

**MEMORIAL UNIVERSITY OF
NEWFOUNDLAND
STUDENTS' UNION**



GROUP INSURANCE PLAN

Policyholder:

**MEMORIAL UNIVERSITY OF
NEWFOUNDLAND STUDENTS'
UNION**

Policy No.:

24114

WELCOME TO ALL ELIGIBLE MEMBERS

This booklet provides you with a description of the health and dental care benefits, to which you are entitled under the group policy. It also provides you with an explanation of the rules regarding eligibility and the procedure to follow when you submit a claim.

The information contained in this booklet does not create nor confer any contractual or other rights. All claims are considered, and paid, in accordance with the group policy between Memorial University of Newfoundland Students' Union and Industrial Alliance Insurance and Financial Services Inc. The Students' Union and the Insurance Company together have the full authority to resolve all questions related to the provisions of the group policy, and may, from time to time, amend the coverage.

Questions you may have regarding the group policy and claims for reimbursement of health expenses are to be submitted to the Students' Union office at:

MUNSU
Room 2000 University Centre
St. John's, Newfoundland
A1C 5S7
Tel: (709) 737-7633
Fax: (709) 737-4743
Email: healthplan.munsu@mun.ca

It is important that participants keep photocopies of their receipts. In addition, participants should keep a copy of the Explanation of Benefits (EOB) which will be attached to their claim cheques. Participants may need these documents to co-ordinate benefits with another insurer or for their income tax returns.

Your student identification number, gender, and date of birth are used by the Insurance Company and the policyholder to determine your eligibility for benefits and is used only for this purpose while you are a member of The Memorial University of Newfoundland Students' Union Health and Dental Plan. Without the use of this information you are still covered for benefits, however, your claims may not be adjudicated. The personal information is stored with the utmost attention to security, and deployed, sparingly to fulfill the requirements of the group policy and the law. For further information on the use of this information or to revoke the use of this information, contact the policyholder.

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SUMMARY OF BENEFITS

The following pages give a full description of the GENERAL PROVISIONS of each BENEFIT.

SPECIAL PROVISIONS

For the purposes of this booklet, the masculine form includes the feminine unless a different meaning is required from the context. In addition, the singular shall include the plural where required.

Participants are insured under the following class:

Class

100 – All Members

SUMMARY OF BENEFITS (cont'd)

GENERAL PROVISIONS

ELIGIBILITY DATE

Subject to all other provisions of the group policy, you shall become eligible on one of the following dates:

- a) on the effective date of the group policy, if you are then enrolled as a full-time undergraduate student of Memorial University of Newfoundland,
- or
- b) on the date on which you enroll as a full-time undergraduate student of Memorial University of Newfoundland.

ELIGIBILITY PERIOD

The eligibility period runs on an individual semester basis, i.e. September, January and May of each year. However, a participant who is insured under this plan for the September and January semesters is automatically insured for the May semester.

SUMMARY OF BENEFITS (cont'd)

SUPPLEMENTAL HEALTH INSURANCE

MEDICAL EXPENSES INCURRED IN CANADA

Deductible: None

Reimbursement

- Drugs (limited to the cost of generic drugs, with direct payment): 70%
- Hepatitis vaccines: 90%
- Other expenses: 100%

Maximum

- Drugs: \$2,000 per student year
 - Other expenses: Unlimited
-
-

This benefit terminates on August 31st of each student year.

SUMMARY OF BENEFITS (cont'd)

SUPPLEMENTAL HEALTH INSURANCE (cont'd)

Medical Expenses

Covered Expenses

Maximums Per Insured Person

All covered expenses included under the Medical Expenses Incurred in Canada section of the Supplemental Health Insurance benefit, other than those listed below

Unlimited.

Breast prostheses

\$150 per period of 24 consecutive months.

Drugs

\$2,000 per student year.

Hepatitis vaccines (medication and professional act)

\$50 per student year.

Fees for the following paramedical practitioners: physiotherapists and physical rehabilitation therapists

Combined maximum of \$300 per student year.

Fees for the following paramedical practitioners: registered massage therapists and orthotherapists

Combined maximum of \$300 per student year.

Fees for the following paramedical practitioners: speech language pathologists, chiropractors ⁽¹⁾⁽²⁾, osteopaths ⁽¹⁾, psychologists, podiatrists or chiropodists ⁽¹⁾⁽²⁾ and naturopaths ⁽¹⁾

Maximum of \$300 per student year for each practitioner.

