000 for *emergency* ground transportation, emergency room treatment, and *hospitalization* for the effects of alcohol, drugs or other intoxicants provided a minimum of 6 consecutive months of coverage has been purchased. This includes up to 3 counselling or treatment sessions related to alcohol or drug dependency after the initial *emergency* but does not include admission into any treatment program beyond the 3 counselling sessions.

This benefit does not include admission into out-patient or in-patient treatment programs beyond the three (3) follow-up sessions noted above.

19. Corrective Device Defect, Malfunction or Theft

Up to a maximum limit of \$1,000 for repair or replacement of any corrective device provided as part of a benefit under this policy which manifests a defect or malfunction such that the corrective device becomes unusable, or of any corrective device which is stolen, during the *coverage period*. The corrective device must be recommended by the *insured person's* treating *physician* to correct a physical disability of the sort that would exclude the *insured person* from being able to participate in his or her studies, teaching or other important life responsibilities.

This benefit does not apply to defects or malfunctions which were evident prior to the *coverage*

period, nor does this benefit apply to defects or malfunctions covered by other insurance plans including manufacturers' warranties.

ACCIDENTAL DEATH AND DISMEMBERMENT

If a covered *loss* occurs due to *injury*, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule below, as follows:

Common Carrier Principal Sum: \$100,000.

24 Hour Accident Principal Sum: \$ 50,000.

20. Common Carrier Accident

Should an *insured person* incur either Loss of life or a dismemberment described in the Loss Schedule as a result of an *injury* sustained while riding as a fare paying passenger on a *common carrier*, benefits shall be paid in accordance with the *common carrier* Principal Sum.

21. 24 Hour Accident

If *injury* results in any of the following *losses* within 365 days after the date of the *accident* other than due to a *common carrier*, the policy provides the benefits indicated below, in accordance with the 24 Hour Accident Principal Sum:

LOSS SCHEDULE

Loss	% of Principal Sum
Loss of life	100%
Loss of both hands or Loss of both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the entire sight of one eye	100%
Loss of one foot and the entire sight of one eye	100%
Loss of one arm	50%
Loss of one leg	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of entire sight of one eye	50%
Loss of thumb or index finger of the same hand	33 1/3%
Loss of speech and hearing	100%
Loss of speech or hearing	66 2/3%
Quadriplegia, paraplegia, hemiplegia	100%
Loss of use of both arms or both hands	100%
Loss of use of one hand or one foot	50%
Loss of use of one arm or one leg	50%

Disappearance

If the body of an *insured person* has not been found within one year of the *insured person's* disappearance (as documented by a competent governmental or law enforcement agency), such *insured person* shall, in the absence of any evidence to the contrary, be deemed to have suffered Loss of life.

Beneficiary

The benefit for Loss of life is payable to the deceased person's estate. If the *insured person* is under age 16 (or 18 in Quebec), the benefit is payable to their *parent/legal guardian*. We may ask the claimant to prove their relationship to the deceased.

SECTION IV - EXCLUSIONS

Failure to contact Intrepid 24/7™ in the event of *hospitalization* within 48 hours from the time of the *emergency* may limit eligible medical expenses.

This policy does not cover losses or expenses related in whole or in part, directly or indirectly to any of the following:

