Your group insurance plan



FOREIGN INTERNATIONAL STUDENTS

Policy No. Q178

Desjardins
Insurance
Life • Health • Retirement

Your Group Insurance Plan

FOREIGN INTERNATIONAL STUDENTS

Policy No. Q178

This document is an integral part of the Insurance certificate. It is a summary of your Group Insurance Policy. Only the Group Insurance Policy may be used to settle legal matters.

Booklet published on October 14, 2026

TABLE OF CONTENTS

CONTACT US 1

PARTICIPATING INSTITUTIONS 3

DEFINITIONS 4

GENERAL PROVISIONS 8

ELIGIBILITY, ENTITLEMENT TO BENEFITS, APPLICATION AND COMMENCEMENT OF COVERAGE 9

TERMINATION OF COVERAGE 10

CLAIMS 11

EXTENDED HEALTH CARE BENEFIT 13

CONTACT US

HEALTH INQUIRIES

There are 2 ways to reach us for any question about Eligible Expenses under the Extended Health Care Benefit:

By e-mail at: Groupservice@dfs.ca

By phone at: 1-800-263-1810

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day. This phone consultation service provides the Covered Person with a quick solution when non-emergency health issues arise. Qualified nurses are standing by to answer questions and give advice.

This telephone service provides the Covered Person with information on the following topics:

- General health
- Vaccinations
- Medical and natural remedies
- Childcare
- Local government resources

Health Assistance should be considered as a medical information complement. In the event of medical emergency, the nurse will recommend that the caller hang up and dial 911.

This information service may be of use in improving the quality of life of the Participant and their Dependents.

The Covered Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1-877-875-2632

TRAVEL ASSISTANCE SERVICE

In the event of a **MEDICAL EMERGENCY**, the Covered Person must contact the travel assistance firm immediately.

Calls from	**Dial**
Montreal area	(514) 875-9170
Canada and United States	1-800-465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Collect call (Anywhere worldwide)	(514) 875-9170

GENERAL INQUIRIES

To obtain any other information, visit the "Contact us" section of DFS's website at **www.desjardins.com**.

HOW TO FILE A COMPLAINT

If a Participant is unhappy about something we've said or done, feels they have been wronged, or wants us to take corrective action, they can file a complaint with the Complaint handling team at DFS. The role of the team is to evaluate the merit of the decisions and practices of the company when one of its customers believes they have not received the service to which they were entitled.

There are 3 ways to reach the Complaint handling team:

In writing, at the following address:

Complaint handling team

Desjardins Financial Security

100, rue des Commandeurs

Lévis (Québec) G6V 7N5

By e-mail at: complaints@desjardins.com

By phone at: 1-877-838-8185

For further information on the procedure to follow in case of complaint, or to obtain the complaint form, visit the "Contact us" section of DFS's website at **www.desjardins.com**.

PARTICIPATING INSTITUTIONS

Polytechnique Montréal

Université Laval

Université de Montréal

Université de Sherbrooke

Université du Québec à Chicoutimi

Université du Québec à Montréal

Université du Québec à Rimouski

Université du Québec Trois-Rivières

Université du Québec en Abitibi-Témiscamingue

Université du Québec en Outaouais

Université TELUQ

École nationale d'administration publique

École de technologie supérieure

Institut national de la recherche scientifique technologie supérieure

DEFINITIONS

Wherever these terms are used in the policy, they are interpreted in agreement with the following. They apply to the entire policy unless otherwise specified.

Accident

A sudden and unexpected external event causing bodily injuries directly and independently of all other causes. A Physician must verify the bodily injuries.

Exclusion: An Accident does not include any form of disease, degenerative process, hernia (inguinal, femoral, umbilical or incisional) and any infection except when caused by a visible, external cut or wound accidentally sustained.

Country of Citizenship

Any country of which the Participant is a citizen and where they reside on a permanent basis, excluding Canada.

Day Hospital or Outpatient Surgery

This type of care is characterized by admission, care and discharge on the same day. Thus, following treatment, the patient returns home directly. This type of hospitalization therefore does not entail any accommodation.

If a surgical procedure is performed during this day, it is then called outpatient surgery.

The day hospital is dedicated to multidisciplinary care concentrated over a day or half-day. This type of hospitalization is reserved for care that cannot be performed in an outpatient consultation: investigations for the diagnosis of an illness, monitoring assessments of surgical procedures and care, medical care, patient therapeutic education programs.

Day Surgery

Outpatient surgery that allows an individual to return home on the same day as the surgical procedure is performed by a Physician. The procedure must require local or general anaesthesia.

Exclusion: This does not include minor surgery performed in the office of a Physician.

Deductible

The amount of eligible expenses that the Participant must pay before reimbursement is made.

Dentist

A person licensed to practice dentistry by the appropriate authority in the jurisdiction where the services are provided.

