

**International Student  
Medical Insurance Plan  
For School Year  
2011 – 2012**

Offered by

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# JF Elite Student Insurance Plan-(AIG) Feature Sheet

Features and Benefits	Maximum Limit
Eligibility	<ul style="list-style-type: none"> <li>International students in a Canadian institution of learning, under age of 69 or parents of students</li> </ul>
Waiting period on sickness	<ul style="list-style-type: none"> <li>No</li> </ul>
Pre-existing condition coverage	<ul style="list-style-type: none"> <li>Yes, if stable 90 days prior to the effective date of the policy</li> </ul>
Travel Worldwide	<ul style="list-style-type: none"> <li>Majority of the period of coverage is spent in Canada except the home country</li> </ul>
Maximum liability	<ul style="list-style-type: none"> <li>\$2,000,000</li> </ul>
Eligible Medical Expenses	<ul style="list-style-type: none"> <li>Emergency medical treatment for sickness or injury whether in-patient or out-patient</li> <li>Physician/Surgeon/Anesthetic</li> <li>X-Ray and diagnostic laboratory procedures</li> <li>Rental of essential appliances</li> </ul>
Hospital accommodation	<ul style="list-style-type: none"> <li>Yes, Semi-private room</li> </ul>
Ambulance Services	<ul style="list-style-type: none"> <li>Licensed ambulance and paramedics, including mountain and sea rescue. If ambulance services are not available, taxi expenses reimburse to \$125</li> </ul>
Medicines and /or drugs	<ul style="list-style-type: none"> <li>Up to maximum \$10,000 to a limit of a 30-day supply</li> </ul>
Private duty nursing (R.N.)	<ul style="list-style-type: none"> <li>Yes, up to maximum of \$12,000</li> </ul>
Professional Medical Services	<ul style="list-style-type: none"> <li>Up to maximum of \$600 per practitioner for Physiotherapist, chiropractor, chiroprapist, osteopath, podiatrist, speech therapist, acupuncturist (<i>a referral from a physician is required for acupuncturist</i>)</li> </ul>
Vaccination and TB testing	<ul style="list-style-type: none"> <li>Up to maximum of \$100 for tuberculosis testing and vaccination or immunization during a 12 consecutive month period, provided the minimum term of insurance purchased is 180 days. Coverage for tuberculosis testing is not payable if testing is mandated by the school board or school as a requirement for program enrolment</li> </ul>
Emergency Air Transportation ( <i>must be pre-approved and arranged by WTP</i> )	<ul style="list-style-type: none"> <li>Up to maximum of \$1,000,000 per occurrence if you or your eligible insured dependents medical condition requires air transportation to the nearest hospital or to return you to your country of residence</li> </ul>
Annual Physician visit	<ul style="list-style-type: none"> <li>Up to \$150 over a 12 consecutive month period for a general check up include one consultation session and prescription of the "morning after pill". (a minimum of 365 days policy must be purchased)</li> </ul>
Non-Emergency Treatment (Follow-up)	<ul style="list-style-type: none"> <li>Yes, up to \$3,000 limit per policy for non-emergency medical treatment resulting from the initial emergency</li> </ul>
Maternity Benefits	<ul style="list-style-type: none"> <li>Up to \$25,000 for: -- Pre-natal care (including but not limited to tests and prescribed medication), involuntary termination of pregnancy or resulting complications provided that the pregnancy commenced during the period of coverage</li> </ul>
Impacted Wisdom Teeth I Services	<ul style="list-style-type: none"> <li>Up to maximum \$150 per tooth for the extraction of impacted wisdom teeth when <i>medically necessary</i> performed in a dental or oral surgeon's office</li> </ul>
Dental ( <i>services of a licensed dentist or dental surgeon for emergency dental treatment</i> )	<ul style="list-style-type: none"> <li>Up to maximum \$4,000 for an accident requiring repair or replacement of sound natural teeth or permanent attach artificial teeth</li> <li>Up to maximum \$600 for dental expenses you incur for dental pain relief other than pain caused by an accident</li> </ul>
Repatriation	<ul style="list-style-type: none"> <li>Up to \$15,000 (exclude cost of as burial coffin or urn)</li> <li>Burial/Cremation - up to \$5,000 at place of death (exclude cost of as burial coffin or urn)</li> </ul>
Psychiatric / Psychological	<ul style="list-style-type: none"> <li>Up to maximum \$1,000 for out-patient care by a physician, psychiatrist or psychologist</li> <li>Up to \$25,000 for in-patient hospitalization due to psychiatric, psychological, mental or emotional disorders</li> </ul>
Acupuncture Treatment	<ul style="list-style-type: none"> <li>Up to maximum of \$600</li> </ul>
Family Transportation	<ul style="list-style-type: none"> <li>Up to maximum of \$5,000 for round trip costs for one family member to be with you while you are in hospital if an attending physician considers it necessary and</li> <li>Up to \$1,500 for meals and commercial accommodation</li> </ul>
Eye Examination	<ul style="list-style-type: none"> <li>Up to \$100 for one examination (minimum 12 months policy has been purchased).</li> </ul>
Prescription glasses, contact lenses and hearing aids	<ul style="list-style-type: none"> <li>Up to maximum of \$200 as a result of an accident</li> </ul>
Trauma Counseling	<ul style="list-style-type: none"> <li>Up to 6 sessions (following emergency)</li> </ul>
Tutorial expenses	<ul style="list-style-type: none"> <li>Up to \$20/hour to a maximum of \$400 for the costs of a qualified private tutorial service in the event you are <i>hospitalized</i> for 30 consecutive days or more</li> </ul>
Automobile return	<ul style="list-style-type: none"> <li>Up to a maximum of \$1,000</li> </ul>
Identification Benefit	<ul style="list-style-type: none"> <li>Up to a maximum of \$5,000 for the transportation of an immediate family member and commercial incidental travel expenses up to a maximum of \$250 to identify your body if the eligible insured dependents suffer a covered death and a law enforcement agency requests such identification</li> </ul>
Accidental Death & Dismemberment	<ul style="list-style-type: none"> <li>Up to \$100,000 as a result of an accident</li> </ul>



