

Inpatriate Health Plan

 your basic health care solution

For Eligible Inpatriate Employees and Inpatriate
Dependents of Canadian Employees of
Concordia University

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This booklet contains details of the Inpatriate Health Plan. It should be kept in a safe place. It is not a contract of insurance. The terms and conditions of the Group Policy will prevail. You should contact your Benefits Administrator with questions regarding your coverage.

Sun Life Assurance Company of Canada is the insurer of this product, and is a member of the Sun Life Financial group of companies.



About this booklet

This Inpatient Health Plan Booklet contains important information you need to know about your Inpatient Health Plan. This Plan is available through your employer's participation in a policy issued to Sun Life Financial Trust Inc. (Group Policy), and underwritten by Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life Financial group of companies.

If you have any questions about the information in the Inpatient Health Plan Booklet, or you need additional information about your Inpatient Health Plan coverage, please contact your employer.

General information about the Inpatient Health Plan

As an employee from another country who is moving to Canada to work, a Canadian citizen returning to Canada after an extended stay in another country or a dependent of an employee or Canadian employee*, you may need to satisfy a waiting period to qualify for government sponsored health care coverage in your province or territory of residence. The Inpatient Health Plan provides you and your dependents with basic health care coverage while you are waiting for your government sponsored health care insurance to take effect.

*For purposes of this benefit, a Canadian employee is defined as an employee who has coverage under a Sun Life group Extended Health Care plan issued to their employer *and* has coverage under the government sponsored health care plan.

The Inpatient Health Plan covers usual and reasonable charges for most medically necessary services and supplies covered by the government health care plan in your province or territory of residence, except for any provincially sponsored drug insurance plans. ("Usual and reasonable" is determined by reviewing the typical range of fees charged by providers in the same geographic area.) Coverage under this Plan provides the basic health care coverage necessary to permit you and your dependents to be eligible for benefit coverage under the Extended Health Care benefit of your employer's group benefit plan. Once you have enrolled under the Inpatient Health Plan, you will also be required to enrol for the Extended Health Care benefit under your employer's group plan. The details of your employer's Extended Health Care benefit plan are contained in a separate booklet.

The *Overview of Products and Services* below shows the expenses covered under the Inpatient Health Plan and the applicable limitations and maximums.

Eligibility

To be eligible for coverage under this Plan you are:

An **employee** who:

- has arrived in Canada from another country to work for your company, or a returning Canadian citizen who has been working outside Canada for an extended period;
- resides and is actively at work in Canada at least 20 hours a week;
- does not have coverage under the government sponsored health care plan in your province or territory of residence; and
- is under 75 years of age.

For an employee, your eligible dependents are:

- a spouse by marriage or under any other formal union recognized by law, or a partner of the same or opposite sex who is publicly represented as your spouse (only one spouse at a time can be covered); and
- a child of yours or your spouse's (other than a foster child), who is not married or in any other formal union recognized by law and is under age 21, or 25 (26 if residing in Quebec) if a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is entirely dependent on you for financial support;

who reside in Canada and who do not have coverage under the government sponsored health care plan in their province or territory of residence.

For a Canadian employee, your eligible dependents are:

- a spouse, as defined above, who:
 - has arrived from another country and resides in Canada;
 - does not have coverage under the government sponsored health care plan in your province or territory of residence; and
 - is under 75 years of age.
- a child of yours or your spouse's (other than a foster child), who:
 - resides in Canada;
 - is not married or in any other formal union recognized by law and is under age 21, or 25 (26 if residing in Quebec) if a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is entirely dependent on you for financial support; and
 - does not have coverage under the government sponsored health care plan in their province of residence.

Once you and your eligible dependents qualify for coverage under the Inpatient Health Plan, you and your dependents must then be enrolled for coverage under the Extended Health Care benefit of your employer's Sun Life Financial group benefits plan. Contact your Benefits Administrator for details on how to arrange for this additional coverage.

When and how to enrol

You have to enrol to receive coverage. To enrol, you must request coverage in writing by supplying the appropriate enrolment information on a form to your employer. For a dependent to receive coverage, you must request dependent coverage.

Enrolment for employees and their eligible dependents:

If you are an employee, and you and your eligible dependents enrol during the first 60 days after you start working in Canada, you will be automatically covered. If you do not enrol during the first 60 days after starting work in Canada, you and your dependents will be considered late applicants and will have to complete an application that contains a medical questionnaire. We will evaluate your application and let you know if the coverage is approved.

If your dependents do not arrive in Canada with you, but on a date following your first day of work, they must enrol for the plan within 60 days of their arrival in Canada. Your dependents are considered late applicants if enrolment for any of them is received more than 60 days after their arrival in the country. In this case, they would enrol using the process for late applicants as previously mentioned.