⁽¹⁾ medical recommendation not required

⁽²⁾ including one x-ray per student year

SUMMARY OF BENEFITS (cont'd)

SUPPLEMENTAL HEALTH INSURANCE (cont'd)

Medical Expenses (cont'd)

<u>Covered Expenses</u>	<u>Maximums Per Insured Person</u>
Wheelchairs (including repairs)	\$250 per lifetime.
Blood glucose monitors	\$150 per period of 5 calendar years.
Insulin pumps (excluding supplies)	\$1,000 per period of 5 calendar years.
Orthopedic shoes (including foot orthoses)	\$150 per student year.
Intrauterine devices	\$50 in any calendar year.
Hearing aids	\$500 per period of 5 calendar years.
Private tutorial service	\$15 per hour and \$1,000 per disability.
Eye examinations	\$40 per period of 24 consecutive months. One examination per period of 24 consecutive months.
Vision care	
• Eyewear:	Maximum of \$80 per period of 24 consecutive months. (See details for provider of your choice or participating preferred provider in the benefit.)
• Refractive laser eye surgery:	\$150 per eye, lifetime.

SUMMARY OF BENEFITS (cont'd)

DENTAL CARE INSURANCE (applicable to Divisions 001 and 004 only)

Deductible: none

Reimbursement

- Class I expenses: 100%
- Class II expenses: 80%
- Class III expenses: 75%
- Class IV expenses: 10%

Maximum per insured person

- Emergency recall examination: Unlimited
- All other expenses: \$500 per student year

Expenses are reimbursed according to the General Practitioners' Fee Guide of Newfoundland for the current year, subject to any limits which are stated under the Dental Care Insurance benefit.

This benefit terminates on August 31st of each student year.

GENERAL PROVISIONS

DEFINITIONS

Accident: A sudden, violent and unforeseeable occurrence which is external to the person.

Day: A calendar day, except if otherwise defined in the group policy.

Dentist: A person licensed to practice dentistry by the provincial licensing authority.

Dependent: The participant's spouse or a child of the participant or of the spouse. If dependents are insured under the group policy, "spouse" and "child" shall have the following meanings:

a) Spouse

The person who is married to or is in a civil union with the participant, or the person designated by the participant, whom he declares publicly to be his spouse and with whom he has been living on a permanent basis for 1 year, or less, if a child is born from their union.

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

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

b) Child

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

- i) He is under 21 years of age; or
- ii) He is under 26 years of age and is attending a recognized educational institution on a full-time basis; or

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

Employee: A person who is employed by his employer on a permanent, full-time basis and who is working a minimum of 30 hours per week for such employer.

Full-time resident of Canada: Has a permanent residence in Canada and resides in Canada for at least 182 days a year.

Illness: Any deterioration in health requiring regular, continuous and curative care actively provided by a physician.

Insured person: A participant or a dependent of a participant who is insured under the group policy.

Member: Full-time student or recent graduate of Memorial University of Newfoundland.

Ophthalmologist: A person licensed to practice ophthalmology.

Optometrist: A member of the Canadian Association of Optometrists or of a provincial association associated with it.

Participant: A member who is insured under the group policy.

Physician: A person who is legally licensed and authorized to practice medicine and who is operating within the scope of his license.

Reasonable and customary charges: Charges which are made to a person without insurance for the items of expense listed under Eligible Expenses and which do not exceed:

- a) the general level of charges in the area where the expense is incurred, or
- b) for eligible expenses incurred outside Canada, the general level of charges for comparable services in the province where your University is located.

Registered Pharmacist: A person who is licensed to practice pharmacy and whose name is listed on the pharmacists' registry of the licensing body for the jurisdiction in which such person is practising.

Specialist: A physician licensed by the appropriate provincial licensing authority to practice medicine with a specialization.

Student: A person enrolled as a full-time undergraduate student of Memorial University of Newfoundland.

Student year: A period of 12 consecutive months or less, beginning on September 1st and ending on August 31st of the following year.

LAWFUL CURRENCY

All payments hereunder will be made in the lawful currency of Canada and according to the exchange rates effective at the time the event giving entitlement to a benefit took place.

ELIGIBILITY

Member

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

- a) He satisfies the definition of member in the group policy.
- b) He is a full-time resident of Canada.
- c) He is covered under the provincial health plan of his province of residence.
- d) He has satisfied the eligibility period specified in the Summary of Benefits.