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Features and Benefits	Maximum Limit
投保人资格	<ul style="list-style-type: none"> <li>• 年龄在 69 岁以下, 国际留学生.</li> </ul>
等待期 已存在的但稳定的慢性病	<ul style="list-style-type: none"> <li>• 否</li> <li>• 是-必须在保单生效前九十天内稳定</li> </ul>
全球旅游	<ul style="list-style-type: none"> <li>• 要求受保人大部分时间身处加拿大</li> <li>• 不包括返回原居地所发生的费用</li> </ul>
最高赔偿额	<ul style="list-style-type: none"> <li>• 二百万元</li> </ul>
符合资格的医疗开支	<ul style="list-style-type: none"> <li>• 合理的住院费或诊疗费</li> <li>• 持牌内科医生/外科医生/麻醉师费用</li> <li>• X光及化验检查费</li> <li>• 医疗器具租用费</li> </ul>
医院住宿	<ul style="list-style-type: none"> <li>• 标准两人间</li> </ul>
救护车费用	<ul style="list-style-type: none"> <li>• 持牌的救护车及其救护人员, 包括山区/海上救援. 如果急救车服务有阻碍, 出租车费用最高限额一百二十五元</li> </ul>
处方药	<ul style="list-style-type: none"> <li>• 最高限额一万元, 三十天药量限制</li> </ul>
注册护士费用	<ul style="list-style-type: none"> <li>• 是-最高限额一万两千元</li> </ul>
专业医疗服务	<ul style="list-style-type: none"> <li>• 每保单每种职业医师的费用最高限额为六百元。包括物理治疗师, 脊椎治疗师, 整脊师, 整骨治疗, 足科医师, 语言治疗, 针灸。(针灸需有家庭医生的医嘱)</li> </ul>
疫苗接种和肺结核测试	<ul style="list-style-type: none"> <li>• 肺结核测试, 疫苗或免疫接种十二个月最高赔偿额为三百元, 受保时间必须一百八十天以上. 肺结核测试的目的如果是入学要求将不在受保范围之内。</li> </ul>
紧急飞机运送 (必须由 WTP 提前批准)	<ul style="list-style-type: none"> <li>• 如果受保人的情况需要飞机运送去最近的医院或送返原居地最高赔偿\$1,000,000</li> </ul>
定期身体检查	<ul style="list-style-type: none"> <li>• 每十二个月最高限额为一百五十元的身体检查包括: 一次咨询费和避孕药费用.(受保时间必须是一年)</li> </ul>
非紧急治疗(复诊)	<ul style="list-style-type: none"> <li>• 非紧急治疗最高赔偿额三千元, 必须在之前紧急治疗基础之上.</li> </ul>
妇产科服务	<ul style="list-style-type: none"> <li>• 赔偿金额最高两万五千元, 包括:</li> <li>• 产前护理(处方药和检查费没有限制), 自愿终止妊娠或怀孕期间产生的并发症.</li> </ul>
阻生智齿	<ul style="list-style-type: none"> <li>• 每保单赔偿金额最高每颗牙齿一百五十元, 可在牙医诊所或口腔手术治疗室就诊</li> </ul>
牙科费用 (有牌牙医和紧急牙科手术)	<ul style="list-style-type: none"> <li>• 自然牙齿以外损伤最高赔偿四千元</li> <li>• 非事故引起的止痛最高赔偿额为六百元</li> </ul>
遗体运送	<ul style="list-style-type: none"> <li>• 最高一万五千元 (不包括棺木费)</li> <li>• 安葬火化-赔偿金额最高五千元 (不包括棺木费)</li> </ul>
精神治疗费用/心理治疗	<ul style="list-style-type: none"> <li>• 包括:</li> <li>• 门诊:家庭医生, 心理医生, 精神治疗师最高赔偿额为一千元</li> <li>• 住院治疗最高限额两万五千元, 包括精神病学, 心理学, 精神混乱.</li> </ul>
针灸治疗	<ul style="list-style-type: none"> <li>• 最高赔偿六百元</li> </ul>
家庭成员运送交通费用	<ul style="list-style-type: none"> <li>• 受保人住院期间, 医生认为需要家人陪护.</li> <li>• 一个家庭成员的双程交通费最高限额五千元</li> <li>• 膳食和住宿最高限额一千五百元</li> </ul>
眼科检查	<ul style="list-style-type: none"> <li>• 一次眼科检查最高赔偿一百元(受保时间必须在十二个月以上)</li> </ul>
镜片/隐形眼镜/助听器	<ul style="list-style-type: none"> <li>• 由于事故造成的损坏, 最高赔偿二百元.</li> </ul>
心理创伤辅导	<ul style="list-style-type: none"> <li>• 六次.(紧急事故之后)</li> </ul>
辅导费用	<ul style="list-style-type: none"> <li>• 如果学生住院超过三十天, 课外辅导费用二十元一个小时, 最高限额四百元。</li> </ul>
运返车辆	<ul style="list-style-type: none"> <li>• 最高赔偿一千元</li> </ul>
身份证明费用	<ul style="list-style-type: none"> <li>• 最高赔偿五千元. 包括: 家庭成员及身份证明人的交通费用. 法律要求证明受保人身份最高赔偿二百五十元.</li> </ul>
意外死亡和伤残	<ul style="list-style-type: none"> <li>• 意外伤害最高赔偿十万元.</li> </ul>