Equivalent Drug

A brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

Foreign Student

A student who resides in Quebec enrolled at a participating university and who is not a Canadian citizen or a permanent resident.

However, a student who is a Canadian citizen, who lives outside Canada and comes back to Quebec to study without residing in Quebec on a permanent basis, is considered as a Foreign Student under the group insurance plan.

Full Hospitalization (or Full-time Hospitalization)

The patient is considered to be in Full Hospitalization from the moment the care requires accommodation at the clinic and a bed is therefore assigned to them. At a minimum, the Participant spends one night in the Hospital.

Home Hospitalization

This type of Hospitalization provides all the medical and paramedical care prescribed by the doctor. The care is continuous and provided by a multidisciplinary team 24 hours a day, 7 days a week.

Home Hospitalization reduces the length of stay in a conventional facility by providing home care of the same intensity and technicality. In addition, this care avoids or delays Hospitalization by promoting home care with care of equal complexity.

Hospital

Any institution designated as a Hospital by law, recognized by DFS and providing 24 hours per day:

1) medical and surgical treatment for sick or injured individuals, and

2) nursing care.

Exclusion: Without limitation, this term does not include a nursing home, home for the aged or chronically ill, a rest home, Convalescent/rehabilitation Centre or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Hospitalization
To be admitted to a Hospital as an inpatient, a Full Hospitalization or at Home Hospitalization, a Part-time Hospitalization or any Hospital stay for Day Surgery.
Illness
Any health deterioration or bodily disorder verified by a Physician.
Injury
Bodily injury for which a medical treatment is necessary.
Insurer
Desjardins Financial Security Life Assurance Company, hereafter, DFS, with its head office at 200 rue des Commandeurs, Lévis (Quebec) G6V 6R2.
Medical Emergency
Any acute and unexpected Illness or injury requiring immediate medical treatment.
Part-time Hospitalization (or treatment sessions)
Day or night, Part-time Hospitalization allows all Hospital care to be provided on a single day or in a sequenced manner in the form of care sessions that may require one or more days. This type of care may be appropriate for carrying out examinations, medical monitoring (psychiatry), dialysis sessions, etc.
Participant
A Foreign Student covered under the policy.
Physician
A qualified medical practitioner who is legally licensed to practice medicine by the jurisdiction in which they operate.
Plan Year
The 12-month period following September 1st of each year.
Policyholder
Universities participating in the group insurance.

Reasonable and Customary Charges

The charges generally paid for a like service or supply and limited to the lowest of:

1) the usual charge in the area where the services or supplies are provided, or

2) the suggested fee of the applicable governing body,

on the date the expenses were incurred. For expenses incurred outside Quebec, Reasonable and Customary Charges are those applicable in the province of Quebec.

Stable

The health condition of a Participant who within 30 days prior to the Trip departure date is not affected by any medical condition or is affected by a medical condition that:

1) does not require a change or no change is recommended in the treatment or dosage of prescribed drugs that may affect the medical condition significantly during the Trip, and

2) does not demonstrate any symptoms that indicate a significant deterioration of the medical condition during the Trip.

Subcontractor

The company that provides the Virtual Healthcare Service.

GENERAL PROVISIONS

MODIFICATION TO GOVERNMENT PLANS

If DFS's obligations under the policy are increased due to a modification to government plans, the policy continues to apply as if government plans did not change, unless otherwise agreed in writing by the Policyholder and DFS.

APPLICABLE LAWS AND JURISDICTION

Any provision under the policy that is not compliant with applicable laws is presumed void. Even if a provision prohibited by law is included in the policy, all other provisions of the policy will still remain in force.

The policy, its interpretation, execution, application, validity and effects are subject to the applicable Canadian or provincial laws that govern, partially or totally, all of its provisions.

Any dispute resulting from its conclusion, interpretation or execution will be exclusively submitted to the competent court in the Canadian province agreed upon between the parties.

INCONTESTABILITY

If the coverage of a person is in force for a period of 2 years while that person is alive, DFS cannot contest the validity of this coverage based on any written statement given unless it is fraudulent.

MISSTATEMENT OF AGE

If the age of any individual has been misstated, any benefits payable are based upon the actual age of the individual at the time of the event that results in a claim. Premium adjustments are made for the full time such coverage is in force.

CURRENCY

All payments under the policy, whether to or by DFS, are made in the lawful currency of Canada.

NUMBER AND GENDER

Where the context clearly requires, words in the singular include the plural. In addition, this booklet is gender neutral.

ELIGIBILITY, ENTITLEMENT TO BENEFITS, APPLICATION AND COMMENCEMENT OF COVERAGE

ELIGIBILITY

Any person who fits the definition of Foreign Student.

ENTITLEMENT TO BENEFITS

Foreign Students are entitled to the Extended Health Care Benefit as indicated below.