Dependents

A person will become eligible to be insured under the group policy as a dependent on the date (his "eligibility date") on which he satisfies the following conditions:

- a) He satisfies the definition of dependent in the group policy.
- b) He is a full-time resident of Canada.
- c) He is covered under the provincial health plan of his province of residence.
- d) The member of whom he is a dependent has become eligible to be insured under the group policy.

EFFECTIVE DATE OF INSURANCE

Whether membership under the group policy is compulsory or voluntary, the member's insurance and dependents' insurance, if any, will take effect on the person's eligibility date.

If the dependent is hospitalized on the date his insurance would otherwise become effective, the insurance will not take effect until the earliest date thereafter on which he is no longer hospitalized. (This clause shall not apply in the case of a newborn child.)

CHANGES IN COVERAGE

Participants can opt for the Supplemental Health Insurance and Dental Care Insurance benefits separately and are automatically insured with single protection.

Participants who opt for family coverage must complete and transmit the appropriate form to the MUNSU's office.

Whether the participant registers in September, January or May, family coverage must be requested and received at the MUNSU's office no later than two weeks after the first day of lectures.

Single participants who give birth or adopt a child during a term can change their coverage immediately.

Participants who get married during a term can add their spouse as of the beginning of the following term (September, January or May) by completing and transmitting the appropriate form to the MUNSU's office.

The deadline to opt out of the group policy is no later than 2 weeks after the first day of lectures; however, a participant who wins an appeal under the MUNSU Appeal Process can opt out as of the beginning of the present term or as of the date his last claim was paid, if later.

After opting out of this group policy, a participant can opt in again by completing and transmitting the appropriate form to the MUNSU's office (within 31 days after losing coverage) and his coverage will become effective on the first day of the following month.

Participants may only opt in within 31 days after having lost coverage under another plan. If the request is received after 31 days, the participant will only be eligible at the beginning of the next term (September, January or May).

TERMINATION OF INSURANCE

Participant

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

- a) The date the group policy is terminated;
- b) The date the participant is no longer a full-time resident of Canada;
- c) The date the participant is no longer covered by his provincial health plan;
- d) The date of the participant's death;
- e) The later of the following dates:
 - i) the date indicated on a written notice received from the policy-holder;
 - ii) the date this notice was received by the insurer;
- f) The date the participant is incarcerated after committing a criminal offence for which he was found guilty;
- g) The date the participant ceases to qualify for the group policy;
- h) The date the student ceases to be a full-time student.

Dependents

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

- a) The date the participant of whom he is a dependent ceases to be covered under the group policy;
- b) The date the dependent ceases to be a dependent as defined in the group policy;
- c) The date the dependent is no longer a full-time resident of Canada;
- d) The date the dependent is no longer covered by the provincial health plan;
- e) The later of the following dates:
 - i) the date indicated on a written notice received from the policyholder;
 - ii) the date this notice was received by the insurer.

The above terms and conditions also apply in the case of the partial cancellation of insurance owing to the cancellation of one or more benefits.

CLAIMS

Supplemental Health Insurance and Dental Care insurance:

The insurer must receive notice of any claim for a Supplemental Health Insurance benefit or Dental Care Insurance benefit within 12 months of the date of the event which gives entitlement to the benefit.

However, if the group policy terminates, notice of claim for a Supplemental Health Insurance benefit or Dental Care Insurance benefit must be submitted to the insurer within 90 days following termination of the group policy.

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

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

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

INSURER'S RIGHT TO EXAMINATION OF A CLAIMANT

The insurer, at its own expense, shall have the right and opportunity, whenever it deems necessary, to require a medical examination, by a physician designated by it, of any person for whom a claim is submitted and to make an autopsy in case of death, where it is not forbidden by law. In addition, the insurer reserves the right to obtain the report of any medical practitioner who has examined the person for whom a claim was submitted.

The insurer, at its own expense and discretion, shall have the right and opportunity to conduct an examination under oath of any person who has submitted a claim or for whom a claim has been submitted under the group policy, whether or not a legal action has been commenced by the person under the group policy with respect to the claim.

SUBROGATION

If the insured person can claim from a third party indemnities for loss entitling him to benefits payable under the group policy, the insurer will be entitled to recover from any person, including the insured person, any insurer or any other organization, the benefit payments that the insured person would have received or been entitled to receive, subject however to the maximum amount of indemnities payable under the benefits of the group policy.