## JF Elite Student Insurance Plan-(AIG) Feature Sheet

Features and Benefits	Maximum Limit
보험가입 자격	<ul style="list-style-type: none"> <li>승인된 교육기간에 등록된 69세 이하의 외국 학생, 또는 동반 부모</li> </ul>
질병에 대한 보험효력 대기 기간	<ul style="list-style-type: none"> <li>없음</li> </ul>
보험 가입 이전의 질병	<ul style="list-style-type: none"> <li>가능, 단, 보험 효력 개시일 이전의 90 일 동안 건강한 경우</li> </ul>
캐나다외 다른 나라 여행시 총보상액	<ul style="list-style-type: none"> <li>보험기간의 반 이상을 캐나다에서 보내는 한 전 세계 (본국제외)에서 적용</li> <li>\$2,000,000</li> </ul>
보험적용가능 의료비	<ul style="list-style-type: none"> <li>입원환자와 외래환자의 질병과 부상에 대한 의료치료</li> <li>의사, 외과의사, 마취의사의 진료비</li> <li>엑스레이 및 실험실 검사비</li> <li>의료기구 대여비</li> </ul>
입원	<ul style="list-style-type: none"> <li>2 인용 병실</li> </ul>
구급차	<ul style="list-style-type: none"> <li>산악, 해안구조(구급차 불가능 지역 택시비 제공, 최고 \$125 까지)</li> </ul>
치방전에 의한 약	<ul style="list-style-type: none"> <li>최고 \$10,000 (30 일분까지)</li> </ul>
개인 간병(정규 공인 간호사)	<ul style="list-style-type: none"> <li>직용, 최고 \$12,000</li> </ul>
준의료 치료	<ul style="list-style-type: none"> <li>최고 \$600 까지 각 치료사당, 물리치료, 척추교정 요법, 받치료, 집골사, 족병치료, 침술, 언어치료 (침술 치료시 의사의 소견서 필수).</li> </ul>
예방접종, 결핵 검사	<ul style="list-style-type: none"> <li>최고 \$100 (단, 180 이상 보험 가입시 적용, 입학혹은 교육청 등록시 서류제출용 결핵검사는 보험 적용불가)</li> </ul>
항공구급/귀국(보험사 WTP 로부터 사전승인필수)	<ul style="list-style-type: none"> <li>가까운 병원으로의 항공 구급 최고 \$1,000,000 혹은 귀국 항공권 제공</li> </ul>
정기 검진	<ul style="list-style-type: none"> <li>1년 보험가입시 최고 \$150, 사후 피임약 처방과 상담</li> </ul>
응급 치료후 후속치료	<ul style="list-style-type: none"> <li>응급 치료후의 비용급 후속 치료 적용, 최고 \$3,000</li> </ul>
임신관련 진료	<ul style="list-style-type: none"> <li>보험 가입후 임신시, 정기적인 병원방문, 자연유산 적용 (인공유산, 출산제외)</li> <li>최고 \$25,000 까지</li> </ul>
매복된 사망나의 발치	<ul style="list-style-type: none"> <li>치아당 최고 \$150 까지 (의료학적 필요시 적용)</li> </ul>
사고로 인한 치과치료, 치통 완화 치료	<ul style="list-style-type: none"> <li>사고당 최고 \$4,000 - 사고로 잃은 자연치의 교체 (치과 전문의, 최과 수술전문에게 받은 치료에 해당)</li> <li>최고 \$600 - 치통의 완화치료</li> </ul>
매장, 화장/사망시 가족 교통비와 체류비	<ul style="list-style-type: none"> <li>최고 \$15,000 (관 제외)</li> <li>사고지에서의 화장, 매장 - 최고 \$5,000 (관 제외)</li> </ul>
심리/정신치료	<ul style="list-style-type: none"> <li>외래환자 진료 최고 \$1,000</li> <li>입원치료 최고 \$25,000</li> </ul>
입원시 가족 교통비와 체류비	<ul style="list-style-type: none"> <li>항공권-직계 가족당 최고 \$5,000 (의사 소견서)</li> <li>숙식비- 최고 \$1,500</li> </ul>
시력 검사	<ul style="list-style-type: none"> <li>1년 보험 가입시 1회, 최고 \$100 적용</li> </ul>
안경, 컨택트 렌즈, 보청기	<ul style="list-style-type: none"> <li>최고 \$200, 단 사고로 인한 시각, 청각의 손실시</li> </ul>
정신충격 상담	<ul style="list-style-type: none"> <li>응급 상황후, 최대 6 회까지</li> </ul>
과외비용	<ul style="list-style-type: none"> <li>30 일 이상 연속으로 병원입원시, 시간당 최고 \$20, 최고 \$400</li> </ul>
렌트한 자동차 반환	<ul style="list-style-type: none"> <li>최고 \$1,000 (여행중 사고, 질병에 의해 자동차를 반환 불가능시 적용)</li> </ul>
시신 확인비용	<ul style="list-style-type: none"> <li>항공권-직계 가족당 최고 \$5,000</li> </ul>
사고 사망, 수족절단, 시력상실	<ul style="list-style-type: none"> <li>사고당, 최고 \$100,000</li> </ul>



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加入資格	<ul style="list-style-type: none"> <li>海外からの留学生であること、69歳以下であること</li> </ul>
病気への待機期間	<ul style="list-style-type: none"> <li>なし</li> </ul>
既往症への補償	<ul style="list-style-type: none"> <li>補償-保険開始日より前にさかのぼり90日間症状が安定している場合</li> </ul>
留学国外での補償	<ul style="list-style-type: none"> <li>カナダ、あるいは留学先の国で保険期間の大部分を過ごす場合、適応</li> <li>本国での診療費は除く</li> </ul>
最高総補償額	<ul style="list-style-type: none"> <li>\$2,000,000</li> <li>入院/外来患者にかかわらず、病気や怪我のためにかかった緊急診療費</li> <li>内科医/外科医/麻酔医</li> <li>レントゲンとラボトリー検査費用</li> <li>必要な医療器具のレンタル費用</li> </ul>
医療費	
入院費用	<ul style="list-style-type: none"> <li>準個室費用</li> </ul>
救急車費用	<ul style="list-style-type: none"> <li>山岳、海難救助を含む救急車費用、救急車手配が不可能な場合、タクシーを使用した際には最高 \$125 まで</li> </ul>
処方箋薬	<ul style="list-style-type: none"> <li>最高30日分まで、最高\$10,000まで、</li> </ul>
付き添い看護師	<ul style="list-style-type: none"> <li>補償-最高\$12,000 まで</li> </ul>
その他専門医の診療費	<ul style="list-style-type: none"> <li>理学療法士/カイロプラクター/足治療医/整骨医/足痛治療医/言語治療士/鍼医の診療に治療士ごと最高\$600 まで(鍼医の診療には内科医からの推薦状が必要)</li> <li>ワクチン、免疫接種、TB テストに最高\$100 まで(180 日以上の加入者に限る、登録しているプログラムの必須事項として学校やその他の教育機関から強制的に受けるよう指示のある TB テストは補償対象外)</li> </ul>
ワクチン接種	
緊急航空輸送(WTP の事前承認が必要)	<ul style="list-style-type: none"> <li>本人もしくはその扶養家族が最寄の病院または本国へ帰還する必要がある場合の航空輸送費、緊急時1回につき最高\$1,000,000 まで</li> </ul>
年1回の健康診断	<ul style="list-style-type: none"> <li>健康診断のための年1回の内科医診察費用に最高\$150 まで</li> <li>モーニングアフタービル処方に関するカウンセリングセッション1回とその処方薬に(365日の保険加入者に限る)</li> </ul>
継続通院	<ul style="list-style-type: none"> <li>補償-初回の緊急治療に続く継続通院に最高\$3,000 まで</li> </ul>
妊娠時の扶助金	<ul style="list-style-type: none"> <li>最高 \$25,000 まで :-</li> <li>保険開始日以降に懐妊した際の、検査と処方薬を含む出生前検診、流産または合併症に適応。</li> </ul>
親知らずの抜歯	<ul style="list-style-type: none"> <li>歯医者または口腔外科にて治療が行われた場合、医療上抜歯が必要と認められた場合に親知らず一本につき最高\$150 まで</li> </ul>
歯科補償 (歯科医師による緊急治療のみ)	<ul style="list-style-type: none"> <li>事故による顔面打撲が原因での自然歯または永久入れ歯への治療と差し替えに最高\$4,000 まで</li> <li>非事故が原因での歯痛緩和に最高\$600 まで</li> </ul>
死体本国送還	<ul style="list-style-type: none"> <li>最高\$15,000 (棺、骨壺代は除く)</li> <li>死亡場所での埋葬/火葬費用-最高\$5,000 まで(棺、骨壺代は除く)</li> </ul>
精神科医 / 心理学者	<ul style="list-style-type: none"> <li>外来患者としての内科医、精神科医、心理学者の診療費に最高 \$1,000 まで</li> <li>精神、感情異常による入院患者としての精神科医、心理学者の診療費に最高\$25,000 まで</li> </ul>
針治療	<ul style="list-style-type: none"> <li>最高\$600 まで</li> </ul>
家族の渡航費	<ul style="list-style-type: none"> <li>入院時、医者が必要と認められた際の家族1人分の往復航空費に最高\$5,000 まで、食事、ホテル代に総額\$1,500 まで</li> </ul>
年1回の検眼	<ul style="list-style-type: none"> <li>眼科または検眼士による年1回の視力検査 \$ 100 まで(12ヶ月以上の加入者へのみ)</li> </ul>
補償された怪我や病気の後遺症により必要となったメガネ、コンタクトレンズ、補聴器への費用 トラウマカウンセリング	<ul style="list-style-type: none"> <li>事故が原因の場合に、最高\$200 まで</li> <li>保険でカバーされた事故による後遺障害へのトラウマカウンセリング費用最高6 セッションまで</li> </ul>
チューター費用	<ul style="list-style-type: none"> <li>30 日以上連続で入院した際、その学生へのチューター費用に1時間につき\$20、最高\$400 まで</li> </ul>
車両返還	<ul style="list-style-type: none"> <li>最高\$1,000 まで</li> </ul>
身元確認	<ul style="list-style-type: none"> <li>急な家族の渡航費用に最高で\$5,000 まで、被保険者が死亡し、その身元確認のため法的機関が要求した場合に最高\$250 まで旅行費を補償</li> </ul>
事故死亡/後遺障害	<ul style="list-style-type: none"> <li>事故が原因の場合、最高\$100,000 まで</li> </ul>