EXTENDED HEALTH CARE BENEFIT
1) Coverage due to a Medical Emergency
2) Coverage of certain expenses that do not result from a Medical Emergency
3) Travel Insurance

COVERAGE APPLICATION

Application for coverage is mandatory for any Foreign Student who meets the eligibility requirements. The registration is provided by the participating university at the time the Foreign Student is registered.

EXEMPTION PRIVILEGE

A Foreign Student may decline to be covered under the Extended Health Care Benefit if they demonstrate, within the required time limits and to the satisfaction of the Policyholder, proof of health or hospitalization insurance granted as an organization scholarship holder or proof of eligibility for a reciprocal agreement in matters of health and social security.

COMMENCEMENT OF COVERAGE

Coverage will take effect on the 15 of the month preceding the beginning of the first session at the participating university or, if later, on the date the student arrives in Quebec.

TERMINATION OF COVERAGE

Except as specifically noted elsewhere in the policy, the coverage of the Participant terminates on the earliest of:

1) the date they no longer qualify as a Foreign Student,

2) the date they are eligible to a government health care plan,

3) regardless of number 4) below, the date coinciding with the 15th day of a stay outside Quebec :

   a) in the United States or in their Country of Citizenship, regardless of the purpose of the trip, or

   b) in Canada where the Participant is not participating in an internship recognized by the participating university,

4) the date coinciding with the 121st day of a stay outside Quebec where the Participant is participating in an internship recognized by the participating university. However, if the stay takes place in the United States or in the Participant's Country of Citizenship, the maximum duration is that specified in (a) above.

   However, in all cases mentioned in paragraphs 3) and 4), the coverage is reinstated upon the Participant's return to Quebec.

5) the date they permanently leave Quebec,

6) the first day of the month following their 65th birthday,

7) the end of the period for which the premiums are paid on their behalf, or

8) the date the policy terminates.

FRAUD

In case of fraud, DFS reserves the right to terminate the Participant's coverage.

CLAIMS

NOTICE AND PROOF OF CLAIM

Notice and proof of any claim must be received by DFS within the time limit specified for each Benefit:

BENEFIT	TIME LIMIT
Extended Health Care Benefit	All claims, with evidence and receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.

No payment is made if the notice, evidence and proof of claim are sent more than 12 months after the date the expenses are incurred or the date of the event that results in a claim.

If the policy terminates, no payment is made unless the notice and proof of claim is submitted to DFS within 120 days of the date of termination of the policy.

Every action or proceeding against DFS for the recovery of insurance money payable is barred absolutely unless commenced within the time set out in any insurance legislation applicable in the province of Quebec.

SUBMISSION OF CLAIMS

Claims must be submitted to DFS on the appropriate form. When necessary, DFS may also require any other information it deems useful.

CO-ORDINATION OF BENEFITS

If an individual covered under the Extended Health Care, is also covered under another Plan that provides similar benefits, total reimbursements made by all plans in any year are co-ordinated.

Co-ordination of benefits is calculated as specified in the guidelines of the Canadian Life and Health Insurance Association. Total amounts paid under all plans cannot exceed 100% of the individual's incurred Eligible Expenses.

Travel Insurance Expenses

If an individual covered under Travel Insurance is also covered under any other plan or insurance policy that provides similar benefits, Travel Insurance only covers Eligible Expenses in excess of the amounts payable by the other plans or insurance policies.

If the other plans or insurance policies include a similar clause or Co-ordination of Benefits provision, benefits are co-ordinated between all plans or insurance policies so that the total amounts paid do not exceed 100% of the individual's incurred Eligible Expenses.

MEDICAL EXAMINATIONS

From time to time, DFS is entitled to have a claimant examined by a health professional appointed by DFS.

SUBROGATION

When reimbursement for expenses incurred for which another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Participant. DFS may bring action in the name of the Participant to enforce these rights.

RIGHT OF RECOVERY

Payments made by DFS in excess of the maximum amount that should have been paid are recoverable by DFS, limited to that excess amount. It will be recovered from any individuals or entity to or for whom the payments were made.

EXTENDED HEALTH CARE BENEFIT

This Benefit is offered for expenses incurred due to a Medical Emergency as provided under the ELIGIBLE EXPENSES DUE TO A MEDICAL EMERGENCY provision. Some non-emergency expenses may also be covered as provided under ELIGIBLE EXPENSES NOT DUE TO A MEDICAL EMERGENCY provision.

Some pre-existing conditions apply:

Restrictions in case of pre-existing conditions

Expenses incurred for any Illness, Injury or pregnancy the symptoms of which manifested themselves before the effective date of insurance and for which the Participant has consulted a health professional or has received medical treatment, care or medical services or medication:

1) during the 3-month period prior to the effective date of insurance, or

2) during the 12-month period following the effective date of insurance,

are eligible up to a lifetime maximum of $25,000 per Participant, subject to the provisions under Maternity.

Asthma, epilepsy and diabetes are not considered as pre-existing conditions.