The insurer may request that the participant sign a *Reimbursement Promise* and complete a *Supplementary Questionnaire*. If the participant fails to deliver to the insurer either of these documents, duly completed, within 30 days of the request, the benefits payable under the group policy will only be paid when he has done so.

LIMITATION ON LEGAL ACTIONS

No action or proceeding against the insurer shall be commenced within the first 60 days following the date on which written proof of claim is provided to the insurer in accordance with the terms and conditions of the group policy.

Notwithstanding any other provisions of the group policy, any action or proceeding against the insurer (including any action or proceeding against the insurer's officers, directors or employees) for all losses, benefits or damages of any kind, arising out of or in any way related to a claim under the group policy, whether directly or indirectly, shall be absolutely barred unless the action or proceeding is commenced within 3 years immediately following the earliest of:

- a) The date on which proof of the claim was provided to the insurer, if it was provided in accordance with the terms and conditions of the group policy;
- b) The date on which proof of the claim was required to have been submitted to the insurer under the terms and conditions of the group policy;
- c) The date on which the cause of action arose. Where there is more than one cause of action arising out of or in any way related to the claim, the date that shall apply in regards to all such causes or actions shall be the date on which the first cause of action arose.

CO-ORDINATION OF BENEFITS

This section applies to any coverage which pays expenses for care, services or supplies which are for or by reason of health care or treatment. The term "coverage" means any coverage providing care, services or supplies under:

- i) any group, individual or family insurance, travel insurance, creditor's or savings insurance plan,
 - ii) any government-sponsored plan, and
 - iii) any non-insured employee benefit plan.
- a) When an insured person is eligible to receive benefits simultaneously under this coverage and any other coverage, the benefit payable to such a person follows the order of priority described hereunder:
- i) The benefits of any coverage that does not include a benefit coordination clause are payable before those which would otherwise be payable under this coverage;
 - ii) The benefits of any coverage that includes a benefit coordination clause are payable according to the following order of

priority, by the coverage under which the insured person qualifies for benefits as:

- an employee; the priority will go to the plan in which the employee participates as
 - an active full-time employee;
 - an active part-time employee;
 - a retiree.
- a dependent spouse;
- dependent child of parents who are neither separated or divorced; the priority will be as follows:
 - the plan of the parent with the earlier birthdate in the calendar year;
 - the plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birthdate.
- dependent child of separated or divorced parents; the priority will be as follows:
 - the plan of the parent with custody of the child;
 - the plan of the spouse of the parent with custody of the child;
 - the plan of the parent who does not have custody of the child;
 - the plan of the spouse of the parent who does not have custody of the child.

b) At no time will the amount payable under this benefit, according to the conditions of this section, exceed the amount which would have been payable in the absence of this clause.

When, as a result of this section, the expenses under this benefit are payable after those of another coverage, the amount payable under this benefit will be equal to the lesser of:

- i) the total benefits that would have been payable in the absence of this section;

- ii) the total covered expenses under this benefit, less the benefits payable under any other coverage.

The benefits payable under any coverage include benefits to which the insured person would have been entitled had he duly submitted a claim.

- c) When expenses for dental care are incurred following an injury to natural teeth, the expenses are reimbursable first by the coverage which provides reimbursement of expenses incurred in such a case before a dental benefit.

SUPPLEMENTAL HEALTH INSURANCE

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

DEFINITIONS

As used in this benefit:

Chiropodist/Podiatrist: A person licensed by the appropriate provincial licensing authority or in those provinces where there is no licensing authority, members of the Canadian Association of Foot Professionals.

Chiropractor: A member of the Canadian Chiropractic Association or of a provincial association affiliated with it.

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

Hospital: An institution which

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

Medical emergency: A sudden or unexpected occurrence that requires immediate medical attention.

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

Naturopath: A member of the Canadian Naturopathic Association or any provincial association affiliated with it.

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

Osteopath: A person who holds the degree of doctor of osteopathic medicine from a college of osteopathic medicine approved by the Canadian Osteopathic Association.

Physiotherapist: A member of the Canadian Physiotherapy Association or of a provincial association affiliated with it.

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

Psychologist: A permanently certified psychologist who is listed on the appropriate provincial registry in the province in which the service is rendered.

Reasonable and customary charges: Those which are usually made to a person without insurance for the items of expense listed under Eligible Expenses and which do not exceed

- a) the general level of charges in the area where the expense is incurred, or
- b) for eligible expenses incurred outside Canada, the general level of charges for comparable services in the province where your University is located.