# JF Elite Student Insurance - AIG (VAN)

Love, Justin (sample)  
6061 No.3 Road  
Richmond BC V6Y 2B2

Dear Love, Justin (sample)

Thank you for choosing to insure with Johnson Fu Insurance Agency Inc. Please read your policy declaration and policy wording carefully. Your coverage and premium are based upon the information you provided. If the policy declaration information is incorrect, you must inform us immediately. If you have any questions, please call Johnson Fu Insurance Agency Inc. at 1-877-832-5541.

## Policy Declaration - JF Elite Student Insurance - AIG (VAN)

<b>Policy No:</b>	JFE11111	<b>Total Premium</b>	\$54.00
<b>Application Date:</b>	11/26/2009		
<b>Effective Date:</b>	11/26/2009		
<b>Expiry Date:</b>	12/31/2009		

### Insured Name

Love, Justin (sample)

<b>Birth Date (Age)</b>	<b>Sum Insured</b>	<b>Deductible</b>	<b>Trip length</b>
()	\$2,000,000	Nil	36

### JF Elite Student Insurance - AIG (VAN)

**Insured Name** Love, Justin (sample)  
**Policy No:** JFE11111  
**Effective Date:** 11/26/2009  
**Expiry Date:** 12/31/2009

### JF Elite Student Insurance - AIG (VAN)

**Insured Name** Love, Justin (sample)  
**Policy No:** JFE11111  
**Effective Date:** 11/26/2009  
**Expiry Date:** 12/31/2009



# JF ELITE STUDENT INSURANCE

IN THE EVENT OF AN EMERGENCY, YOU MUST CALL  
CHARTIS INSURANCE COMPANY OF CANADA IMMEDIATELY:

From Canada and U.S., call toll free 1-800-411-0118 From anywhere, call collect (416) 977-0504

Do not assume that someone will contact Chartis Insurance Company of Canada on your behalf. It remains your responsibility to ensure that Chartis Insurance Company of Canada has been contacted prior to receiving treatment or as soon as reasonably possible.

## SECTION I General Information

### Why You Need Emergency Coverage while in Canada

Health care costs in Canada are very expensive. Hospitals can charge thousands of dollars per day. Without emergency hospital and medical insurance, you or your eligible dependents or parents would be responsible for these high costs, which can create a significant financial burden. It is important to note that such expenses are covered provided that they were unexpected and of an emergency nature. The Plan does not provide benefits for medical treatment if the purpose of your trip to Canada is to obtain that medical treatment.

### How It Works

You and your eligible dependents or parents are automatically covered under this plan, if you are a student, who is enrolled in a recognized institution of learning within Canada, an eligible dependent or parent, of foreign nationality, not a Canadian citizen or a permanent resident of Canada, and you are under age 69.

### Here's What You Get

*Broad Emergency Medical coverage and Accidental Death and Dismemberment coverage while in Canada-* Your plan provides extensive coverage for medical emergencies and Accidental Death and Dismemberment coverage for the period in which you are in Canada.

## SECTION II Definitions

"Insured Person" means you, if you are a student who is enrolled in a recognized institution of learning within Canada, an eligible dependent or parent, of foreign nationality, not a Canadian citizen or a permanent resident of Canada, and you are under age 69.

### Eligible Dependents:

"Spouse" means a person who is under the age of 69 and who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you for a period of at least one year and is publicly represented as your domestic partner in the community in which you reside

"Dependent Child" means a person who is either your natural child, adopted child or step-child or a child to whom you are in loco parentis and who is (i) under 23 years of age, unmarried and dependent upon you for maintenance and support or (ii) under 26 years of age, unmarried and enrolled in post-secondary education and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act(Canada).

"Injury" means bodily injury which is sustained by an Insured Person as a direct result of an unintended and unanticipated accident that is external to the body, which causes a loss covered by the Policy.

"Sickness" means the onset of sickness or disease requiring medical treatment, care or advice which causes a loss covered by the Policy.

"Emergency" means medical treatment or surgery for an unforeseen Sickness or Injury which makes it necessary to receive immediate treatment from a Physician or Surgeon for the immediate relief of an acute symptom of which upon the advice of a Physician or Surgeon cannot be delayed until you or your eligible insured dependents return to your country of residence.

"Period of Coverage" means You and your eligible dependents are covered for emergency treatment under this plan while in Canada, or while outside of Canada provided at least 51% of your time is spent in Canada. It does not cover any expenses incurred during Home Country visits.

"Effective Date" means your coverage begins on the date you satisfy the definition of "Insured Person".