Any interruption or break in study during a school term or study program results in the suspension of the Participant's insurance and loss of their eligibility for insurance. Consequently, a Participant who wishes to enrol to insurance again thereafter is subject to this provision and to the limitations applicable to the pre-existing conditions.

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that the Participant incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Eligible Expenses	Deductible Amount
Eligible Expenses due to a Medical Emergency	None
Eligible Expenses not due to a Medical Emergency	
• Drugs	None
• Maternity	None

• Intrauterine devices or diaphragms	None
• Vision Care	None
• HIV treatment	None
• Psychiatry (without Hospitalization)	None
• All other expenses	$50 per calendar year
Travel Insurance	None

Eligible Expenses	Percentage of Reimbursement
Drugs	80% of the first $3,750 of Eligible Expenses each Plan Year and 100% for the remainder of that same year
All other expenses	100%

Overall Maximum Benefit
$1,500,000 lifetime payable amount

BENEFIT PAYMENT

For all Eligible Expenses, DFS will reimburse the portion of the Reasonable and Customary Charges in excess of the Deductible, subject to the Percentage of Reimbursement.

To be eligible, the expenses must be medically necessary for the treatment of the Participant and incurred as a result of an Illness, a pregnancy or an Accident, and cover care that:

1) is prescribed by a Physician or other health professional as authorized by law, before the expense is incurred,

2) is recognized throughout the medical field as appropriate and consistent with the diagnosis, and

3) cannot be omitted without endangering the person's health or the quality of medical care.

The incurred date for any Eligible Expense is the date the service is provided or the item is supplied.

Preferred Providers Network

DFS may select suppliers for the distribution of services, treatments or supplies and may restrict payment for Eligible Expenses purchased at another supplier.

ELIGIBLE EXPENSES DUE TO A MEDICAL EMERGENCY

Eligible Expenses are those listed below and incurred in the province of Quebec due to a Medical Emergency.

HOSPITALIZATION IN A HOSPITAL OR AT HOME	
In case of an emergency Hospitalization or surgery, the DFS's prior authorization is always required. The Participant must contact DFS as soon as possible.	
Eligible Expenses	**Maximum Eligible Amount per Participant**
<u>Hospital</u> Charges for confinement in a Hospital for each day of acute care Full-time or Part-time Hospitalization Expenses incurred for a Day Hospital or outpatient surgery or for a Home Hospitalization	Expenses incurred for a hospital stay, up to the maximum of the public ward rate, based on the *Régie d'assurance maladie du Québec* (RAMQ)'s schedule of fees for foreign citizens, including all relevant medical charges and up to 60 days per Illness or Injury per Plan Year.
<u>Mental Health</u> Expenses incurred for a Hospital stay for care received for the treatment of mental health disorders, whether the stay be or not in a psychiatric unit	Expenses incurred for a hospital stay, up to the maximum of the public ward rate, based on the *Régie d'assurance maladie du Québec* (RAMQ)'s schedule of fees for foreign citizens, including all relevant medical charges and up to 30 days per Plan Year
<u>Renal dialysis</u> Medical and Hospital expenses incurred for renal dialysis	$10,000 lifetime

REPATRIATION	
Eligible Expenses	**Maximum Eligible Amount per Participant**
In all cases of a Medical Emergency or a diagnostic indicating that the Participant's health condition requires a Hospitalization or care by a Physician or a healthcare specialist for follow-up, cases hereinafter referenced as "Events", repatriation is carried when: • the Participant is deemed unfit by a Physician or healthcare specialist to continue a program of study for a continuous period of at least 150 calendar days following the Event. Such incapacity must be determined at the time of the Event or thereafter, or • the Participant has been absent from a program of study for a continuous period of at least 150 days following the Event. The repatriation is subject to the Participant's attending Physician and DFS's medical consultant approvals confirming that the Participant can be repatriated. If the Participant does not comply with DFS's decision to repatriate them in their Country of Citizenship, the insurance terminates after the proposed repatriation date.	Reasonable and Customary Charges for the Participant's repatriation in its Country of Citizenship by a proper mean of transportation, up to $35,000 If a medical escort aboard an air ambulance is the only suitable means of transportation, the applicable maximum is $100,000

HEALTH PROFESSIONALS	
Eligible Expenses	**Maximum Eligible Amount per Participant**
Physicians or surgeons	The fees of Physicians or surgeons, up to 3 times the amount provided for in the Manual for General Practitioners and Specialist Physicians, as published by the *Régie de l'assurance maladie du Québec* (RAMQ)

AMBULANCE	
Eligible Expenses	**Maximum Eligible Amount per Participant**
Transporting the Participant by a licensed ambulance: 1) from the place of the Accident or Illness to the nearest Hospital where adequate treatment is available, and 2) from the Hospital to the place of residence of the Participant, when their health condition does not allow any other means of transportation.	Reasonable and Customary Charges