Registered massage therapist: A person licensed by the appropriate provincial licensing body or in the absence of a provincial licensing body, a person whose qualifications the insurer determines to be comparable with those required by a licensing body.

Speech language pathologist: A person who holds a master's degree in speech language pathology and is a member or is qualified to be a member of the Canadian Speech and Hearing Association or any provincial association affiliated with it.

MEDICAL EXPENSES INCURRED IN CANADA

The following medical expenses are covered, up to the maximums specified in the Summary of Benefits:

- a) Licensed ground ambulance service to the nearest hospital equipped to provide the required treatment when the physical condition of the patient prevents the use of another means of transportation;
- b) Emergency air ambulance service to the nearest hospital equipped to provide the required treatment when the physical condition of the patient prevents the use of another means of transportation, and, if the patient requires the services of a registered nurse during the flight, the services and return air fare for a registered nurse;
- c) Drugs

The group policy covers a list of eligible drugs, professionally compiled to address the needs of students. It is designed to help reduce the cost of the plan while maintaining comprehensive, quality care and benefits.

This plan covers charges incurred for certain specific drugs within the following general categories, when prescribed by a licensed doctor (M.D.), or dentist, or other professional authorized by provincial legislation to prescribe drugs, and dispensed by a registered pharmacist or licensed doctor (M.D.) legally authorized to dispense such drugs:

- i) eligible drugs which by law require a prescription for purchase
- ii) compound mixtures where one of the ingredients is a covered item
- iii) the only drugs not legally requiring a prescription that are covered are:
 - insulin
 - diabetic supplies:
 - insulin syringes and needles
 - diagnostic reagents specific to the diagnosis and monitoring of diabetes
 - lancets
 - injectable vitamins
 - Hepatitis vaccine (medication and professional act) for students who specifically require this vaccine as part of their education, upon the policyholder's authorization.

Specifically excluded from coverage, whether they legally require a prescription or not, are:

- i) all smoking cessation products
- ii) fertility drugs
- iii) prescription mouthwashes
- iv) hair loss and hair growth agents
- v) vitamins (other than injectable)
- vi) dietary foods / supplements
- vii) common household products such as, but not limited to soap and toothpaste.
- viii) oral drugs for the treatment of erectile dysfunction.

Coverage is limited to the cost of the lowest priced item in the applicable generic category that can be legally used to fill the prescription.

Coverage is limited to a maximum of a 100-day supply unless prior approval is obtained.

Charges for insulin and the diabetic supplies listed above will be reimbursed without the requirement of a prescription if accompanied by a receipt from the pharmacist.

For more detailed information on this plan, contact the MUNSU office.

- d) Diagnostic laboratory tests and x-ray charges from a commercial establishment, other than x-rays by a chiropractor, a podiatrist or a chiropodist, provided the x-rays were required for the diagnosis of an illness or injury or to determine the effectiveness of the treatment being prescribed or received.
- e) Fees for the care provided by one of the paramedical practitioners listed in the Summary of Benefits provided the practitioner is licensed by the appropriate provincial or federal organization to practice his profession in accordance with the rules of his profession.

If the services of the practitioner are covered by the provincial health plan, no coverage will be provided under this benefit for the care given until the maximum under the provincial plan has been satisfied.

- f) Charges for the rental of, or at the insurer's option, the purchase of the following medical appliances and supplies provided they are prescribed by a physician:
- i) oxygen;
 - ii) artificial limbs or other prosthetic appliances;
 - iii) wheelchairs and wheelchair repairs;
 - iv) walkers, hospital beds, traction kits;
 - v) blood glucose monitors for insulin dependent diabetics;
 - vi) insulin pumps for insulin dependent diabetics (supplies for the pump are not covered);
 - vii) orthopaedic shoes, orthopaedic modifications to regular shoes, or orthotics, when they are required for the correction of deformity of the bones and muscles and provided they are not solely for athletic use and are prescribed by a physician, podiatrist, chiropodist or chiropractor;
 - viii) rigid or semi-rigid braces, provided they are not solely for athletic use;
 - ix) trusses and crutches;
 - x) ostomy supplies;
 - xi) breast prostheses.
- g) The services of a dental surgeon, including dental prosthesis, required for the treatment of a fractured jaw or for the treatment of accidental injuries to natural teeth if the fracture or injury was caused by external, violent and accidental means, provided the services are performed within 12 months of the accident but excluding services required in conjunction with such fracture or injury due to a condition that existed before the accident. A physician's prescription is not required.
- h) Hearing aids and repairs to them, excluding batteries, when certified by a clinical, licensed audiologist.
- i) Private tutorial service, if the disease or injury causes you to be disabled and confined to home or hospital for 15 consecutive school days.
- j) Eye examination by an ophthalmologist or optometrist, limited to one examination in a 24 consecutive month period.