1. Any *sickness, injury* or medical condition that was not *stable* in the 90 days prior to the effective date;
2. *Injuries* received while the *insured person* is participating in any manoeuvres or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
3. pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except as otherwise provided under Section III, Item 8 – Maternity;
4. dental surgery or cosmetic surgery unless such surgery is a result of a covered *injury*, except as otherwise provided under Section III, Item 9 – Dental Accident and Emergency;
5. any *sickness* or *injury* if at the time of the *sickness* or *injury*, the *insured person* is under the influence of drugs, alcohol or other intoxicants (unless administered on, and in strict accordance with, the advice of a legally qualified *physician*), except as provided under Section III, Item 18 – Substance Abuse Treatment Benefit;
6. mental, emotional or psychological disorders including medications except as otherwise provided under Section III, Item 11 – Psychiatric/Psychological Benefit;
7. treatment or services that contravene any *GHIP* plan in Canada;
8. suicide, any attempt at suicide, intentionally self-inflicted *injury* or any attempt at intentionally self-inflicted *injury* whether the *insured person* is sane or insane when the *insured person* has attempted suicide or self-inflicted *injury* or caused intentional self-inflicted *injury* in the 5 years prior to the effective date;
9. an act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
10. any services or supplies provided by an *insured person* or an *immediate family member* of the *insured person*;
11. a *sickness* or *injury* that, at the time of departure from their *home country*, might reasonably be expected to require an *insured person* to undergo *medical treatment, surgery* or *hospitalization*;
12. any elective, dental, plastic or cosmetic surgery except as the result of a covered *emergency*;
13. *medical treatments* required on an ongoing basis, including continued stabilization of a medical condition, regular care of a chronic condition, home healthcare and investigative testing;
14. the portion, if any, of any expenses for treatment, advice or *hospitalization* which are not *reasonable and customary*;
15. treatment or services within the *insured person's home country* after the *insured person* has returned or been repatriated back to the *home country*;
16. drugs and medications which are:
 - a. commonly available without a prescription, preventative medications or vaccines (except as otherwise provided in Section III, Item 14 – Vaccinations and Tuberculosis Testing), acne medications, baldness remedies, nicotine resin products, dietary supplements or weight loss products;
 - b. any type of contraceptive, pregnancy test, fertility drug or test, or erectile dysfunction drugs;
 - c. not legally registered and approved in Canada or not *medically necessary*.

17. translation services of any kind, even when utilized in the delivery of medical services;
18. organ transplants;
19. any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the policy is purchased or the visit is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such visit is taken on the advice of a *physician* or *surgeon*;
20. medical examinations performed at the request of a third party (including medical examinations for immigration purposes) or consultations with a *physician* by telephone or e-mail;
21. the worsening, recurrence, side effects or complications of a medical condition resulting from the *insured person's* failure to follow the directions of a *physician* or other health care provider;
22. *injury* resulting from participation in: professional athletics (for which the *insured person* is remunerated); mountain climbing; aviation except as a fare-paying passenger on a commercial aircraft; hang gliding; sky diving; parachuting; bungee jumping; snow skiing or snowboarding outside of marked trails at supervised recreational facilities; motorized speed events or contests; scuba diving unless PADI/NAUI certified or accompanied by a certified instructor;
23. any *sickness, injury* or medical condition resulting from the commission or attempted commission of an illegal act;
24. any consultation or treatment for Attention Deficit Hyperactivity Disorder (ADHD) or similar conditions or diagnoses.

The following additional exclusions are also applicable to Accidental Death and Dismemberment benefits:

25. *Sickness, disease, or disability* whether the *loss* or claim results directly or indirectly from any of these;
26. mental incapacity whether the *loss* or claim results directly or indirectly from any mental incapacity;
27. sustained while the *insured person* is undergoing the medical or surgical treatment of *sickness, disease, or bodily or mental infirmity*;
28. stroke or cerebrovascular condition, cardiovascular condition including, but not limited to, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
29. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the *insured person* is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
30. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying *sickness, disease* or condition including but not limited to diabetes;
31. an act, attempted act or omission taken or made by the *insured person*, or an act, attempted act or omission taken or made with the *insured person's* consent, for the purposes of interrupting the blood flow to the *insured person's* brain or to cause asphyxiation to the *insured person*, whether with intent to cause harm or not;
32. natural causes.

