Healthcare plan for International Students
HEC Montreal

Cowan 2026

Healthcare Plan for International Students
HEC Montréal

Table of contents

Page 1- 9

Basic Medical and Hospital Care

- Basic Medical and Hospital Expenses .. 1
- Hospital expenses 2
- Convalescent hospital in Canada 3
- Basic Medical services and equipment 4
- Out of province expenses 5
- Emergency services 6
- Repatriation 8
- Burial Expenses 8
- Global Telehealth Virtual Care 9

Page 10 – 16

Extended Health Care

- Supplemental Health Care 10
- Prescription drugs 11
- Supplemental Medical services and equipment 13
- Paramedical services 15
- Eye examinations 16
- Accidental dental 16

Page 17 - 18

Travel Assistance Program

- Schedule of benefits 17
- Special benefits 18

Page 19- 20

Life Coverage 19

Page 21-22

Accidental Death and Dismemberment 21

Page 23 - 33

General Information

- Limitations and Exclusions 23
- Eligibility 24
- Enrolment 24
- When coverage begins 25
- Changes affecting your coverage 25
- Updating your records 26
- Accessing your records 26
- When coverage ends 27
- Replacement coverage 27

Table of Contents (cont.)

Page 23 - 33

General Information (cont.)

- Submitting a claim 28
- Benefits after termination of coverage 28
- Coordination of benefits 29
- Legal actions 30
- Medical examination 30
- Recovering overpayments 30
- Assignments 30
- Definitions 31
- Notice to providers 33

Healthcare Plan for International Students
HEC Montréal

Basic Medical & Hospital Care
Basic Medical & Hospital Expenses

The basic medical expense benefit provides reimbursement for certain expenses incurred for services and items necessary for the treatment of an illness. On the day these expenses are incurred, they must be considered eligible expenses according to the Régie de l'assurance-maladie du Québec (RAMQ). Expenses are charged to the reference year in which they are incurred. Expenses are deemed incurred on the date the care is provided, or the items are rented or purchased.

All limits are in Canadian currency

Deductible	No deductible applies to this coverage
Reimbursement level	We Cover: • Reasonable and customary charges for care or services
Maximum benefit	We will pay for eligible expenses as determined by the Régie de l'assurance-maladie du Québec (RAMQ) for foreign students, unless otherwise specified.
Maximum lifetime benefit	Under basic medical and hospital care, the maximum benefit that can be paid to each person insured is $1,500,000
Benefit Year	August 16th – August 15th

Basic Hospital Care

Hospital Expenses	We will cover the costs of inpatient hospitalization in a ward hospital room up to a maximum of: • 2 days in the event of a natural childbirth (a longer period may apply if there are complications). • 10 days in the hospital nursery for premature baby only, if the baby is born after a gestation period of less then 37 weeks. • 30 days for psychiatric reasons. • 60 days for any other reason. The above limits may be extended if your medical condition does not permit your return to your country of origin. We will also cover the cost of outpatient services in a hospital including emergency ward medical services. An *emergency* is an acute, unexpected illness that requires immediate attention. A *hospital* is a 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. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse.

Convalescent Hospital Care in Canada

We cover 100% of the costs incurred for hospitalization prescribed by a physician, up to the cost of a semi-private room, for a period limited to 60 days (30 days for psychiatric reasons), provided that it takes place within 14 days of discharge from hospital and that its main purpose is rehabilitation and not the supervision of the patient.

However, this limit may be extended if your medical condition does not allow you to return to your country of origin.

For the purposes of this plan, a convalescent hospital is defined as a facility authorized to provide care and treatment to inpatients convalescing from injury or illness, and which must provide 24-hour nursing and medical care. An establishment that is a long-term care facility, a rest home, a care facility for the aged or chronically ill, a sanatorium or an establishment for the treatment of alcoholism or drug addiction is not considered convalescent hospital.