- k) Vision care
 - i) Purchase of eyewear at a non-participating provider of your choice

Eyeglasses or contact lenses and repairs to them that are necessary for the correction of vision and are prescribed by either an ophthalmologist or optometrist up to the maximum specified for eligible expenses incurred at a non participating provider during a 24 month period for the member and each insured dependent.
 - ii) Purchase of eyewear at a participating preferred provider

Eyeglasses, contact lenses, prescription safety glasses or prescription sunglasses that are necessary for the correction of vision and are prescribed by either an ophthalmologist or optometrist up to the maximum specified for eligible expenses incurred at a preferred provider location during a 24 consecutive month period for the member and each insured dependent.
 - iii) Refractive laser eye surgery. Students who use this benefit are not eligible for any vision care coverage.

Preferred Provider Network

Cowans Optical

193 Elizabeth Avenue
 St. John's, NL
 A1B 1S9
 (709) 753-0380

Peoples Optical

427 Newfoundland Dr
 St. John's, NL
 A1A 4A5
 (709) 579-0202

Grand Falls/Windsor

Cowans Optical
 P.O. Box 127
 Grand Falls/Windsor, NL
 A2A 2J4
 (709) 489-9531

Mount Pearl

Eyewear Services
 Westbrook Plaza
 Topsail Road
 Mount Pearl, NL
 A1N 2Y2
 (709) 364-8393

Cowans Optical

100 West Street
 Corner Brook, NL
 A2H 2Z3
 (709) 634-3586

Please note: all Peoples Optical locations are preferred providers.

l) Fracture and Dislocation Benefit

If you have suffered more than one of the losses listed below as a result of one accident while insured under this provision, the amount of benefit for one loss will be paid. That loss will be the highest of the losses suffered by you.

Schedule of Losses

Of the skull (depressed)	\$300
Of the skull (not depressed)	\$100
Of the nose	\$20
Of the upper jaw	\$75
Of the lower jaw	\$40
Of the collar bone	\$40
Of the shoulder blade	\$75
Of the spine (one or more vertebrae)	\$150

Schedule of Losses (cont'd)

Of the spinous process	\$40
Of the transverse process	\$40
Of the sacrum or coccyx	\$50
Of the rib	\$20
Of two or more ribs	\$40
Of the sternum	\$40
Of the hip	\$150
Of the pelvis	\$150
Of the knee cap (patella)	\$50
Of the lower leg (one bone) tibia or fibula	\$75
Of the lower leg (two bones) tibia or fibula	\$100
Of the leg (femur)	\$150
Of the ankle	\$75
Of the upper arm (humerus)	\$75

Of the elbow	\$50
Of the lower arm (one bone) radius or ulna	\$75
Of the lower arm (two bones) radius or ulna	\$100
Of the wrist	\$75
Of the hand (one metacarpal)	\$20
Of the hand (two or more metacarpals)	\$40
Of one finger	\$20
Of the fingers (two or more)	\$40
Of the foot (one metatarsal)	\$20
Of the foot (two or more metatarsals)	\$40
Of one toe	\$20
Of the toes (two or more)	\$40
Of the heel	\$50
Of a bone not mentioned in this table	\$20
A chip or linear fracture of any of the above bone or bones	\$20

EXCLUSIONS AND REDUCTIONS

No benefit is payable for:

- a) expenses for the services of a registered nursing assistant (R.N.A.), licensed practical nurse (L.P.N.) or homemaker,
- b) expenses for items purchased solely for athletic use,
- c) dental expenses, except those specifically provided under Eligible Expenses for treatment of accidental injuries to natural teeth,
- d) utilization fees which are imposed by the provincial health care plan for the use of a service,
- e) expenses for which benefits are payable under a Workers' Compensation Act or a similar statute,
- f) care, services or supplies incurred prior to the termination date of the group policy but submitted to the insurer after such termination date,
- g) expenses incurred due to intentionally self-inflicted injuries,

- h) expenses incurred due to civil disorder or war, whether or not war was declared,
- i) expenses for services and products, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is related to the patient by blood or marriage,
- j) expenses for which benefits are payable under a government plan,
- k) expenses for benefits which are legally prohibited by the government from coverage,
- l) a portion of expenses for which reimbursement is made due to the legal liability of another party, or
- m) any expense incurred outside the Member's province of residence.