SECTION V – CLAIM PROCEDURES

1. Emergency Medical Assistance

This policy provides worldwide emergency assistance for *insured persons* while in Canada, or on an *excursion*, except where local conditions render such assistance not feasible. In the event of *sickness* or *injury* covered by this policy requiring *hospitalization*, Intrepid 24/7™ must be notified within 48 hours from the time of incident. If Intrepid 24/7™ is not informed, this could result in the denial of claims for some expenses and some expenses being only partially covered. In the event of a medical *emergency* you or someone acting on your behalf must call one of the telephone numbers listed below:

U.S. and Canada 1-866-883-9787
Worldwide 1-416-640-7865 Collect

It is your responsibility to ensure that Intrepid 24/7™ is contacted, or someone acting on behalf of the *insured person*. If Intrepid 24/7™ is not contacted within 48 hours, benefits under this policy may be limited

2. Notice and Proof of Claims

Intrepid 24/7™ will coordinate services and billings with providers to ensure direct billing of the *insured person's* expenses where available and when notified accordingly. In such instances the *insured person* will only be required to complete a claim form to authorize the sharing of his or her personal information. If the *insured person* pays directly for medical services and need to seek reimbursement, the *insured person* or someone acting on behalf of the *insured person* must retain all original itemized invoices and receipts from all medical providers, original prescription receipts,

and any other original documentation to substantiate any eligible expenses. Claims may be filed by electronic claims submission or by mail to:

Intrepid 24/7™ – Claims Administration

460 Richmond Street, Suite 100
Toronto, Ontario (Canada) M5V 1Y1
1-866-883-9485 | claims@intrepid247.com | www.studyinsured.com

Note: Remember to retain a copy for your records.

Documentation must be received within the following timelines in order for your claim to be eligible:

- a. within 90 days from the date of the *sickness or injury*, furnish to us such proof of claim as is reasonably possible in the circumstances of the happening of the *sickness or injury* occasioned thereby during the *coverage period*; and

SECTION VI – GENERAL PROVISIONS AND LIMITATIONS

Pre-Approval Requirements

Intrepid 24/7™ must approve in advance any surgery, invasive procedure or *major diagnostic testing* or treatments before any expenses are incurred. It remains your responsibility to contact Intrepid 24/7™ for approval or to inform the attending *physician* to do so, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis. If such services are not pre-approved, claims will be assessed as per the terms and conditions of the policy, and if approved, reimbursed at 80% of all eligible expenses up to the policy limits and maximum. In some cases, the approval must be provided by us before any expenses are incurred and Intrepid 24/7™ may contact us.

Clerical Error

Clerical error on our part or the *plan administrator* in the keeping of records for furnishing of information shall not void any *insured person's* insurance otherwise validly in force, provided the proper premium remittance is made, nor shall it continue any *insured person's* insurance otherwise validly terminated under the terms of the policy.

Applicable Law

This contract of insurance is governed by the laws of the province or territory where this policy was issued. Any legal proceeding by you, your heirs or assigns shall be brought in the courts of the province or territory where this policy was issued.

Other Insurance

Benefits under this policy are payable in excess of those available under any other similar plans or insurance policies, or contracts, or government health insurance plans, or any private, public, provincial or territorial automobile insurance plan, providing *hospital*, medical or therapeutic coverage or benefits, or any other third party liability insurance in force. You may not claim or receive in total more than 100% of the loss caused by the insured event.

Limitation of Benefits

Intrepid 24/7™ on behalf of the *insurer* reserves the right, as reasonably required and at its expense, to transfer you to any *hospital* or to transport you to Canada or your home country

- b. if so required by us, furnish a certificate as to the cause and nature of the *accident or injury* caused thereby, for which the claim is made and as to the duration of the *injury or loss*, from a legally qualified medical practitioner.

3. Notice of Claim After Your Policy Ends

We must receive the *insured person's* claim within twelve (12) months of the date his or her policy ended. We will not pay any claim we receive more than twelve (12) months after the date the *insured person's* policy ended, regardless of when the eligible expense was incurred.

following an *emergency*. If you refuse to be transferred or transported when declared medically fit to travel by the medical director, any continuing costs incurred after your refusal will not be covered and the payment of such costs becomes your sole responsibility. Coverage ceases upon your refusal and no coverage will be provided to you for the remainder of the *coverage period*.