LABORATORY TESTS AND IMAGING TECHNIQUES	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Tests for diagnostic purposes: • X-rays • Laboratory tests Prior approval from DFS is mandatory for the following tests for diagnostic purposes: • Imaging techniques: ➢ Mammography ➢ Magnetic resonance imaging (MRI) ➢ Infrared imaging ➢ Tomography or scintigraphy • Diagnostic laboratory tests ➢ Pharmacogenetics testing	Reasonable and Customary Charges

DENTAL TREATMENT DUE TO AN ACCIDENT	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
The services of a Dentist required to repair or replace sound teeth as a result of an accidental blow to the mouth A sound tooth is a natural tooth not affected by any pathology in itself or any adjacent structures. A natural tooth treated or repaired and restored to normal function is considered sound.	The accidental blow must occur while the Participant is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit. No benefit is paid for services provided more than 180 days after the date of the Accident. Reimbursement of Eligible Expenses is governed by the current year Dental Association Fee Guide for General Practitioners of the province of Quebec. $1,500 per Plan Year

ELIGIBLE EXPENSES NOT DUE TO A MEDICAL EMERGENCY

Eligible Expenses are those listed below and incurred in the province of Quebec that are not due to a Medical Emergency.

DRUGS

1) Drugs dispensed by a pharmacist and listed in the provincial drug plan of the province of Quebec on the date the expenses are incurred.

2) Prior Authorization Drugs

Prior authorization by DFS is required for certain drugs listed on DFS's website. A prior authorization form completed by the Physician must be submitted to DFS in order to determine whether the prescribed drug meets the prior authorization criteria established by DFS. The criteria are based, in particular, on clinical practice guidelines and recommendations issued by health technology assessment agencies and they include verification that:

a) the drug is prescribed for an approved therapeutic indication approved by Health Canada, and

b) the drug's effectiveness is satisfactory compared to its associated cost.

Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

DFS reserves the right to reimburse an Equivalent Drug when a less expensive equivalent or biosimilar drug is available on the market.

Patient Support Program

This program is offered by DFS. It provides support to help the Participant manage their health and medication. DFS may require the Participant to enroll in this program in order for the drug expenses to be reimbursed.

Patient Assistance Program

This program is offered by some drug manufacturers to provide the Participant with information, education and financial assistance if they are prescribed certain drugs. DFS may require the Participant to enroll in this program in order for the drug expenses to be reimbursed.

Other Eligible Drug Expenses	Maximum Eligible Amount per Participant
Anaesthetic	Anaesthetic and relevant physician fees for its administration during a surgery that is performed or not in the Hospital Reasonable and Customary Charges

MATERNITY

No reimbursement is made for Eligible Expenses covered under any plan or program sponsored by the Government. All expenses incurred for children must be submitted beforehand to the RAMQ.

If the Participant is not insured under a similar benefit in Canada during the year preceding enrolment to this benefit, expenses related to pregnancy will only be covered if delivery is expected more than 30 weeks after enrolment.

This restriction does not apply in case of miscarriage or premature labor if the child has been conceived within 6 weeks preceding or following the enrolment date.

Eligible Expenses	Maximum Eligible Amount per Participant
Charges for a therapeutic abortion performed by a Physician and charges related to a voluntary termination of pregnancy, either a medical or surgical abortion, performed by a Physician and based on the requirements stated by the RAMQ	The fees of Physicians or surgeons, up to 3 times the amount provided for in the Manual for General Practitioners and Specialist Physicians, as published by the *Régie de l'assurance maladie du Québec* (RAMQ)
Charges for pregnancy or any complication related thereto, or for childbirth, including caesarean section and hospital charges for the nursery	The fees of Physicians or surgeons, up to 3 times the amount provided for in the Manual for General Practitioners and Specialist Physicians, as published by the *Régie de l'assurance maladie du Québec* (RAMQ)
Charges for neonatal care that are medically necessary for the child, if the Participant contacts DFS within 10 days following the delivery	The Reasonable and Customary Charges for the neonatal care and hospital charges for the nursery are covered up to 40 days following the delivery

HEALTH PROFESSIONALS	
Eligible Expenses	**Maximum Eligible Amount per Participant**
<u>Paramedical Services</u> Services of the following professionals if they are practicing within their recognized field and are members in good standing of their professional governing body that is recognized by DFS. Medical recommendation is not required unless specified.	For each type of professional, only one visit per day is eligible
• chiropractor	$500 per Plan Year, including x-rays
• osteopath	$500 per Plan Year, including x-rays and laboratory tests for diagnostic purposes
• physiotherapist or physiotherapy technologist	Combined amount of $750 per Plan Year
• podiatrist or chiropodist	Combined amount of $500 per Plan Year, including x-rays and laboratory tests for diagnostic purposes
• psychologist	$1,000 per Plan Year
<u>Home Nursing Care</u> Nursing services given at home by a registered nurse or a licensed practical nurse, provided that the services are prescribed by a Physician or a surgeon legally licensed, and that the services are within the competence of that nurse. The nurse must not be related to the Participant by birth or marriage and must not ordinarily reside in their home.	Charges must not exceed the daily rate of *la Régie de l'assurance maladie du Québec (RAMQ)* for the public ward in a hospital Care must be provided in the home of the Participant for the sole purposes of replacing a hospital stay Up to 60 days per injury, illness or accident per Plan Year