CALCULATION OF REIMBURSEMENT

Deductible

The deductible, if any, must be paid by the insured person before any benefits are payable under this benefit. The deductible is specified in the Summary of Benefits.

Reimbursement

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

Maximum Benefit Per Insured Person

The maximum amount that will be reimbursed by the insurer under this benefit is specified in the Summary of Benefits.

SURVIVOR BENEFIT

If the participant dies while covered under this benefit and prior to any extension of coverage as provided for under the Extension of Benefits provision, insurance under this benefit shall continue for his dependents who were covered under this benefit at the time of his death, with premium payment, until the end of the student year.

DENTAL CARE INSURANCE

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

DEFINITIONS

As used in this benefit:

General practitioner: A licensed dentist who practices dentistry without specialization.

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

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

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

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

DENTAL EXPENSES

Only those items included below which are specified in the Summary of Benefits will be considered "eligible expenses" provided they were rendered by a general practitioner or by a specialist on the recommendation of a general practitioner.

Class I Expenses

Charges up to the maximum per insured person shown in the Summary of Benefits for:

- a) one annual examination;
- b) emergency recall examination;
- c) prophylaxis, limited to 2 units per student year;
- d) one annual series of x-rays;
- e) dental consultations;
- f) topical fluoride application (limited to children up to age 16);
- g) oral hygiene instruction;
- h) pit and fissure sealants (limited to children up to age 16); and,
- i) diagnostic tests (excluding laboratory charges associated with these procedures);
 - i) microbiological culture;
 - ii) bacteriological culture;
 - iii) cytological smear;
 - iv) pulp vitality;
 - v) diagnostic casts (unmounted); and ,
 - vi) disking of teeth.
- j) periodontal scaling, limited to 2 units per student year.

Class II Expenses

Charges up to the maximum per insured person shown in the Summary of Benefits for:

- a) fillings (excluding fillings done for cosmetic purposes);
- b) space maintainers (excluding laboratory charges);
- c) simple extractions; and
- d) anaesthesia and its administration.

Class III Expenses

Charges up to the maximum per insured person shown in the Summary of Benefits for:

- a) removal of up to two impacted wisdom teeth; and,
- b) root planing, limited to 8 units per student year, all procedures combined, including the 2 units for periodontal scaling.

Class IV Expenses

Charges up to the maximum per insured person shown in the Summary of Benefits for:

- a) endodontics, including root canal treatment;
- b) periodontics (excluding periodontal scaling and root planing);
- c) oral surgery, including the removal of complicated teeth and roots (excluding the removal of impacted wisdom teeth);
- d) removable full or partial dentures;
- e) fixed crowns and bridges (excluding cosmetic dentistry);
- f) recementation or removal of fixed crowns or bridges; and,
- g) adjustment, repair or relining of removable full or partial dentures.

Other Practitioners

Services or supplies must be rendered and dispensed by a licensed dentist, except that:

- a) scaling and cleaning of teeth may be done by a licensed dental hygienist; and
- b) adjustment, repair or relining of full dentures, may be done by a denturist, denture therapist, technician or mechanic, who is registered and practising within the scope of his/her license.

Charges for such care, services and supplies will be deemed to be Covered Charges up to the lesser of:

- a) the amount shown in the practitioner's fee guide of the Province where the charges are incurred; or

- b) the Fee Guide for dentists;
- c) reasonable and customary charges by an anaesthetist for the administration of a general anaesthetic in connection with a covered dental procedure will be deemed to be covered charges.

EXCLUSIONS AND REDUCTIONS

No amount will be paid for charges related to:

- a) any dental services not listed under Dental Expenses;
- b) white fillings on molars;
- c) dental care which is cosmetic;
- d) completion of claim forms;
- e) broken appointments;
- f) dental care covered under a medical plan provided by an employer or a government;
- g) charges, which in the absence of coverage there would be no charge;
- h) nutritional counselling;
- i) protective athletic appliances;
- j) prostheses, including crowns and bridgework, and fitting thereof which were ordered while the person was not covered, or which were ordered while the person was covered but were finally installed or delivered after the group policy is discontinued or more than 31 days after termination of coverage for any other reason;
- k) a full mouth reconstruction, for a vertical dimension correction, or for diagnosis or correction of a temporomandibular joint dysfunction;
- l) replacement of a lost or stolen prosthesis;
- m) orthodontic treatment or correction of malocclusion; or
- n) any dental care services or supplies incurred prior to the termination date of the group policy, but submitted to the insurer after such termination date.