Basic Medical Services and Equipment

We will cover the costs for the medical services listed below:

• Medically required doctor visits or examinations
• Medical visits for contraception purposes.
• Medical, surgical, anesthetic charges and consultations by specialists rendered by a health professional such as a doctor, surgeon or anesthetist
• X-ray examinations done in an approved radiological facility for diagnosis of an illness.
• Laboratory tests performed by a commercial laboratory, CLSC or health services department of the university for the diagnosis of an illness. Tests performed in a doctor's office or by a pharmacy are not covered.
• Oxygen, plasma, and blood transfusions in hospital
• MRI (magnetic resonance imaging) and CAT scans.
• Ultrasounds for diagnosis of an illness. Ultrasounds related to pregnancy are covered as of the 18th week of gestation up to a maximum of 2 per pregnancy, unless medically necessary.
• Electrocardiograms, mammography's and thermography's

Basic Medical Services and Equipment (cont.)

We will cover the costs for the medical services listed below:

• Emergency Dental, when ordered by a doctor. The maximum amount payable is $250 for each person in a benefit year.
• Psychiatric services rendered by a licensed psychiatrist, up to a maximum amount payable of $10,000 for each person in a benefit year.
• Abortion performed by a doctor in a hospital or an abortion clinic.

Expenses Incurred Outside Your Province

The following out-of-province emergency services are covered:

- Hospitalization in a semi-private room
- Outpatient hospital Care
- Physician's care

Expenses related to all other services and items eligible under this plan are also covered when incurred outside your province of residence, subject to the reimbursement percentage and all conditions applicable to these expenses.

Emergency Out of Province Services

We pay 100% of expenses incurred for eligible emergency services.

We will only cover emergency services received within 180 days of your departure from your province of residence. If you are admitted to hospital during this period, the services you receive as an inpatient are covered until you are discharged.

Emergency services are defined as reasonable medical services and supplies, including consultation, treatment, medical procedures or surgery, which are required as a result of an emergency. In the case of persons suffering from a chronic condition, services received in the event of an emergency do not include care given as part of an established treatment program that was already in place prior to their departure from their province of residence.

Emergency means any situation related to an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a physician.

The emergency ends when your condition is medically stable so that you can return to your home province.

Emergency Out of Province Services Excluded From Coverage

Expenses incurred for the following emergency services are not covered:

- Medical services that are not required immediately or that could reasonably be delayed until your return to your province of residence, unless your medical condition is such that you cannot return to that province until you have received these services.

- Services related to the illness or injury that caused the emergency, after the emergency has ended.

- Ongoing services, arising directly or indirectly from the emergency or a recurrence of the emergency, received after the date on which Cowan and/or Cigna has determined, based on available medical information, that you are able to return to your home province, in the event that you have refused to do so.

- Services that are necessary for the treatment of the illness or injury for which you have already received emergency services, including any complications arising from that illness or injury, if you have refused or unreasonably neglected to receive the recommended medical services.

- When the trip was undertaken for the purpose of receiving medical services for the treatment of a sickness or injury, services related to that sickness or injury, including any complications or emergencies arising directly or indirectly from that sickness or injury.

Repatriation

If your medical condition permits you to return to your country of origin and if, in the opinion of Cowan, such return is warranted, then charges in excess of the regular transportation costs will be paid for your return trip.

Repatriation in the Event of Death

If you are diagnosed as terminally ill with a life expectancy of 12 months or less, and your condition is deemed stable by Cowan, Cowan will pay the costs it deems reasonable for your return by the most direct route to the terminal closest to your normal place of residence in your country.

Eligible expense includes economy airfare (and stretcher, if necessary) and round-trip airfare for a qualified medical attendant (if certified as necessary by the attending physician), including, if necessary, hotel and meal expenses for the medical attendant.

If you refuse to be repatriated, any other expenses payable under this contract will not be covered. You are responsible these expenses. You may be ineligible for other international student health insurance policies issued by Cowan.

In the event of your death, we will pay up to $15,000 for the cost of returning your remains by the most direct route to the airport closest to your normal place of residence in your country of origin. Eligible expenses include the cost of preparing and transporting the remains, documents and a standard shipping container.

Burial Expenses at Place of Death

In the event of your death, if the burial or cremation occurs in the location where death occurs, instead of repatriation to your Home Country, we will pay up to $5,000 for eligible expenses including the transportation of the remains to a funeral home, the cost of a casket, preparation of the remains, a burial plot and internment.

Global Telehealth Virtual Care

Cigna Medical Benefits Abroad® (MBA) members have access to global telehealth at no additional cost.