MEDICAL EQUIPMENT OR SUPPLIES	
MOBILITY AIDS	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Walkers, canes or crutches	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Wheelchairs	Purchase and repair, or rental, at the option of DFS, up to the cost of a non-motorized wheelchair, unless the Participant's health condition requires a motorized wheelchair Reasonable and Customary Charges
ORTHOPAEDIC SUPPLIES	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Rigid or semi-rigid braces for limbs, trusses or casts	Purchase and repair Reasonable and Customary Charges
OTHER MEDICAL EQUIPMENT OR SUPPLIES	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Intrauterine devices or diaphragms	Reasonable and Customary Charges
Oxygen and equipment required for its administration	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Hospital beds	Purchase and repair, or rental, at the option of DFS, up to the cost of a non-electric hospital bed, unless the Participant's health condition requires an electric bed Reasonable and Customary Charges

Traction apparatus	Purchase or rental, at the option of DFS Reasonable and Customary Charges
Standing aids	Purchase or rental, at the option of DFS Reasonable and Customary Charges

VISION CARE	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Eye exam	$75 per Plan Year

OTHER SERVICES	
Eligible Expenses	**Limitations and/or Maximum Eligible Amount per Participant**
Treatment related to HIV	Expenses incurred for the treatment of a diagnosed HIV infection, with or without symptoms $10,000 lifetime
Psychiatric services (in the absence of hospitalization)	Expenses for the treatment of psychiatric issues, up to $20,000 per Plan Year

TRAVEL INSURANCE

For travel insurance, a Medical Emergency is the need for immediate medical treatment for the relief of acute pain or suffering following an unforeseeable and unexpected Illness or Injury occurring during a stay outside Quebec and said medical treatment cannot be postponed until the Participant returns to the province of Quebec.

Reasonable and customary medical Eligible Expenses incurred by the Participant during a stay outside Quebec will be payable provided that a Physician recommended emergency treatment for sudden and unexpected Injury or Illness which occurs during a trip of no more than:

1) 14 days in the United States or in the Participant's Country of Citizenship,

2) 14 days in Canada if the Participant is not participating in an internship recognized by the participating university,

3) 120 days in a country where an internship recognized by the participating university is offered and to which the Participant is participating. However, if the stay takes place in the United States or in the Participant's Country of Citizenship, the maximum duration is that specified in (1) above.

If the stay out of Quebec exceeds the maximum duration, the Participant's coverage is interrupted and will be reinstated upon the Participant's return to the province of Quebec.

Eligible Expenses will not exceed reasonable and customary charges set by the RAMQ during the Participant's enrolment at the participating university.

In case of Medical Emergency or Hospitalization, before initiating any expenses, the Participant must contact our travel assistance firm "Assistel" within 48 hours following the Hospitalization. To be in breach of that obligation can limit the reimbursement amount to $50,000 in the United States.

Eligible Expenses	Limitations and/or Maximum Payable Amount
<u>Health Care Expenses</u>	
Hospital room and board charges until the Participant is discharged from hospital	Ward
Other hospital services	
Physician, surgeon or anaesthetist's fees	

Medical care received on an outpatient basis	
Drugs available only on prescription of a Physician	
Transportation by ambulance, if the medical condition warrants it	
All other expenses eligible under the In Canada provision of this Benefit	
<u>Transportation Expenses</u> To be eligible, all the expenses listed below must be approved and arranged by "Travel Assistance"	
Repatriation in case of death: In the case of death of the Participant, the cost of preparing and returning the body of the deceased to its Country of Citizenship, including ambulance fees and charges made for the stay in the morgue	Up to $15,000

Repatriation in case of hospitalization: In all cases of a Medical Emergency or a diagnostic indicating that the Participant's health condition requires a Hospitalization or care by a Physician or a healthcare specialist for follow-up, cases hereinafter referenced as “Events”, repatriation is carried when: • the Participant is deemed unfit by a Physician or healthcare specialist to continue a program of study for a continuous period of at least 150 calendar days following the Event. Such incapacity must be determined at the time of the Event or thereafter, or • the Participant has been absent from a program of study for a continuous period of at least 150 days following the Event. The repatriation is subject to the Participant's attending Physician and DFS's medical consultant approvals confirming that the Participant can be repatriated. If the Participant does not comply with DFS's decision to repatriate them in their Country of Citizenship, the insurance terminates after the proposed repatriation date.	Reasonable and Customary Charges for the Participant's repatriation in its Country of Citizenship by a proper mean of transportation, up to $35,000 If a medical escort aboard an air ambulance is the only suitable means of transportation, the applicable maximum is $100,000
Overall Maximum Benefit	
All Eligible Expenses	Reasonable and customary charges payable under the RAMQ