"Termination Date" means coverage ends on the earliest of: (1) the date the policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date you no longer satisfy the definition of an "Insured Person".

## SECTION III Eligibility

1. All international students in a recognized Canadian institution of learning
2. Under age of 69

3. Be in good health (Stable Condition)
4. Student's Parent under age 69 and are living in Canada with student.

## SECTION IV Benefits & Coverages

**In order to be covered, some benefits listed in this section require the prior approval of Chartis Insurance Company of Canada.**

**Lifetime Maximum: \$2,000,000 Reimbursement: 100%**

### Emergency Coverage for Hospital, Medical and Therapeutic Services While in Canada

If you or your eligible insured dependents suffer a Sickness or an Injury that results in Emergency Stay in a Hospital or Emergency medical or therapeutic services as specifically listed herein, the Company will pay benefits, for the period the plan is in force, not to exceed \$2,000,000 for the actual expenses you or your eligible insured dependents incur in Canada that exceed the amount which is payable with respect to such expenses under any Group Medical Plan or your private individual plan.

### Emergency Hospital Confinement

If you or your eligible insured dependents suffer a Sickness or an Injury which results in an Emergency confinement as a resident inpatient in a Hospital, including semi-private accommodation, for reasonable and customary charges made by the Hospital for services and supplies to the extent that such are medically necessary, the Company will pay benefits hereunder, subject to all limitations and conditions of your policy. In the event you or your eligible insured dependents are confined to a Hospital at the end of your stay in Canada and thus prevented from returning to your country of residence, insurance will continue for the period of such confinement, but in no event for more than 12 months from the date the first covered expense was incurred.

### Emergency Medical and Therapeutic Services:

The Company will pay benefits hereunder in the event you require Emergency medical or therapeutic services to treat an Injury or Sickness to the extent that such are Medically Necessary. Benefits are payable to reimburse Reasonable and Customary expenses for:

- (1) **Hospital Confinement and Medical Treatment:**
  - a) out-patient services provide by a Hospital
  - b) limited to semi-private accommodation
- (2) **Physician Charges:** the services of a legally qualified Physician or Surgeon (other than your Immediate Family Member).
- (3) **Diagnostic Services:** laboratory tests and X-ray examination ordered by a legally qualified Physician or Surgeon for the purpose of diagnosis.
- (4) **Private Duty Nursing:** the services of a registered graduate nurse (other than an Immediate Family Member), up to a maximum of \$12,000.
- (5) **Medical Appliances:** rental of crutches or Hospital type bed, or the cost of splints, canes, slings, trusses, braces or other prosthetic appliances approved by the Company.
- (6) **Anesthetist Services:** the services of a legally qualified Physician who is an anesthetist.
- (7) **Prescription Drug:** drug or medicines that require a legally qualified Physician or Surgeon's written prescription up to \$10,000 maximum, limited to a 30 day supply.
- (8) **Professional Medical Services:** services of a chiropodist, chiropractor, osteopath, physiotherapist, podiatrist, speech therapist, acupuncturist or acupuncture treatment (other than your Immediate Family Member) up to a maximum of \$600 for each class of practitioner.  
\*Acupuncture Treatment (a minimum of 365 days policy must be purchased).
- (10) **Treatment of Dental Accident:** expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which requires treatment by a legally qualified dentist or dental surgeon within 30 days from the date of accident, not to exceed in the aggregate the amount of \$4,000. as the result of any one accident.
- (11) **Impacted Wisdom Teeth:** extraction of impacted wisdom teeth, when medically necessary and performed in a hospital or dental or oral surgeon office, up to a maximum limit of \$150.
- (12) **Emergency Relief of Dental Pain:** emergency treatment for relief of dental pain, other than a blow to the face, up to a maximum limit of \$600. Treatment must be initiated within 48 hours from the time the emergency began and completed no later than 90 days after the treatment has begun.
- (13) **Trauma Counselling:** the reasonable and customary costs for trauma counselling as required within 90 days from the date of a covered emergency, which occurred during the coverage period up to a maximum of 6 counseling sessions.
- (14) **Maternity:** Pre-natal care (including but not limited to tests and prescribed medication), involuntary termination of pregnancy or resulting complications provided that the pregnancy commenced during the period of coverage, up to a maximum limit of \$25,000.
- (15) **Annual Physician Visit:** expenses for an annual medical exam in Canada up to \$150. over a 12 consecutive month period for a general check-up include one consultation session and prescription of the "morning after pill". (a minimum of 365 days policy must be purchased).
- (16) **Non Emergency Treatment (Follow-up):** Pays up to \$3,000. limit per policy for non-emergency medical treatment resulting from the initial emergency.
- (17) **Eye Examination:** expenses for an eye examination by a licensed optometrist or ophthalmologist in Canada to determine whether purchase or replacement of eye glasses or contact lenses is required up to a maximum of \$100 per exam if you purchase more than a minimum of 12 months of coverage. (This benefit applies to student only.)
- (18) **Prescription glasses/contact lenses/hearing aids:** Pays up to maximum \$200 for repair or replacement as a result of an accident.
- (19) **Repatriation Benefit**  
In the event of your death during a trip:
  - a) Pays up to maximum \$15,000 (exclude cost of as burial coffin or urn).
  - b) Pays up to maximum \$5,000 for burial or cremation at the place of death (enclude cost of as burial coffin or urn).
- (20) **Identification Benefit:** Pays a benefit of up to \$5,000. for the transportation of an immediate family member and commercial incidental travel expenses up to a maximum of \$250., to identify your body if you or your eligible insured dependents suffer a covered death and a law enforcement agency requests such identification.
- (21) **Automobile Return Benefit:** Pays a benefit up to \$1,000. per occurrence to return your private or rental vehicle used for tour trip, to your country of residence or nearest rental agency if you or your eligible insured dependents become totally disabled due to a sickness or injury and you are unable to continue you trip.
- (22) **Out- Of-Pocket Expense Benefit:** Pays a benefit of up to \$150. per day to a maximum of \$1,500. per occurrence for reasonable and necessary commercial living expenses incurred by you or your travel companion if you or your eligible insured dependents become totally disabled and cannot continue your trip.
- (23) **Family Transportation Benefit:** Pays a benefit of up to \$5,000. per occurrence for the expenses incurred for the transportation of an immediate family member to your hospital if you or your eligible insured dependents suffer an injury for which you receive a benefit under the Plan and as a result are confined to a hospital if advised by attending physician as well as incidental travel expenses up to a maximum of \$1,500.
- (24) **Psychiatric/Psychological Therapy:**
  - a) Pays up to \$1,000. for out-patient care by a physician, psychiatrist or psychologist.
  - b) Pays up to \$25,000. for in-patient hospitalization due to psychiatric, psychological, mental or emotional disorders.
- (25) **Emergency Transportation Benefit**
  - a) *Ground Transportation:* Licensed ambulance and paramedics, including mountain and sea rescue. If ambulance services are not available, taxi expenses reimburse up to \$125.
  - b) *Air Transportation:* Pays up to \$1,000,000 per occurrence if you or your eligible insured dependents medical condition requires air transportation to the nearest hospital or to return you to your country of residence. This service must be coordinated and approved by World Travel Protection Canada Inc. (WTP)
- (26) **Tuberculosis testing and Vaccination:** Pays up to \$100. for tuberculosis testing and vaccination or immunization during a 12 consecutive month period, provided the minimum term of insurance purchased is 180 days. Coverage for tuberculosis testing is not payable if testing is mandated by the school board or school as a requirement for program enrolment.
- (27) **Tutorial Services:** Pays up to \$20./hour to a maximum of \$400 for the costs of a qualified private tutorial service in the event you are hospitalized for 30 consecutive days or more.