Proof of good health is required for any late applicant for the Inpatient Health Plan. Coverage begins on the day after we approve the evidence of good health. The late applicant is responsible for the cost of providing any proof of good health required.

Enrolment for eligible dependents of a Canadian employee:

Proof of good health is required for your dependents. Your dependents will have to complete an application that contains a medical questionnaire. We will evaluate your dependent's application and let you know if the coverage is approved.

When coverage begins

For an employee, coverage for you will begin on the later of:

- your employer's Participation Effective Date;
- your first day of work in Canada;
- the day following Sun Life's approval of evidence of your good health.

Coverage for an employee's eligible dependents will begin on the later of:

- the date your coverage begins, if you arrived in Canada together and all enrolled within the 60 day automatic coverage period;
- the date they arrived in Canada, if they arrived after you; or
- the day following Sun Life's approval of evidence of their good health.

For the dependents of a Canadian employee, coverage will begin on the day after we approve the evidence of good health.

When coverage ends

As an employee or the spouse of a Canadian employee, coverage ends on the earlier of the date:

- you become covered by the government sponsored health care plan in your province or territory of residence;
- the employee's or Canadian employee's employment ends;
- the Canadian employee's coverage under the employer's Extended Health Care benefit plan terminates;
- you attain the age of 75 years;
- the employee leaves Canada to work in another country;
- we obtain reasonable evidence of misuse of coverage;
- you are no longer eligible for coverage;
- the spouse of a Canadian employee no longer qualifies as a spouse under the Inpatriate Health Plan;
- the employer's participation under the Group Policy ends;
- the Group Policy terminates;
- the end of the period for which premiums have been paid; or
- 5 years after the effective date of your coverage under the Inpatriate Health Plan.

Coverage for dependents of an employee or the spouse of a Canadian employee ends on the earlier of the date:

- they become covered by the government sponsored health care plan in their province or territory of residence;
- your child no longer qualifies as a dependent child under the Inpatriate Health Plan;
- the spouse of an employee attains the age of 75 years;
- the spouse of an employee no longer qualifies as a spouse under the Inpatriate Health Plan;
- your coverage is terminated. However, if your coverage under the Inpatriate Health Plan ends because you have been approved for government sponsored health care insurance, but your dependents have not yet completed the waiting period for government sponsored health care insurance, coverage for your dependents may be continued under the Inpatriate Health Plan until they qualify for government sponsored health care insurance, subject to premium payment and the other termination conditions listed above;
- 5 years after the effective date of your coverage under the Inpatriate Health Plan.

Overview of Products and Services

Unless stated otherwise, expenses for all the following services, equipment and supplies are based on what are normally considered eligible expenses under the government sponsored health care plan in your province or territory of residence, with the exception of any provincially sponsored drug insurance plans. Covered items and their related expense limits can vary between provinces.

Some covered expenses are subject to a usual and reasonable limit. ("Usual and reasonable" is determined by reviewing the typical range of fees charged by providers in the same geographic area.) Any further reference made to "province" would also apply to "territory". "Interprovincial rates" are charges for services as set by the applicable provincial Ministry of Health.

Plan covers	Benefit Maximum (All maximums are per person)
Plan maximums:	Overall lifetime maximum: \$1,000,000. Calendar year maximum for you and each of your eligible dependents: \$500,000.
Hospital within your home province (see definition in Benefit Details) <i>In-patient services include:</i> <ul style="list-style-type: none"> • Use of operating rooms, radiotherapy facilities, respiratory equipment, anaesthetic and surgical supplies. • Prescription drugs prescribed by a physician during an in-hospital stay. 	<i>In-patient services:</i> <ul style="list-style-type: none"> • Standard ward accommodation and meals. • Charges are based on interprovincial rates. <i>Out-patient services:</i> <ul style="list-style-type: none"> • Charges are based on interprovincial rates.
Physician services	The same limitations as defined by the provincial health care plan in your province of residence. Expenses are payable on a usual and reasonable basis.
Midwife services	The same limitations as defined by the provincial health care plan in your province of residence. Expenses are payable on a usual and reasonable basis.
Home Nursing Care	Expenses based on usual and reasonable expenses with a \$5,000 lifetime maximum. Pre-approval of expenses by Sun Life is required.
Paramedical practitioner services (if registered and practicing within license): physiotherapists, speech therapists, psychologists, osteopaths, chiropractors, podiatrists and chiropodists. (See	Usual and reasonable charges per visit apply. Maximum: \$500 calendar year maximum for all services combined