When you don't feel well, you want to get better fast. Through this service, you have the opportunity to speak with licensed doctors around the world — by phone or video — to discuss your symptoms and the best next steps for you. You can schedule an appointment from anywhere in the world, 24 hours a day.

To obtain care via Global Telehealth, please follow the link below:

https://www.cignaglobal.com/cigna-wellbeing-app

Get your access codes from your Student Services Office to complete your registration.

What else can I use global telehealth for?

- Phone and video consultations with a licensed doctor
- Prescriptions for common health concerns, when medically necessary and permitted
- Treating non-urgent medical conditions like fever, rash, pain and more
- Making preparations for an upcoming consultation
- Discussing a medication plan and potential side effects

Extended Health Care

Supplemental Health Care

Extended Health Care coverage pays for eligible services or supplies for you that are medically necessary for the treatment of an illness.

An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date the service is received, or the supplies are purchased or rented.

All limits are in Canadian currency

Deductible	No deductible applies to this coverage
Percentage of reimbursement	We Cover: • Reasonable and customary charges for care or services
Benefit year maximum – Prescription Drugs	We will not pay more than $15,000 per person for each benefit year for all prescription drugs.
Benefit year maximum – Extended Health Care	We will not pay more than $7,500 per person for each benefit year for all services or supplies under Extended Health Care, excluding prescription drugs and emergency services incurred outside Canada.
Benefit Year	August 16th – August 15th

Healthcare Plan for International Students
HEC Montréal

Prescription Drugs

Drugs covered under this plan must have a Drug Identification Number (DIN).

We will cover the cost of the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist up to a maximum of $30,000 per benefit year :

• Drugs that legally require a prescription • Life-sustaining drugs that may not legally require a prescription • Injectable drugs and vitamins • Compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN • Diabetic supplies • Vaccines • Intrauterine devices (IUDs) and diaphragms • Colostomy supplies • Varicose vein injections	The benefits paid for each purchase of prescription articles or drugs are limited to the cost of those which it is reasonable to use for a period of 34 days or, in the case of certain maintenance drugs, for a period of 100 days, as prescribed by the physician.

Cowan will also cover the cost of products to help a person quit smoking that have a Drug Identification Number (DIN) or a Natural Product Number (NPN), up to a maximum of $500 per person in a benefit year, provided that they are prescribed by a doctor or dentist and obtained from a pharmacist.
Drug substitution limit - Charges in the excess of the cost of the least expensive equivalent drug are not covered, unless Cowan has specifically approved reimbursement. In order to determine whether the use of a more expensive drug constitutes a medical necessity, Cowan requires that you and your physician provide Cowan with a completed exception request.

Prescription Drugs (cont.)

No benefits are payable for any of the following, including care, drugs, and prescribed items:

- Infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments.
- Treatments for weight loss, including drugs, proteins and food or dietary supplements.
- Hair growth stimulants.
- Drugs for the treatment of infertility.
- Drugs for the treatment of sexual dysfunction.
- Drugs that are used for cosmetic purposes.
- Natural health products, whether or not they have a Natural Product Number (NPN), except as otherwise provided under the list of eligible drug expenses.
- Drugs and treatments administered in a hospital to a person on an inpatient or outpatient basis, or in a publicly funded clinic or care center, including any service or item related to the administration of the drug and treatment.

Supplemental Health Care

Supplemental Medical services and equipment

We will cover 100% of the costs up to the overall maximum of $7,500 for all services listed in the supplemental Health Care below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order).

• Out of hospital private duty nurse services when medically necessary. Services must be for nursing care, and not for custodial care. The private duty nurse must be a nurse, or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you. The services of a registered nurse are eligible only when someone with lesser qualifications can not perform the duties. There is a limit of $5,000 per person per benefit year.
• Transportation in a licensed ambulance, if medically necessary, that take you to and from the nearest hospital that is able to provide the necessary medical services. Expenses incurred outside Canada for emergency services will be paid based on the conditions specified for emergency services outside your province.
• Equipment rented, or purchased at Cowan's request, that is for temporary therapeutic use. For expenses incurred for a wheelchair, coverage is limited to the use of a manual wheelchair, except if the person's medical condition warrants the sue of an electric wheelchair.

Supplemental Health Care (cont.)