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) injuries received while you are participating in any maneuvers or training exercises of the armed forces, national guard or organized reserve corps of any country or international authority;
- (b) Pregnancy, miscarriage, voluntary termination of pregnancy, childbirth or their complications except that in the case of an unexpected pregnancy complication of which occurred before the end of the seventh month; except as provided for under Item (m) of the Emergency Medical and Therapeutic Expenses;
- (c) Sickness or Injury where the trip is undertaken for the purpose of securing medical treatment or advice for such Sickness or Injury;
- (d) Dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury;
- (e) Any Sickness or Injury if at the time of the Sickness or Injury, the Insured Person is under the influence of drugs, alcohol (blood level in excess of 80mg of alcohol per 100ml blood) or other intoxicant (unless administered on, and in strict accordance with the advice of a legally qualified Physician);
- (f) Emotional or mental disorders unless you are confined in a Hospital
- (g) Sickness or Injury due to participation in professional sports;
- (h) Treatment or services that contravene any GHIP plan in Canada;
- (i) Expenses incurred on an elective (non-emergency) basis;
- (j) Suicide or any attempt at suicide while sane or insane;
- (k) Intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or insane;
- (l) An act of declared or undeclared war, civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition by or under the order of any government or public or local authority;
- (m) Any services or supplies provided by you or any one of your Immediate Family Members;

- (n) A sickness or injury that, at the time of departure, might reasonably be expended to require you to undergo treatment surgery or hospitalization;
- (o) Any service, treatment, surgery or stay in Hospital not required for the immediate relief of acute pain or suffering or which is not Medically Necessary;
- (p) Any treatment or surgery which reasonably could be delayed until you return to country;
- (q) Anticipated medical treatments required on an ongoing basis or for continue stabilization of a medical condition known to you prior to your arrival in Canada; treatment or surgery, and you elect to have such treatment or services rendered or surgery performed outside your country, the expense of such continuing medical services, treatment or surgery will not be covered by this plan;
- (r) Any pre-existing condition as defined with the exception of any condition which has remained stable in the 90 days prior to the effective date of the policy. Pre-existing conditions that do not meet the criteria set out above are not covered.

- (s) That portion, if any, of any expenses for treatment, advice or hospitalization which are not Reasonable and Customary;
- (t) Treatment or services within your country after you have returned or being evacuated back to your country;
- (u) Chartis Insurance Company of Canada, in consultation with the attending physician, reserves the right to return you (the patient) to your country. If you are (on medical evidence) able to return to your country following the diagnosis of, or the emergency treatment for, a medical condition which requires continuing medical services, treatment or surgery, and you elect to have such treatment or services rendered or surgery performed outside of your country, the expense of such continuing medical services, treatment or surgery will not be covered by this plan;
- (v) If you decline to be transferred, or to return to your country when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or Injury shall not be covered.

**SECTION VI** Accidental Death and Dismemberment

Principal Sum - \$100,000.

**Table of Losses**

<u>Loss</u>	<u>Principal Sum</u>	
Loss of Life.....	100%	100%
Loss of both hands or loss of both feet.....	100%	
Loss of entire sight of both eyes.....	100%	
Loss of one hand and one foot .....	100%	
Loss of one hand and the entire sight of one eye.....	100%	
Loss of one foot and the entire sight one eye.....	100%	
Loss of one arm.....	75%	
Loss of one leg.....	75%	
Loss of one hand.....	66 2/3%	
Loss of one foot.....	66 2/3%	
Loss of entire sight of one eye .....	66 2/3%	
Loss of thumb and index finger of the same hand.....	33 1/3%	
Loss of speech and hearing.....	100%	
Loss of speech or hearing.....	66 2/3%	
Loss of hearing in one ear.....	16 2/3%	
Quadriplegia, Paraplegia, Hemiplegia.....	200%	
Loss of use of both arms or both hands.....	100%	
Loss of use of one hand or one foot.....	66 2/3%	
Loss of use of one arm or one leg.....	75%	
Loss of four fingers of one hand.....	33 1/3%	
Loss of all toes of one foot.....	12 1/2%	

“Loss” as above used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or joint; as used with reference to thumb and index finger means complete severance through or above the first phalange; as used with reference to fingers means complete severance through or above the first phalange of all four fingers of one hand; as used with reference to toes means, complete severance of both phalanges of all the toes of one foot and as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

“Loss” as used with reference to “Loss of Use” means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent.

**SECTION VII** Accidental Death and Dismemberment Exclusion

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) suicide or any attempt thereat by you while sane;
- (b) self inflicted injury or any attempt thereat by you while sane or insane;
- (c) declared or undeclared war or any act thereof;
- (d) sickness, disease, or bodily infirmity whether the loss or claim results directly or indirectly from any of these;
- (e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- (f) sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- (g) stroke or cerebrovascular accident or event; cardiovascular

**Rehabilitation Benefit**

Reimburses your expenses for occupational training to a maximum of \$15,000, if such expenses are incurred within two years of an as a result of an injury for which you receive a benefit under the Plan.

**Home Alteration and Vehicle Modification Benefit**

Pays a benefit of up to \$15,000, for modification to your home or vehicle if you suffer an injury for which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

**Seat Belt Benefit**

Pays an additional benefit of 10% of the Principal Sum to maximum of \$50,000 if you suffer a covered accidental death while operating or riding as a passenger in a private passenger automobile in which your seat belt was properly fastened.