Plan covers	Benefit Maximum (All maximums are per person)
<i>Benefit Details</i> for additional information.)	
Ambulance	Usual and reasonable charges apply.
Rental of durable medical equipment for temporary use and other medical services (<i>see definition in Benefit Details</i>)	Type of equipment, service and limitations as defined under the provincial health care plan in the member's province of residence.
Dental Surgery when performed in a hospital	<p>Expenses for dental surgery when performed in a hospital and only if required when the patient is at medical risk. Pre-approval of services is required by Sun Life.</p> <ul style="list-style-type: none"> • Must be recommended by a physician or a dental surgeon as medically necessary. • Expenses for in-hospital services (in province of residence) based on interprovincial rates. • Dental expenses are based on current provincial Fee Guide for General Practitioners.
<p>Out-of-province/Canada emergency care:</p> <ul style="list-style-type: none"> - Emergency hospitalization, other hospital services provided outside of Canada - Physician's fees - Licensed Ambulance <p>Coverage is only available for emergency care. Services performed on a referral basis are not covered.</p>	<p>Travel duration limit, covered expenses and their maximums as defined by the member's provincial health care plan in their province of residence.</p> <p>Charges are based on interprovincial rates.</p> <p>Hospital room limit: Standard ward accommodations.</p>

Benefit Details

Hospital

We cover the cost of room and board and out-patient services in a hospital -- in and outside the person's home province and outside Canada for emergency care -- up to the limit specified in the interprovincial rate schedule in the member's province of residence. Travel duration limitations and other maximums for out-of-province and country coverage will apply as defined by the government sponsored plan of the person's home province.

Hospital is a public facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. Our definition of hospital does not include nursing homes, rest homes, homes for the aged or chronically ill, sanatoriums, convalescent hospitals or facilities for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital.

Home Nursing Care

Home nursing care is care by a nurse or nursing assistant who is licensed, certified or registered in the province where the person lives and who does not normally live with the person. The services of a Registered Nurse (R.N.), Registered Practical Nurse (R.P.N.) or a Personal Support Worker (PSW) are eligible only when medically necessary and pre-approved by Sun Life. The nursing care must be performed in the covered person's primary residence.

Paramedical practitioners

We cover, up to the limit specified in *Overview of Products and Services*, the costs for each category of licensed paramedical specialists listed below, when they are a covered service under the member's government sponsored health care plan:

- Physiotherapist, speech therapist, psychologist, osteopath, chiropractor, podiatrist and chiropodist.

Other medical services and equipment expenses

The following *medical equipment and services* are covered if ordered by a physician and rented for temporary therapeutic use, and when covered under the member's provincial health care plan. (The services of a licensed optometrist does not require a physician's order):

- Casts, splints, trusses, braces or crutches.
- Artificial limbs and eyes, excluding myoelectric appliances.
- Diagnostic services - Laboratory tests performed by a commercial laboratory for the diagnosis of an illness. Tests performed in a physician's office or by a pharmacy are not covered.
- Eye exam - Charges for the services of a licensed optometrist are covered to the same level and limitations as the provincial health care plan in the member's province of residence.
- Hearing aids.

What is not covered

We will not pay for the cost of:

- services which are not covered under the government sponsored health care plan in the member's province or territory of residence;
- expenses or supplies that are covered under any provincially sponsored drug insurance plans;
- services or supplies payable by any government or group medical plan;
- expenses required for an organ transplant as a donor or recipient;
- injuries incurred due to civil disorder or war, whether or not war is declared;
- services for out-of-province expenses for elective or non-emergency medical treatment or surgery;
- injuries incurred due to high risk sports activities;

- services incurred after the date of termination of coverage.

When and how to make a claim

To make a claim, complete the claim form for the Inpatient Health Plan available from your employer. Once you have completed the claim form, make a copy to keep for your records and send the original form with all original receipts to:

Sun Life Assurance Company of Canada
Claims Department
PO Box 2010 STN Waterloo
Waterloo, ON N2J 0A6

In order for you to receive benefits, we must receive the claim no later than:

- 180 days from the date the claim is incurred; or
- 90 days after the end of your Inpatient Health Plan coverage,

whichever is earlier.

Limitations of actions

For Members residing in Ontario

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

For Members residing outside of Ontario

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or such other applicable legislation of your province or territory.

If you have a question, who do you call?

If you have questions about your coverage, contact your employer.

For information about making a claim, or the status of a claim you have already sent us, call our Health Claims Customer Care Centre at 1 800-361-6212.

On reasonable notice, you or a claimant may, at any time, obtain copies of the following documents:

- your enrollment form or application for insurance;
- any written statements or other record, not otherwise part of the application, that you provided to Sun Life as evidence of insurability; and
- the group policy. The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

Respecting your Privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.