Supplemental Medical services and equipment

We will cover 100% of the costs up to the overall maximum of $7,500 for all services listed in the supplemental Health Care below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order).

• Braces or crutches.
• Surgical dressings.
• Surgical brassieres required as a result of surgery, up to a maximum of 2 brassieres per person in a benefit year.
• Purchase and repairs of artificial limbs, eyes and larynx, excluding myoelectric appliances.
• Pressure gradient hose.
• Radiotherapy or coagulotherapy.
• Orthotic inserts for shoes.
• Electronic heart pacemaker.
• Breast prostheses required as a result of mastectomy, up to a maximum of $200 per breast in a benefit year.

Supplemental Health Care (cont.)

Paramedical Services

We will cover 100% of the reasonable and customary costs of paramedical specialists listed below up to the overall $7,500 maximum for supplemental health care:

Licensed athletic therapists, osteopaths (this category of paramedical specialists also includes osteopathic practitioners), physiotherapists, chiropractors.	The overall maximum amount payable of $1,000 per person per benefit year applies, including a maximum of one x-ray examination per specialty each benefit year. These services are limited to one visit per specialty per day.
Licensed podiatrists	The overall maximum amount payable is $500 per person per benefit year. These services are limited to one visit per day.
Licensed psychologists or psychotherapists	The overall maximum amount payable is $1,000 per person per benefit year.

Supplemental Health Care (cont.)

We will cover 100% of the reasonable and customary costs of the specialists listed below up to the overall $7,500 maximum for supplemental health care:

Eye Examinations

Services of licensed ophthalmologists or optometrists, up to a maximum of one reasonable and customary examination per person per benefit year.

Dental Care in the Event of an Accident

Treatment of natural teeth damaged in an accident during the period of coverage, including the cost of splints and dental arches. Treatment must be provided within 12 months of the accident. Covered expenses are limited to the fee set out in the tariff published for general dentists by the association of dental surgeons in the province of Quebec. The tariff used is that in effect on the date of treatment. The benefit payable is $1,000 per person per benefit year.

Travel Assistance Program

Schedule of Benefits	
Benefit	Benefit Amount
Maximum length of trip	180 days
Medical Evacuation/ Repatriation	$100,000 per member per year
Calendar Year Medical Benefit Maximum	$1,000,000 per member per year
Calendar Year Deductible	$0
Coinsurance (paid by Cigna)	100%
Out of Pocket Coinsurance Maximum	None
Room & Board	Average semi-private room rate
Pre-Existing Condition Exclusion	None

Cigna Global Health Benefits covers you for unexpected injuries and illnesses that may occur while you're on an international trip. Should something come up, our customer service team will help you get the care you need. All you have to do is call the number on the back of your Cigna ID card and provide your policy number and the name of your organization. Our customer service representatives are dedicated to supporting you, from ground transportation and translators to finding the right health care professionals or facilities. No matter where you are in the world, Cigna's medical team is there for you - from helping to coordinate your treatment plans to getting assistance with medical appointments and hospital admissions. Just call the dedicated phone number to our service center, and our team will put you in touch with a Cigna clinician.

You have 24-hour access to a fully staffed coordination center. The appropriate telephone numbers are listed on your travel assistance card.

Travel Assistance Program - Special Benefits

Your benefits include special coverage to help you take care of issues that go far beyond health. Our concierge and travel assistance services provide:

- Advice for how to recover or replace lost documents like passports and credit cards.
- Arrangement for an emergency medical evacuation.
- Coordination of emergency travel arrangements for children under the age of 18 who are left unattended if a family member becomes sick.
- Coordination of emergency travel arrangements for family members who escort another family member to the hospital.
- Assistance finding or replacing prescription medication.
- Help finding the right health care professional or facility closest to your location.
- Help obtaining necessary documents for medical insurance claims.
- Assistance with personal emergency telephone translation services.

Life Insurance

Life insurance pays a lump sum to your beneficiary or estate if you die during the term of the policy.