**Dependent Child Educational Benefit**

Pays an annual benefit of up to 5% of the Principal Sum to a maximum of \$5,000 per school year for tuition costs of each Dependent Child who is enrolled in post-secondary education if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

**Spousal Educational Benefit**

Pays a benefit of up to \$15,000 for your Spouse's expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you suffer a covered accidental death and such expenses are incurred within 30 months of your death.

**Common Carrier Benefit**

If you suffer death or dismemberment as a result of an injury sustained during the period of coverage while you are riding as a fare-paying passenger in a common carrier or while entering or leaving a lawfully operated licensed common carrier, your principal sum amount will be increased to \$100,000.

“Common Carrier” means any land, water, or air conveyance operated under the license for the transportation of passenger for hire. Common Carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and /or recreational activity, regardless of whether such conveyance is licensed.

**Beneficiary**

The Insured Person may designate a beneficiary to receive the amount payable hereunder for his or her Loss of Life. In the absence of such a beneficiary designation, the benefit for Loss of Life of an Insured Person shall be payable to the estate of the Insured Person. All other benefits are payable to the Insured Person.

accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;

- (h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
  - I. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - II. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - III. riding as a passenger in an aircraft owned or leased by the Policyholder;
- (i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;

## SECTION VII

## Accidental Death and Dismemberment Exclusion (Continued)

- (j) injury or Loss sustained if you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority (Unearned premium for any period for which you are on full-time active duty shall, upon application to the Company by the Policy holder, be refunded);
- (k) injury or Loss sustained while you are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 milliliters of blood;
- (l) injury or Loss sustained while you are under the influence of a drug or substance which is controlled as specified under the

Controlled Drug and Substance Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed physician;

- (m) Commission or attempted commission by you or injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and
- (n) Any attempt at self-asphyxiation whether with intent to harm yourself or not.

## SECTION VIII

## Refund Premium

- a) If cancellation of your policy is requested prior to the effective date of your policy, the full amount of premium paid may be refunded
- b) A refund for the unused portion of the premium may be granted if:
- I. The required visa necessary for admission to a recognized Canadian institution of learning has been refused;
  - II. You permanently leave the recognized Canadian institution of learning;
  - III. You permanently return to your country of origin; or
  - IV. You become eligible for a government health insurance plan in your province or territory of residence

- c) A request for premium refund will be considered only if no claim has been paid or is pending, subject to a \$40 administrative fee
- d) Request for refunds must be made in writing to your broker or sale agent. If your broker or sales agents receives satisfactory proof (ex. Airline ticket or customs/immigration stamp) of your actual return date to your country of origin, your refund will be calculated from the date. No refund will be issued if the amount of premium to be reimbursed is less than \$10 per policy.

## SECTION IX

## Emergency Travel Assistance

Travel Assistance is provided by World Travel Protection Canada Inc. (WTP). With centres worldwide they will:


1. help you locate the most appropriate medical facility for you
2. confirm coverage with Chartis Insurance Company of Canada and assure the hospital that you are covered
3. guarantee payment for hospitalization, if necessary
4. arrange for admission to a hospital

5. provide translation services
6. contact your own doctor for recommendations, when required
7. arrange for /co-ordinate emergency medical evacuation
8. co-ordinate your return home

## SECTION X

## How to Submit a Claim

Please Contact:

 Johnson Fu Insurance Agency Inc.  
15 Wertheim Court, Suite 501, Richmond Hill, ON, L4B 3H7  
Phone: 905-707-1512, Fax: 905-707-1513, Toll free: 1-877-832-5541

Telephone WTP at the numbers listed below.

1 800 411 0118 From Canada & US  
416 977 0504 Worldwide (Collect)

Chartis Insurance Company of Canada  
145 Wellington Street West  
Toronto, Ontario  
M5J 1H8

**For emergencies that required hospitalization or surgery, here is what to do:**

You or someone acting on your behalf must call WTP immediately. Their operations are backed by a team of emergency care professionals-physician and nurses who work closely with the doctor looking after you and, if necessary, your family doctor, to help ensure that you receive the medical care you need.

## SECTION XI

## Identification of Insurer

This certificate provides a description of the coverage available. The full details of the coverage are contained in the policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by Chartis Insurance Company of Canada.

Administer by: JOHNSON FU INSURANCE AGENCY INC. under group policy number: SRG 9116092-1

## General Enquiry



Johnson Fu Insurance Agency Inc.  
www.johnsonfu.com

### TORONTO:

15 Wertheim Court, Suite 501  
Richmond Hill, ON, L4B 3H7  
Tel: 905-707-1512/ 1-877-832-5541  
Fax: 905-707-1513/ 1-888-988-3268

### VANCOUVER:

128-6061, No. 3 Road  
Richmond, BC, V6Y 2B2  
Tel: 604-232-0896/ 1-877-232-0896  
Fax: 604-232-0897

**E-mail: [info@johnsonfu.com](mailto:info@johnsonfu.com)**

**Underwriters:**



Commercial Insurance

**Administer:**



## Why Buy Insurance?

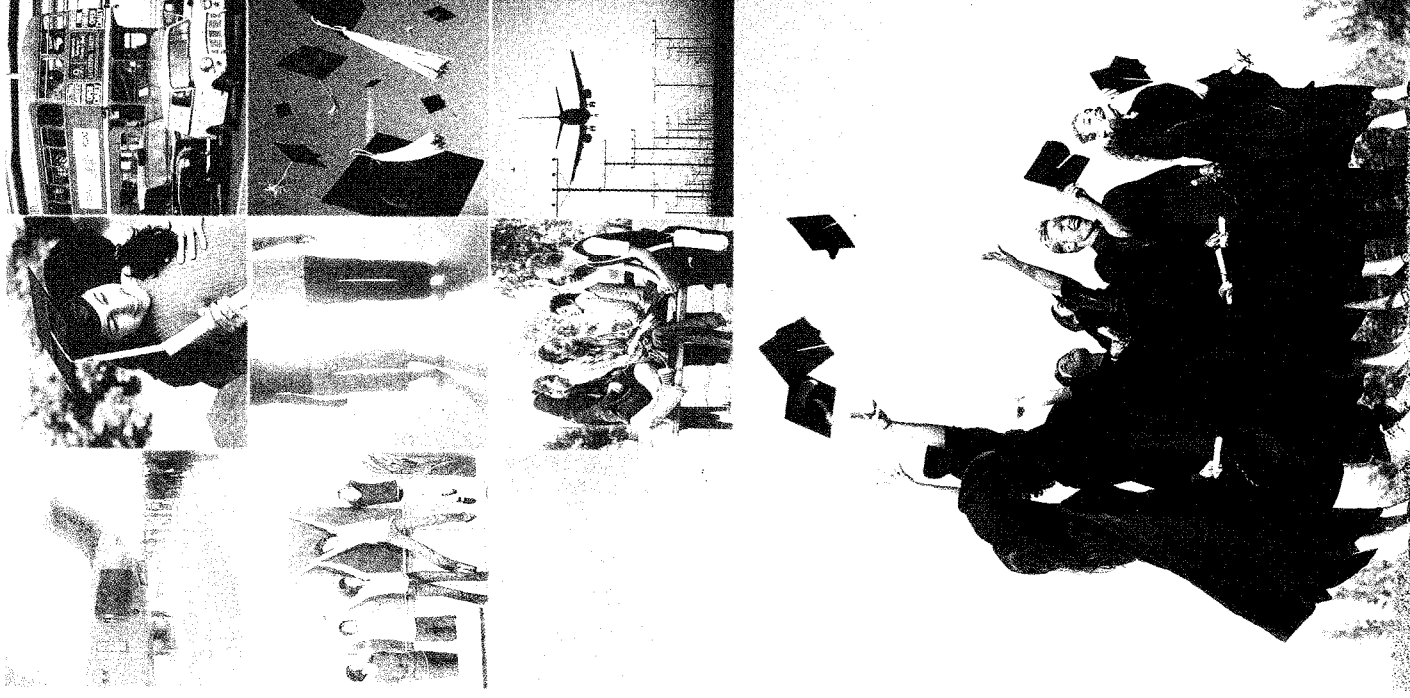
We don't like to think about it, but sudden, unexpected accidents or illnesses do happen, and trying to find and pay for adequate medical attention can be difficult when you are abroad.