TRAVEL ASSISTANCE SERVICES

Travel Assistance will take the necessary steps to provide the following services, if needed:

1) 24-hour toll-free telephone assistance;

2) referral to physicians or health-care facilities;

3) assistance for hospital admission;

4) cash advances to the hospital when required by the facility, as provided for in the contract;

5) repatriation of the Participant to their Country of Citizenship, as soon as their state of health permits it, as provided for in the contract;

6) establishing and staying in contact with DFS;

7) handling arrangements in the event of death, as provided for in the contract;

8) sending medical assistance and drugs to a Participant who is too far from health care facilities to be transported there;

9) translation services for emergency calls;

10) transmission of urgent messages to close friends or family in case of emergency;

11) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

DFS reserves the right to apply certain restrictions, limitations and exclusions namely to services, products or drugs that:

1) are used to treat specific conditions other than those for which they are approved by Health Canada,

2) are taken in a higher dose, greater quantity or at a frequency that exceeds DFS's criteria of good clinical practice, or

3) do not meet DFS's prior authorization criteria as of the date the expense is incurred.

Restrictions in case of pre-existing conditions

Expenses incurred for any Illness, Injury or pregnancy the symptoms of which manifested themselves before the effective date of insurance and for which the Participant has consulted a health professional or has received medical treatment, care or medical services or medication:

1) during the 3-month period prior to the effective date of insurance, or

2) during the 12-month period following the effective date of insurance,

are eligible up to a lifetime maximum of $25,000 per Participant, subject to the provisions under Maternity.

Asthma, epilepsy and diabetes are not considered as pre-existing conditions.

Any interruption or break in study during a school term or study program results in the suspension of the Participant's insurance and loss of their eligibility for insurance. Consequently, a Participant who wishes to enrol to insurance again thereafter is subject to this provision and to the limitations applicable to the pre-existing conditions.

Additional Restrictions Applicable to Drugs

Drugs prescribed during a treatment must not exceed a 1-month supply.

Limitations

Eligible Expenses are subject to the limitations and maximums specified in this benefit.

Alternate Benefit Clause

For each Eligible Expense for which several products are available on the market, reimbursement is limited to the lowest cost alternative product that represents reasonable treatment.

Additional Limitations Applicable to Drugs

For biologic drugs, DFS reserves the right to reimburse a less expensive biosimilar drug if available on the market.

Limitations and Exclusions Applicable to the Preferred Providers Network

Benefits may be limited or no reimbursement made for drugs or supplies available at a supplier in the Preferred Providers Network but purchased elsewhere.

General Exclusions

No reimbursement is made for Eligible Expenses which result directly or indirectly from:

1) non-urgent elective treatment or surgery,

2) cosmetic or plastic surgery,

3) treatment, surgery or dental procedure, subject to the provisions applicable in case of accident,

4) any treatment or hospitalization related to a relapse of an illness for which the Participant has already been repatriated in their Country of Citizenship, whether or not the Participant has accepted repatriation,

5) organ and bone marrow transplantation,

6) treatment in a rehabilitation centre, a convalescent home or travel for health reasons,

7) hospital stay if the stay is primarily for the participation in a therapeutic program, a therapy or a cure,

8) confinement in a Chronic Care Establishment,

9) annual medical checkup (routine or not) except a consultation for birth control,

10) medical exam required by a third party, including medical exams for immigration purposes and telephone consultations with a Physician,

11) treatment or surgical procedure while travelling, if the purpose of the trip is to receive medical or hospital services, even if the trip is made on recommendation of a Physician,

12) home nursing care services rendered solely for custodial care, supervision, companionship or psychotherapy,

13) any cause that payment is provided for under any Workers' Compensation Act or similar legislation or under any other government plan,

14) treatment considered as experimental in nature and that is not of common use as per Canadian Medical Association,

15) services, treatments or supplies provided to the Participant by an Immediate Relative,

16) committing or attempting to commit a criminal offence, including operating a vehicle while impaired as set out under the Criminal Code of Canada,

17) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

18) flight aboard any aircraft except solely as a passenger in a public carrier licensed for carriage of passengers for gain or hire,

19) drugs and supplies that are not covered under the Quebec general drug insurance plan,

20) drugs, hormones, products and injections used in the treatment of obesity,

21) acupuncture, experimental drugs, preventive medications or vaccines,

22) dietary services, except for diabetes cases,

23) speech therapy treatments,

24) naturopathy or massage therapy services,

25) expenses incurred for fertility treatment,

26) expenses incurred for the treatment of sexual dysfunction,

27) robotic walking aid apparatus,

28) charges for any surgically implanted item,

29) expenses incurred for genetic testing,

30) dental services that are not due to an Accident or that are necessary because of food or an object placed purposely or accidentally in the mouth,

31) dental services and supplies for full mouth reconstructions, vertical dimension correction or any other temporomandibular joint dysfunction,

32) eyeglasses, contact lenses, sunglasses, safety glasses, hearing aids, dental prostheses or artificial limbs, or

33) services, treatments or supplies not included in the list of Eligible Expenses.