All limits are in Canadian currency

Amount	The principal amount of your life insurance is $3,000.
Coverage ends	Your coverage will end as specified in general information.
Beneficiary	If you die during the term of your coverage, Cowan pays the full amount of your insurance to the last beneficiary you have designated and who is on file with Cowan. If you do not designate a beneficiary, the insurance proceeds will be paid to your estate. You may designate any person of your choice as beneficiary. You may change the beneficiary at any time, unless prohibited by law or unless you indicate in the designation that the beneficiary cannot be changed. A minor beneficiary cannot personally receive a death benefit under the plan until he or she reaches the age of majority. If you reside outside Quebec and wish to designate a minor as beneficiary, you may designate another person to receive the death benefit in trust for the minor. If no trustee is designated, relevant legislation may require that the death benefit payable to the minor be paid to the court, a public guardian or curator. If you reside in Quebec and have designated a minor as beneficiary, the death benefit will be paid to the minor's parent(s) or legal guardian on his or her behalf. You may also (whether or not you reside in Quebec) designate your estate as beneficiary and instruct the executor(s) of your will as to the rights of the minor. You should consult a legal advisor.

Life Insurance (cont.)

When and how to make a claim	Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your administrator.
Beneficiary designation form	The beneficiary designation form is available on the Cowan portal.

Accidental Death and Dismemberment

The Accidental Death and Dismemberment benefit pays benefits if, as a result of an accident while insured, you die or suffer one of the losses listed in the Schedule of Benefits. The death benefit payable under this benefit is in addition to the principal sum of life insurance.

All limits are in Canadian currency

Amount	Your Accidental Death and Dismemberment benefit is equal to the amount shown in the table below for each loss.
Coverage ends	Your coverage will end as specified in general information.
We will pay for this benefit if you:	**TABLE OF LOSSES** Loss of life $5,000 Loss of both hands or both feet $10,000 Loss of one hand or one foot, and entire sight of one eye $10,000 Loss of one arm or one leg $7,500 Loss of one hand or one foot $5,000 Loss of thumb and index finger on the same hand $1,000 Loss of entire sight of one eye $1,500 Loss of entire sight of both eyes $10,000 Only the largest percentage is paid for injuries to the same limb resulting from the same accident. We will not pay more than $10,000 of coverage if an accident results in more than one loss. Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb or finger means that it was severed at or above the first joint from the hand. Loss of sight must be total and permanent.

Accidental Death and Dismemberment (cont.)

Exclusions	We will not pay for losses that are a result of: • Self-inflicted injuries, by firearm or otherwise. • Bodily injury sustained while operating a motor vehicle with a blood alcohol content over the permissible level stipulated in the criminal code. • Attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions. • Flying in, descending from or being exposed to any hazard related to an aircraft while: - Receiving flying lessons. - Performing any duties in connection with the aircraft. - Being flown for a parachute jump. - A member of the armed forces in the aircraft is under the control of or chartered by the armed forces. • The hostile act of any armed forces, insurrection or participation in a riot or civil commotion. • Participation in a criminal offence. • Bodily or mental infirmity or disease, or medical or surgical treatment of this infirmity or disease. • Infection unless it is caused by an external wound that can be seen and which was sustained accidentally.
When and how to make a claim	For any loss other than death, the claim must be received by Cowan within one year after the loss. If the claim is the result of a death, the claim should be made as soon as possible after the death occurred. For details on Naming a Beneficiary and Submitting a Claim please refer to Life Insurance.

General Information

Limitation and Exclusions

No benefits are payable for any of the following:

- services or supplies payable in whole or in part under any government-sponsored plan or program including the Société de l'assurance automobile du Québec, except for user fees, extra billing, and other expenses in excess of those payable under the government-sponsored plan or program, if the legislation allows their payment under private plans.
- expenses incurred in connection with rest cures, travel for health reasons or pregnancy tests.
- telephone consultations, with the exception of Global Telehealth services included in this policy, made by a doctor with respect to a person's illness or injury.
- services or supplies which are not listed in this benefit.
- services or supplies for which no charge would have been made in the absence of this coverage.
- services or supplies for which you are not required to make payment, or where payment is received as a result of legal action or settlement.
- cosmetic surgery unless medically necessary following an accident while you are covered.
- replacement of any existing medical appliance.
- any organ transplant unless it is solely due to an accident, a virus or a fulminant disease while you are covered under this plan.
- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- services or supplies that are not usually provided to treat an illness, including experimental treatments

We will not pay benefits when the claim is for an illness caused by one of the following:

- hostile action by armed forces, insurrection or participation in a riot or civil commotion.
- Commission or attempted commission of a criminal act by the covered person, except in the case of driving a motorized vehicle while his or her blood alcohol level exceeds the legal limit set by the criminal code.