Health care costs around the world can be very expensive. Hospital can charge thousands of dollars per day. Your health plan may or may not cover a minute portion of these costs. Without adequate insurance coverage you could be responsible from dollar one, which could create a massive impact on your personal finances. Why take the risk?

## Plan Features

- Emergency Medical coverage while in Canada, and worldwide (excludes expenses incurred in Home country visits) provided at least 51% of period is spent in Canada
- Maximum up to \$100,000 of Accidental Death & Dismemberment
- Pre-existing condition is covered if stable 90 days prior to the effective date of the policy

## JF Elite Student Insurance



This brochure provides a description of the coverage available. The full details of the coverage are contained in the policy including limitations, exclusions, and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by AIG Commercial Insurance Company of Canada.



Johnson Fu Insurance Agency Inc.  
www.johnsonfu.com

# Medical Benefits Highlights

“ Lifetime maximum \$2,000,000 ”

## Eligibility

- Inbound (Foreign) students
- Age 69 & under

## Waiting period on sickness

- No

## Pre-existing condition coverage

- Yes, if stable 90 days prior to the effective date of the policy

## Travel Worldwide

- Majority of the period of coverage is spent in Canada or the country of study
- Does not cover any expenses incurred during Home Country visits

## Eligible Medical Expenses

- Emergency medical treatment for sickness or injury whether in-patient or out-patient
- Physician/Surgeon/Anesthetic
- X-Ray and diagnostic laboratory procedures
- Rental of essential appliances

## Hospital accommodation

- Semi-private accommodation

## Ambulance Services

- Licensed ambulance and paramedics, including mountain and sea rescue. If ambulance services are not available, taxi expenses reimburse up to \$125.

## Medicines and /or drugs

- Up to maximum \$10,000 to a limit of a 30-day supply.

## Private duty nursing (R.N.)

- Yes, up to maximum of \$12,000.

## Professional Medical Services

- Up to maximum of \$600 per practitioner for Physiotherapist, chiropractor, chiropodist, osteopath, podiatrist, speech therapist, acupuncture treatment (a referral from a physician is required.)

## Vaccination and TB testing

- Up to maximum of \$100 for tuberculosis testing and vaccination or immunization during a 12 consecutive month period, provided the minimum term of insurance purchased is 180 days. Coverage for tuberculosis testing is not payable if testing is mandated by the school board or school as a requirement for program enrolment.

## Emergency Air Transportation ( must be pre-approved and arranged by WTP)

- Up to maximum of \$1,000,000 per occurrence if you or your eligible insured dependents medical condition requires air transportation to the nearest hospital or to return you to your country of residence.

## Annual Physician visit

- Up to \$150 over a 12 consecutive month period for a general check -up include one consultation session and prescription of the “morning after pill.” (a minimum of 365 days policy must be purchased).

## Non-Emergency Treatment (Follow-up)

- Yes, up to \$3,000 limit per policy for non-emergency medical treatment resulting from the initial emergency

## Maternity Benefits

- Up to \$25,000 for : -
- Pre-natal care (including but not limited to tests and prescribed medication), involuntary termination of pregnancy or resulting complications provided that the pregnancy commenced during the period of coverage.

## Impacted Wisdom Teeth

- Up to maximum \$150 per tooth for the extraction of impacted wisdom teeth when medically necessary and performed in a dental or oral surgeon’s office

## Dental (services of a licensed dentist or dental surgeon for emergency dental treatment)

- Up to maximum \$4,000 for an accident requiring repair or replacement of sound natural teeth or permanent attach artificial teeth.
- Up to maximum \$600 for dental expenses you incur for dental pain relief other than pain caused by an accident

## Repatriation

- Up to \$15,000 (exclude cost of as burial coffin or urn).
- Burial/Cremation - up to \$5,000 at place of death (exclude cost of as burial coffin or urn).

## Psychiatric / Psychological

Covers expenses incurred:

- Up to maximum \$1,000 for out-patient care by a physician, psychiatrist or psychologist.
- Up to \$25,000 for in-patient hospitalization due to psychiatric, psychological, mental or emotional disorders.

## Family Transportation

- Up to maximum of \$5,000 for round trip costs for one family member to be with you while you are in hospital if an attending physician considers it necessary and
- Up to \$1,500 for meals and commercial accommodation.

## Eye Examination

- Up to \$100 for one examination (minimum 6 months policy has been purchased).

## Prescription glasses, contact lenses and hearing aids

- Up to maximum of \$200 as a result of an accident.

## Trauma Counseling

- Up to 6 sessions (following emergency)

## Tutorial expenses

- Up to \$20/hour to a maximum of \$400 for the costs of a qualified private tutorial service in the event you are hospitalized for 30 consecutive days or more.

## Automobile return

- Up to a maximum of \$1,000

## Identification Benefit

- Up to a maximum of \$5,000 for the transportation of an immediate family member and commercial incidental travel expenses up to a maximum of \$250 to identify your body if the eligible insured dependents suffer a covered death and a law enforcement agency requests such identification

## Accidental Death & Dismemberment

- Up to \$100,000 as a result of an accident.

