

ST. ALBERT PROTESTANT SEPARATE SCHOOL DISTRICT NO. 6

(The Policyholder)

**POLICY NO. 100005776 issued by
Industrial Alliance Pacific Insurance and Financial Services Inc.
(The Company)**

INTERNATIONAL STUDENT INSURANCE SUMMARY

Eligible Group

Full-time non-Canadian students (Insured Person) registered with the Policyholder whose names are on file with the Company, who are in good health, have passed all medical requirements to enter Canada and for whom the applicable premium has been paid.

Coverage is mandatory for all eligible persons.

Maximum Limited of Indemnity

The combined maximum for all expenses incurred for any one policy year is \$1,000,000.00.

Insured Expenses Due To Accident Or Sickness

- hospital expenses up to standard ward accommodations;
- expenses of a nurse, to a maximum of \$500.00 per policy year;
- treatment by a licensed physiotherapist or massage therapist, when recommended by a physician, to a maximum of \$500.00 per injury or sickness;
- expenses incurred for blood plasma, whole blood or oxygen;
- x-rays and laboratory examinations which are required for diagnostic purposes;
- treatment by a physician or surgeon and anesthetists' fees specified in the Schedule of Fees;
- services of a licensed chiropractor, osteopath, chiropodist, podiatrist, speech therapist or psychologist, to a maximum of \$500.00 per policy year;
- specific dental procedures if performed in hospital by a dental surgeon appointed to the dental staff of the hospital;
- expenses for an annual health examination;
- expenses for an annual eye examination by a licensed ophthalmologist or optometrist;
- expenses for artificial limbs, eyes or other permanent prosthetic appliances;
- rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment;
- orthopedic shoes if part of a brace, including any fee charged by a physician, to a maximum of \$200.00 for designing and \$100.00 per pair per policy year;
- expenses for hearing aids, crutches, splints, casts, trusses and braces (not dental braces), to a maximum of \$750.00 per policy year;
- dental accident treatment due to an external blow to the mouth, to a maximum of \$4,000.00;
- services of a licensed ground ambulance, to a maximum of \$1,000.00;
- services of a licensed air ambulance subject to prior approval from provincial emergency health services and limited to the provincial health care plan insurance maximum payable;
- emergency dental treatment for pain relief, to a maximum of \$500.00;
- expenses for emergency out-of-province non-elective treatment, subject to a maximum trip duration of 30 days and not while in country of domicile;
- transportation costs for an immediate family member to attend the Insured Person confined to hospital when physician certifies as medically necessary, to a maximum of \$1,500.00;

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Insured Expenses Due To Accident Or Sickness (Continued...)

- prescription drugs (except oral contraceptives, fertility drugs, male pattern baldness remedies, smoke cessation remedies, medicines available without a prescription, erectile dysfunction remedies, food or nutritional supplements, obesity treatments, injectable or experimental drugs), to a maximum of \$500.00 per policy year;
- expenses for transportation of deceased Insured Person's body to country of domicile, to a maximum of \$10,000.00;
- expenses for returning incapacitated Insured Person to country of domicile, to a maximum of \$5,000.00.

Exclusions and Limitations

- declared or undeclared war or any act thereof;
- terrorist activity of any kind;
- loss as sole result of utilization of nuclear, chemical or biological weapons of mass destruction;
- active full-time service in armed forces of any country;
- suicide or self-destruction or any attempt thereat (while sane or insane);
- commission or attempt to commit a criminal act by Insured Person;
- treatment for alcoholism or drug addiction;
- participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contents;
- hospital visits solely for administration of drugs;
- medical examinations for use of a third party, including immigration medical check-ups, experimental drugs, preventative medicines or vaccines;
- any service or examination specifically for an application for insurance (or continuance), or an application for a school, camp, association, club, group or program (admission to or continuance at), or employment (application for or continuance of), or legal requirements or proceedings;
- group examination, immunizations or inoculations;
- any physician service or examination for screening, survey or research purposes;
- cosmetic surgery, unless medically required;
- charges for experimental medical treatments;
- acupuncture procedures;
- contraceptive devices of any form;
- treatments and consultations related to infertility;
- voluntary termination of pregnancy;
- pregnancy or childbirth, except complications of pregnancy as provided;
- any elective treatments or surgeries;
- laboratory services or clinical pathology, other than as provided;
- expense of repairing, supplying or replacing eyeglasses, contact lenses or prescriptions therefor;
- expense of dental treatment, nor for the cost of replacement or repair of artificial teeth, dentures, or dental appliances, other than as provided;
- expenses for travelling time or mileage;
- advice by telephone;
- court testimony, preparation of records, reports, certificates or communications;
- any elective medical treatment which means treatment or surgery not required for the immediate relief of acute pain and suffering;

This Summary is for illustrative purposes only. The Group Master Policy sets forth in detail the terms and conditions of the plan and all rights and obligations are determined in accordance with the Master Policy and not this Summary.