Limits on Assistance Services

Intrepid 24/7™ reserves the right to suspend, curtail or limit services in any area or country in the event that war, political instability or hostility renders the area inaccessible. Intrepid 24/7™ will use its best efforts to provide services during any such occurrence.

Availability and Quality of Care

Neither the *insurer* nor Intrepid 24/7™ shall be responsible for the availability or quality of any *medical treatment* (including the results thereof) or the failure of the *insured person* to obtain *medical treatment* during the *coverage period*.

Time limit for recovery of insurance money

Every action or proceeding against the *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 the provincial or territorial legislation that applies to this policy.

Refunds

In the event that you cease to be eligible for coverage under this insurance policy, or that you return permanently to your home country, before the end of the *coverage period* of this policy, you shall be entitled to a pro-rata refund of the unused portion of the insurance premium you have paid, provided that no claims have been or will be submitted under this policy. Refunds will be subject to a \$25 administration fee.

Premiums

This policy is provided for the *coverage period*, provided that premiums are paid. For subsequent *coverage periods* a new policy can be purchased, subject to the rate table in effect at the time of the purchase.

SECTION VII - STATUTORY CONDITIONS

The Contract

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

Waiver

The *insurer* is deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *insurer*.

Copy of Application

The *insurer* must, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

Material facts

No statement made by an *insured person* at the time of enrolment for this policy can be used in defense of a claim under or to avoid this policy unless it is in the application or any other written statements or answers given as evidence of insurability.

Notice and proof of claim

The *insured*, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a. give written notice of claim to the *insurer*,
 - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the *insurer* in the province, or
 - ii. by delivery thereof to an authorized agent of the *insurer* in the province,

not later than 30 days from the date a claim arises under the contract on account of an *accident, sickness or disability*;

- b. within 90 days after the date a claim arises under the contract on account of an *accident or sickness*, furnish to the *insurer* such proof as is reasonably possible in the circumstances of:
 - i. the happening of the *accident* or the start of the *sickness*,
 - ii. the loss caused by the *accident or sickness*,
 - iii. the right of the claimant to receive payment,

- iv. the claimant's age, and
- v. if relevant, the beneficiary's age; and

if so required by the *insurer*, furnish a satisfactory certificate as to the cause or nature of the *accident, sickness or disability* for which claim may be made under the contract and as to the duration of such *sickness or disability*

Failure to give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if

- a. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year after the date of the *accident* or the date a claim arises under the contract on account of *sickness or disability*, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
- b. in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The *insurer* shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident, sickness or disability* giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under the contract,

- a. the claimant must give the *insurer* an opportunity to examine the person of the person insured when and as often as it reasonably requires while the claim is pending, and
- b. in the case of death of the person insured the *insurer* may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

When Moneys Payable

All money payable under this contract shall be paid by the *insurer* within 60 days after it has received proof of claim.

SECTION VIII – ABOUT YOUR PERSONAL INFORMATION

Berkley Canada places great importance on the protection of your privacy. Your personal information will be collected, used and disclosed only for the purpose of providing you with the insurance services you requested. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, Intrepid 24/7™ and the *insurer* may collect your personal health information held by a third party. This information may be released to employees of Intrepid 24/7™ and the *insurer* for claims analysis and to better serve you.

In no case will the *insurer* release this information to any person or organization that is not clearly entitled to it without first seeking your consent. For details of the *insurer's* privacy policy please see:

www.berkleycanada.com/privacy

To see StudyInsured™'s privacy policy, please visit: www.studyinsured.com/privacy

Underwritten by Berkley Canada (a Berkley Company)



President
Berkley Canada



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