Additional Exclusions Applicable to Drugs

No reimbursement is made for:

1) drugs or products that are on DFS's list of excluded drugs or products. This list is available on DFS's website. In part, the list is based on the drug or product's effectiveness and cost, clinical practice guidelines and recommendations issued by health technology assessment agencies,

2) drugs or products that are or should be administered in a hospital or hospital setting, as determined by DFS. This includes drugs or products that require special supervision during treatment due to the severity of the patient's condition, the complexity of the treatment or for safety reasons. In part, DFS uses information from Health Canada approved product monographs and recommendations issued by health technology assessment agencies to make its determination,

3) drugs that are not listed in the government drug plan of the province of Quebec as of the date the expense is incurred.

Additional Exclusion Applicable to the Patient Support Program

A Participant who refuses to enroll in the program might not be eligible for reimbursement of the drug expenses.

Additional Exclusion Applicable to the Patient Assistance Program

A Participant who refuses to enroll in the program might not be eligible for reimbursement of the drug expenses.

Additional Exclusions Applicable to Travel Insurance

All exclusions, restrictions and deductibles under the basic and extended health care coverages apply to expenses incurred by the Participant while staying outside Quebec.

"Travel Assistance" must be contacted immediately when a Medical Emergency outside the province of Quebec requires services. Failure to contact "Travel Assistance" may result in limited reimbursement of any costs incurred or denial of the claim. DFS is not responsible for the availability or quality of the medical services even after repatriation.

ADDITIONAL SERVICES

VIRTUAL HEALTHCARE SERVICE

Virtual Healthcare Service consists of exclusively virtual access to a nurse practitioner or Physician via a secure mobile application and web platform. This service allows certain remote health services and the exchange of related information between the Subcontractor and the Participant through telecommunications and technology. It is a tool for improving health, productivity and attendance at work. The goal is to provide Participant with fast and confidential access to professional resources to help them deal with various types of problems.

The service is rendered by nurse practitioners or Physicians who comply with the guidelines of their respective professional bodies, including those specific and applicable to virtual healthcare.

Virtual Healthcare Service is available under the Extended Health Care Benefit of the policy, to Participants who are covered under this Benefit.

If a Participant uses the Virtual Healthcare Service offered by the Subcontractor and described below, they have no out-of-pocket expenses, subject to any limitation relating thereto. Supporting documents are required for the use of this service, in particular for identification of the Participant and for the renewal of a prescription.

Services offered

The services offered, if medically appropriate, include:

1) triage, according to the symptoms of the Participant,

2) diagnosis of common medical problems,

3) medical and health advice,

4) writing prescriptions, prescription renewals, requests for laboratory tests and requests for imaging examinations,

5) referral to specialists or health professionals,

6) the production of a medical note to prescribe an absence from work of up to 3 days, if the condition of the Participant so requires.

Common medical problems may include, but are not limited to:

1) common illnesses such as colds, flu, infections, digestive disorders, minor injuries, skin problems and allergies,

2) post-examination follow-ups such as X-ray results and laboratory analysis results,

3) the management of chronic diseases such as diabetes, high blood pressure and heart conditions,

4) certain mental health problems,

5) issues related to anemia, smoking cessation, weight loss and travel medicine.

Limitations

Virtual Healthcare Service is subject to the regulatory limitations and conditions associated with virtual healthcare applicable in the province of residence of the Participant.

Some medical problems are not supported by Virtual Healthcare Service, such as those resulting from work-related accidents, motor vehicle accidents or disability management.

Assuris protection

Desjardins Insurance is a member of Assuris, a not for profit corporation, funded by the life insurance industry. It protects Canadian policyholders against loss of benefits due to the financial failure of a member company.

Details about the extent of Assuris' protection are available at **www.assuris.ca** or in their brochure, which you can get by writing to **info@assuris.ca** or calling 1-866-878-1225.

Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

desjardinslifeinsurance.com/planmember

Desjardins
Insurance
Life • Health • Retirement

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company. Desjardins®, Desjardins Insurance® and related trademarks are trademarks of the Fédération des caisses Desjardins du Québec used under licence by Desjardins Financial Security Life Assurance Company.
200 Rue des Commandeurs, Lévis QC G6V 6R2 / 1-866-647-5013
desjardinslifeinsurance.com

02194E11 (2023-10)
100%