University Health Insurance Plan (UHIP®) – your basic health care solution

For all eligible international residents studying or working at participating universities in Ontario, Canada.

Group Policy Number 50150
COU Holding Association Inc.

This booklet contains details of UHIP®. It should be kept in a safe place. It is not a contract of insurance. The terms and conditions of the Group Policy will prevail. You should contact your university plan administrator with questions regarding your coverage.

For all claims related inquiries or claims payment contact Sun Life.

Sun Life Assurance Company of Canada is the insurer, and is a member of the Sun Life Financial group of companies.
University Health Insurance Plan – your basic health care solution

About this booklet

This UHIP® Booklet contains important information you need to know about your UHIP® coverage. This plan is mandatory for non-resident eligible students, employees and their dependants at participating universities in Ontario. Sun Life Assurance Company of Canada (Sun Life) insures claims up to $1,000,000 each policy year under Group Policy 50150. For all claims related inquiries or claims payment contact Sun Life.

If you have any questions about the information in the UHIP® Booklet, or you need additional information about your UHIP® coverage, please contact Sun Life.

In this booklet, covered person means you and any dependant who is insured under Group Policy Number 50150. A dependant means your spouse or child(ren).

General information about UHIP®

When you come to study or work at a university in Ontario, Canada, you must have insurance to pay for health care services and medical treatments for you and dependants who come with you. The provincial government health care insurance program (OHIP) that covers residents of Ontario does not generally cover international students, certain international employees, and their dependants. Most Ontario universities participate in UHIP®, an insurance program in which you and your dependants must be enrolled while you are studying or working at a participating university. For a list of the universities participating in UHIP®, visit www.uhip.ca.

UHIP provides coverage for basic health care services such as hospital, physician, laboratory, ambulance and some other services generally covered by Ontario resident health insurance (OHIP). In addition to OHIP, there are specific items and programs available to an Ontario resident under special approvals by the Ministry of Health and Long Term Care (e.g. Assisted Devices Program (ADP), Elective Surgical Procedures, Home Care, Nutritional Supplements, Public Health Programs, Addiction and Bridging Programs) These services might be covered by UHIP under some circumstances but they require a pre-approval from Sun Life. If you need additional information about these services please contact Sun Life.. For your additional reference:

Ministry of Health: http://www.health.gov.on.ca/en/

OHIP: https://www.ontario.ca/page/apply-ohip-and-get-health-card


The Overview of Products and Services shows the expenses covered under UHIP® and the applicable limitations and maximums.
Eligibility

You are eligible for UHIP if you are:

- **a student:**
  - a full-time student with a valid study permit or temporary resident visa issued by Citizenship and Immigration Canada, registered in a degree program at an accredited and participating university or affiliated college and pursuing an undergraduate, graduate or post graduate degree,
  - a part-time student who was previously enrolled as a full-time student and who has a valid study permit or temporary resident visa issued by Citizenship and Immigration Canada. The part-time student must be registered in a degree program at an accredited and participating university or affiliated college and pursuing an undergraduate, graduate or post-graduate degree. The student may be enrolled as a part-time student for a maximum of six semesters,
  - a non-resident who is not entitled to OHIP coverage and who is a full-time student at a participating university or affiliated college and who may participate in a study-abroad or co-op work exchange program or receive a Letter of Permission to attend an overseas university for credit,
  - A non-resident student, who has not been classified under any other class above, who is not entitled to OHIP coverage and who is registered in an English as a Second Language and/or non-degree program at a participating university. On an annual basis, participating universities make a decision regarding UHIP coverage for English as a Second Language and/or non-degree programs. Coverage under UHIP is mandatory for all non-resident students registered in an English as a Second Language and/or non-degree program if the participating university elected to extend coverage under UHIP to the program in which they are registered. This coverage is limited to a maximum period of two years.

- **an employee:**
  - an international employee with a valid work permit issued by Citizenship and Immigration Canada, working in a participating university or affiliated college,
  - a Canadian employee of a participating university or affiliated college, who has exhausted his or her lifetime extension of OHIP coverage and who is absent from Canada on approved university business (such as sabbatical, special work term or secondment),
  - a Canadian employee or other individual who is officially associated with a participating university and who will be eligible and has applied for OHIP coverage during the three month waiting period for OHIP coverage.

- **a dependent:**
  - the legal, common-law or same-sex spouse who is living with the eligible student or employee, where the conjugal relationship has existed for at least 12 months,
  - the natural or legally-adopted child, stepchild, or child for whom the eligible student or employee has been appointed legal guardian, whose primary residence is with the student or employee, is unmarried, dependent on the student or employee for support, and under age 22 (under age 25 if studying full-time at an accredited educational institution, or any age if mentally or physically disabled, as defined by UHIP®).
• **a short-term visitor:**
  - a short-term visitor who is officially associated with a participating university in a designated educational or staffing function, or as an invitee attending a seminar and eligible dependants travelling with the short-term visitor. On an annual basis, participating universities make a decision regarding UHIP coverage for short-term visitors. Coverage under UHIP is mandatory for all short-term visitors and their eligible dependants if the participating university with which they are associated elected to extend coverage under UHIP to short-term visitors. Each participating university may define the term short-term for their organization. Coverage is effective from the date of arrival in Canada and for a period no less than two weeks and no more than three months. Coverage is mandatory for all longer term visitors (more than three months) for all participating universities.