TREATMENT PLAN

If the total cost of a course of treatment is expected to exceed \$300, a treatment plan should be submitted to the insurer who will determine, before commencement of the treatment, the amount of eligible expenses.

"Treatment plan" means a written description of the course of treatment which, in the opinion of the dentist, will be required, including x-rays in support of such opinion, and specification of the probable date and cost of the treatment.

PAYMENT OF BENEFITS

Fees

Eligible expenses will be reimbursed according to the appropriate Fee Guide of the year specified in the Summary of Benefits, subject to any limits stated in the benefit.

Expenses incurred in Canada, other than expenses related to services provided by a dentist, will be limited to the normal rate suggested for general practitioners in the province of Newfoundland.

Expenses incurred for services provided by a dentist are limited to the normal suggested fee for dentists of the province of Newfoundland.

Expenses incurred outside Canada are limited to the normal rate suggested for general practitioners in the insured person's province of residence.

Proof

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

Alternative Treatment Plan

If more than one type of treatment exists for the dental condition of the insured person, the insurer will limit reimbursement to the least expensive

treatment that will produce a professionally adequate result with respect to the insured person's condition.

CALCULATION OF REIMBURSEMENT

Deductible

The deductible, if any, must be paid by the insured person before any benefits are payable under this benefit. The deductible is specified in the Summary of Benefits.

Reimbursement

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

Maximum Benefit Per Insured Person

The maximum amount that will be reimbursed by the insurer is specified in the Summary of Benefits.

SURVIVOR BENEFIT

If the participant dies while covered under this benefit and prior to any continuation of coverage as provided under the Extension of Benefits provision, insurance under this benefit shall continue for his dependents who were covered under this benefit at the time of his death, with payment of premium, until the end of the student year.

PROTECTING PERSONAL INFORMATION

Industrial Alliance is committed to protecting the privacy of a participant's (including his or her dependent's) personal information that it collects while providing services under the Group Plan issued to the Policyholder. Industrial Alliance recognizes and respects a person's right to privacy concerning his or her personal information.

When a participant enrolls under the Group Plan, Industrial Alliance will establish a confidential file containing the personal information collected. The file will be kept at Industrial Alliance's offices.

Access to the file will be limited to Industrial Alliance employees, agents and service providers who require access in the performance of their jobs, individuals to whom the participant has granted access, and persons authorized by law.

At Industrial Alliance the personal information that is collected is used to perform administrative services with respect to the Group Plan. Administrative services include, but are not limited to,

- Determining eligibility under the Group Plan or a particular benefit;
- Enrolling participants under the Group Plan;
- Adjudicating claims;
- Underwriting (includes determining the rates applicable to the Group Plan).

Participant's Right to Access His or Her Personal Information

A participant has the right to access his or her personal information and to request, in writing, that any inaccurate information be corrected. In addition, the participant can request that any outdated or unnecessary information be deleted.

If Industrial Alliance has medical information about the participant which was not obtained directly from the participant, Industrial Alliance will release the information to the participant only through the participant's physician.⁴

To request access to his or her personal information or to have his or her name removed from the list to be shared within the Industrial Alliance Group, the participant must send a written request to

Industrial Alliance Insurance and Financial Services Inc.
Access Officer
1080 Saint-Louis Road,
Sillery, Quebec
G1K 7M3

For More Information

For more information regarding details of the group policy and its benefits and exclusions, contact

**Memorial University of Newfoundland
Students' Union
Room 2000, University Centre
St. John's Newfoundland A1C 5S7
(709) 737-7633**

The actual benefits will be payable according to the current insurance policy in force.

This plan is underwritten by:

Industrial Alliance Insurance and Financial Services Inc.

Policy No. 24114

Deadlines

To enroll your family in this plan:
the deadline is no later than 2 weeks after the first day of lectures.

To exclude yourself from this plan (only if you are currently enrolled in another insurance plan):
the deadline is no later than 2 weeks after the first day of lectures.



