

# THE COMPREHENSIVE+ PLAN

## SUMMARY OF BENEFITS (\$CAD)

<b>MAXIMUM SUM INSURED</b>	<ul style="list-style-type: none"> <li>• \$5,000,000</li> </ul>
<b>COVERAGE TYPE</b>	<ul style="list-style-type: none"> <li>• Emergency</li> </ul>
<b>ELIGIBLE MEDICAL EXPENSES</b>	<ul style="list-style-type: none"> <li>• Emergency in-patient or out-patient treatment for sickness or injury</li> <li>• Services of physician, surgeon, anesthetist, registered graduate nurse</li> <li>• X-rays and laboratory services</li> <li>• Rental of medical appliances</li> </ul>
<b>AMBULANCE SERVICES &amp; EMERGENCY TRANSPORTATION</b>	<ul style="list-style-type: none"> <li>• Licensed ground ambulance</li> <li>• Taxi in lieu of ambulance up to \$125</li> <li>• Up to \$300,000 for emergency air transportation</li> </ul>
<b>PRESCRIPTION DRUGS</b>	<ul style="list-style-type: none"> <li>• Limited to a 60-day supply</li> </ul>
<b>PARAMEDICAL SERVICES</b>	<ul style="list-style-type: none"> <li>• Up to \$1,000 per approved profession</li> </ul>
<b>PSYCHIATRIC CARE OR MENTAL &amp; EMOTIONAL DISORDERS</b>	<ul style="list-style-type: none"> <li>• Up to \$2,000 for outpatient visits to a psychiatrist, psychologist or social worker</li> <li>• Up to \$50,000 for psychiatric hospitalization</li> <li>• Up to \$10,000 for psychiatric services on an inpatient basis</li> </ul>
<b>SUBSTANCE ABUSE CARE</b>	<ul style="list-style-type: none"> <li>• Up to \$25,000 for emergency transportation, emergency room treatment, and hospitalization for illnesses and injuries as a direct result of using alcohol, drugs or other intoxicants*</li> </ul>
<b>DENTAL SERVICES</b>	<ul style="list-style-type: none"> <li>• Up to \$4,000 for accident</li> <li>• Up to \$650 for relief of pain, including impacted wisdom teeth</li> </ul>
<b>SEXUAL HEALTH CONSULTATION</b>	<ul style="list-style-type: none"> <li>• Up to \$100 for consultation related to an STI including one consultation for the prescription of the "morning after pill" or birth control medication*</li> </ul>
<b>MATERNITY</b>	<ul style="list-style-type: none"> <li>• Up to \$25,000, including childbirth; pregnancy must commence during term of insurance</li> <li>• One induced termination per policy period</li> </ul>
<b>VACCINATIONS</b>	<ul style="list-style-type: none"> <li>• Up to \$150 for necessary vaccinations*</li> </ul>
<b>ANNUAL MEDICAL EXAMINATION</b>	<ul style="list-style-type: none"> <li>• One annual medical examination*</li> </ul>
<b>EYE EXAMINATION</b>	<ul style="list-style-type: none"> <li>• Up to \$100 for one eye examination*</li> </ul>
<b>FAMILY TRANSPORTATION</b>	<ul style="list-style-type: none"> <li>• Up to \$5,000 for round trip economy airfare for up to 2 family members, and up to \$1,500 for costs incurred after arrival, if you are hospitalized for at least 7 days</li> </ul>
<b>PREPARATION &amp; RETURN OF REMAINS</b>	<ul style="list-style-type: none"> <li>• Up to \$20,000 for preparation and transportation of remains or cremation/burial at place of death</li> </ul>
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	<ul style="list-style-type: none"> <li>• Air Flight / Common Carrier Accident: \$100,000</li> <li>• 24 Hour Accident: \$50,000</li> </ul>
<b>THIRD PARTY LIABILITY</b>	<ul style="list-style-type: none"> <li>• Up to \$1,000,000 per 365 day period</li> </ul>
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>• International students under the age of 70 temporarily residing in Canada</li> </ul>
<b>TRAVEL OUTSIDE CANADA</b>	<ul style="list-style-type: none"> <li>• Travel worldwide is valid as long as the majority of time on the policy is spent in Canada. Your home country is excluded unless on a school-sponsored trip. Coverage in the USA is limited to 30 days.</li> </ul>
<b>PRE-EXISTING CONDITIONS</b>	<ul style="list-style-type: none"> <li>• Covered for unexpected emergencies if stable for 90 days prior to the start of the policy.</li> </ul>

This document is a summary only and does not include all of the benefits, limitations, exclusions or conditions of coverage. The policy wording is the only legally binding description of coverage. Please consult the policy wording for further details. For more information, contact the StudyInsured™ Assistance team at 1.866.883.9787 or email [studentassist@studyinsured.com](mailto:studentassist@studyinsured.com)

\*A minimum of 6 months of continuous coverage must be purchased to be eligible for this benefit