Healthcare Plan for International Students
HEC Montréal

Eligibility

Foreign student or visiting specialist who is registered for at least one term at HEC Montréal as a full-time or part-time student, research student or postdoctoral fellow during the academic year and:

- is not a Canadian citizen or permanent resident, or
- who is a Canadian citizen but is not covered by a provincial health insurance plan

Enrolment

You must enroll in the plan to be eligible for coverage.

You may decline this plan's Supplementary Medical Expense benefit if you have comparable coverage:

- under a special arrangement with the province of Quebec,
- as a dependent child of a diplomat posted to Canada.

In this case, coverage under this benefit terminates on the date you specify. Proof of coverage must be provided to Cowan at the time of refusal.

If the other coverage terminates, you may then opt for coverage under this plan, provided the application for coverage is received by Cowan within 31 days of such termination. If you fail to do so within this period, you will be required to provide proof of good health at your own expense.

When coverage begins

Your coverage begins on the date you become eligible for coverage, or the date you arrive in Canada, whichever is later.

If you are hospitalized on the day your coverage would normally take effect, you are not covered until the day following the end of your hospital stay.

If a benefit has additional conditions, these are indicated in the appropriate section of this brochure.

Changes affecting your coverage

Occasionally, events may occur that require changes to your coverage.

For example, your status as a student may change, or the policyholder may modify the group contract. Any change in your coverage resulting from such a change takes effect on the day of the change.

The following exceptions apply if the change results in an increase in coverage:

- when a certificate of good health is required, the change cannot take effect until Cowan accepts the certificate.
- if you are not actually studying on the date of the change or on the date Cowan accepts the certificate of good health, the change cannot take effect before your actual return to school.

Updating your records

To ensure that you always benefit from the appropriate protection, it is important that you inform your administrator:

- of any change of name
- any change of beneficiary

Accessing your records

For insured benefits, you can obtain a copy of the following documents:

- your enrolment or application form, if available;
- any written statements or other documents that you have provided to Cowan as evidence of insurability and that do not form part of the application for coverage.

In the case of insured benefits, upon reasonable notice, you may also request a copy of the contract through the policyholder.

When coverage ends

Your coverage as an eligible student under the plan ends as soon as one of the following situations occurs:

- you complete your studies, except when you remain in Canada for a maximum of one semester while awaiting your diploma. You must make this request in writing to HEC Montréal.
- you no longer meet the definition of a student.
- the university receives proof of insurance coverage under a government-sponsored plan or program.
- the date on which you become eligible for a government-sponsored plan or program.
- the period covered by the last premium paid to Cowan on your behalf ends.
- the group policy is cancelled.

You may cancel the extended health care benefit on the basis that comparable coverage is available under this or another group contract, as described in the Enrollment section. In this case, all coverage terminates including basic and supplemental health care on the date you select.

Replacement coverage

The group contract will be interpreted and administered according to all legislation concerning the continuation of insurance following contract termination and the replacement of group insurance.

Cowan will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

Submitting a claims

For benefits to be paid, the claim must be received by us within:

- 180 days after the date you incur the expense,
- or 90 days after the date of termination of your coverage under the Additional Medical Expense benefit, whichever is earlier.

Claims can be submitted to Cowan by:

- **eClaims**: To submit claims online using our eClaims tool, please visit: https://clients.cowangroup.ca eClaims is available for claims you have paid. You must register for direct deposit and consent to receive benefit explanations by e-mail.

- **Paper claims**: Completed claim forms, along with itemized statements or receipts, must be sent to Cowan. Claim forms are available on the Cowan portal.

Note: If you have to pay in advance, don't forget to ask for a receipt.

Benefits After Termination of Coverage

If you are totally disabled at the time your coverage ends, you are entitled to reimbursement of expenses incurred for the treatment of the illness that caused your disability, if the expenses are incurred:

- during the uninterrupted period of total disability and up to 14 days following your discharge from hospital.
- at the end of the 90-day period following termination of your coverage.
- This benefit terminates.

For the purposes of this clause, a student is totally disabled if he or she is prevented by illness from performing the duties inherent in his or her studies.

Healthcare Plan for International Students
HEC Montréal

Coordination of Benefits

If you are covered for Extended Health Care under this plan and another plan, our benefits will be coordinated with the other plan following insurance industry standards. These standards determine which plan you should claim from first.

The plan that does not contain a coordination of benefits clause is considered the first payer; therefore, this plan will pay benefits before any plan with a coordination of benefits clause. Health insurance plans providing coverage for dental expenses incurred as a result of an accident take precedence over Dental Expense plans in the payment of benefits.

Benefits from both plans may not exceed out-of-pocket expenses actually incurred.

When both plans contain a coordination of benefits clause, claims must be submitted in the order indicated below.

Claims for expenses incurred for yourself must be submitted in the following order:

- the plan that covers the individual as an employee. If the person is covered by two plans, the following order prevails:
  - plan covering the person as a full-time active employee.
  - plan covering the person as a part-time active employee.
  - plan covering the person as a retiree.

- a health insurance plan offered through an educational institution that covers the person as a student.
- a plan that covers you as a dependent.
- When you submit a claim, you are required to declare to Cowan any equivalent coverage you may have.

Your administrator can help you determine which plan you should claim under first.

Legal actions

Limitation period for 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*.

Limitation period for any other province:

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 other applicable legislation of your province or territory.

Medical Examination

We may require you to undergo a medical examination when you submit a claim. If you do not comply with this requirement, we will not pay benefits. The cost of these examinations is our responsibility.

Recovering overpayments

We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

Assignments

No right or interest in life insurance benefits may be assigned.

In the case of other benefits, we reserve the right to refuse any assignment.

Definitions

Here is a list of definitions of some terms that appear in this benefits booklet. Other definitions appear in the benefit sections.

Academic year	Period starting from August 16 to August 15 inclusively.
Accident	An accident is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.
Actively pursuing studies	Perform all the usual and customary duties of a student and be present for any scheduled activities. This includes a scheduled day off, if the student was active on the last scheduled school day.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located
Illness	An illness is a bodily injury, disease, mental infirmity, pregnancy or sickness
Inpatient	A patient who is hospitalized for a period of more than 24 hours, if this has been ordered by a doctor
Medically necessary	Treatment, services or equipment eligible under the Régie de l'assurance-maladie du Québec (RAMQ) and recognized by Cowan as effective, appropriate and required for diagnosis, care or treatment of a specific medical condition, illness or accident.
Outpatient	A patient who is receiving care in a hospital, but not as an inpatient.

Definitions (cont.)

Here is a list of definitions of some terms that appear in this benefits booklet. Other definitions appear in the benefit sections.

Period	Any period of studies, as set out by the contract holder
Pregnancy	Pregnancy, childbirth, miscarriage, abortion and conditions which result directly or indirectly from any of these.
Reasonable and customary charges	Charges which are usually made in the absence of this or any similar coverage, for a specific type or care, service or supply, based on representative fees and prices for foreign students in the geographic area in which the charges were incurred, as evaluated by Cowan.
Student	A student or visiting scholar of foreign nationality who: • is not a Canadian citizen or permanent resident, or • is a Canadian citizen but is not entitled to benefits under any Provincial Medicare Plan
Visiting Scholar	Individual with in-depth knowledge of a specific field
We, our and us	We, our and us mean Cowan

Healthcare Plan for International Students
HEC Montréal

Notice to Providers

Proof of Coverage:

- A certificate is issued to registered students of the Plan;
- This certificate must be presented to the health care provider, along with proof of identity, before services may be rendered;
- The certificate number must accompany all claims;
- Charges not reimbursed by the insurance policy are the responsibility of the covered person.

Providers shall be paid directly by:

Cowan
700 – 1420 Blair Towers Place
Ottawa, Ontario, K1J 9L8
Tel: (613) 741-3313
Fax: (613) 741-7771
Email: clients@cowangoup.ca

In case of any discrepancy between this brochure and the insurance policy, the insurance policy shall prevail.

Respecting your privacy

Respecting your privacy is a priority for Cowan. 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.cowangroup.ca/security/