To confirm your eligibility, contact your university plan administrator.

**When and how to enrol**

To enrol in UHIP® you may contact the university and register for UHIP® before you leave your home country, or you may visit the International Student office or Human Resource office at the participating university you will be attending, complete a UHIP® enrolment form and pay the required UHIP® premium. Enrolment forms can also be found at [www.uhip.ca](http://www.uhip.ca).

Your UHIP® coverage starts on the date you and your dependants arrive in Canada, **but not earlier than** the tenth day of the month before the month in which your university term/employment begins. If you arrive before this date, you will need to buy other medical insurance protection until your UHIP® coverage becomes effective. Information regarding other medical insurance plans is available at [www.uhip.ca](http://www.uhip.ca).

You must enrol in UHIP® unless you are covered under one of these plans:

- Canadian International Development Agency Health Care Plan
- World University Service of Canada Plan
- Embassy of the state of Kuwait GHIP Replacement
- Ciência sem Fronteiras (Csf)
- Saudi Arabian Cultural Bureau (SACB-HDP) Policy #06614A
- Libyan Embassy and Scholarship Program – Canada Policy #G0068002

Please check [www.uhip.ca](http://www.uhip.ca) for details about the exemption process.
Overview of Products and Services

This overview provides general information only. For detailed benefits information on the terms and conditions, please call Sun Life at 1-866-500-UHIP (8447).

In this Overview of Products and Services, medically necessary means a treatment, service or supply which is eligible under OHIP and is essential, effective and appropriate, as determined by Sun Life, in the diagnosis, care or treatment of a specific medical condition, sickness or injury.

Unless stated otherwise, eligible expenses for all the following services, equipment and supplies are based on what are normally considered eligible expenses under OHIP.

In some cases, preferred rates have been negotiated with hospitals for specific in-patient and out-patient medical services. For a list of preferred hospitals visit www.uhip.ca.

“Inter-provincial rates” are charges for services as approved by the Ontario Ministry of Health and Long Term Care.

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<th>Plan Covers</th>
<th>Benefit Descriptions and Maximum (All maximums are per person)</th>
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<td><strong>Plan Maximums:</strong></td>
<td>Policy year maximum (September 1 to August 31) for all eligible expenses is $1,000,000. This amount may be subject to reduction in certain circumstances in accordance with the terms of the policy. Eligible expenses are medically necessary, reasonable and customary items of expense, at least a portion of which is covered under UHIP. For all claims related inquiries or claims payment contact Sun Life.</td>
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| **Hospital Services in Ontario** | • Emergency room services and out-patient charges  
• Emergency hospitalization in a standard ward accommodation at 100% for the first 4 days and to a maximum of 2.5 times the Hospital inter-provincial rate for each day thereafter  
• Non-emergency hospitalization in a standard ward accommodation to a maximum of 2.5 times the inter-provincial rate  
• Semi-private or private accommodation, where medically necessary and certified in writing by the attending physician  
• Use of operating and delivery rooms (including anaesthetic and surgical supplies), radiotherapy facilities and respiratory equipment, home renal care, prosthetic devices and appliances, durable medical equipment. |

Hospital means a public hospital licensed under the Public Hospital Act of Ontario or recognized by the Ministry of Health and Long Term Care as a public hospital, or a duly licensed general active treatment facility in another jurisdiction, which has physicians and registered nurses on duty or on call 24 hours per day. Hospital does not include a rest home, health spa, hotel or home for the aged.
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<td>dialysis or home hyperalimentation equipment, including supplies and medications available from an Ontario hospital and prescribed by a staff physician of that hospital</td>
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<td>• Physician services or services provided by any person paid by the hospital</td>
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<td>In-patient and out-patient elective surgery or treatment require pre-approval by Sun Life. A letter from the attending physician indicating the medical necessity and urgency of the procedure, expected hospital stay, and billing information is required for consideration.</td>
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<td>Sun Life must be notified within 48 hours of any hospital stay expected to exceed 72 hours in duration.</td>
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<td>Physicians’ Services</td>
<td>125% of the OHIP Schedule of Fees in effect at the time services are rendered.</td>
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<td>• one annual health examination</td>
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<td>• services at the physicians’ office, in a hospital or institution, or at home</td>
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<td>• diagnosis and treatment of illness and injury</td>
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<td>• surgery, including the administration of anaesthetics</td>
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<td>• care related to pregnancy (prenatal and postnatal), even if pregnancy began before arrival in Ontario</td>
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<td>Services of other Practitioners</td>
<td>• treatment by an osteopath or podiatrist will be paid according to the conditions of OHIP</td>
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<td>• physiotherapy in an OHIP Designated Physiotherapy Clinic in Ontario, when prescribed by a physician, will be paid according to the conditions of OHIP</td>
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<tr>
<td>Diagnostic, Laboratory and X-ray Services</td>
<td>To the same levels and under the same conditions as OHIP coverage.</td>
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<td>• x-rays for diagnostic and treatment purposes</td>
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<td>• laboratory services and clinical pathology, ordered by a physician and performed in an approved laboratory</td>
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<td>• laboratory fees</td>
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| Ambulance                                      | Maximum as specified by OHIP, which includes a fee payable by the covered person.  
• ground or in-province air ambulance to the nearest available hospital when confirmed as having been essential by a physician or hospital official  

Vision Care                                    | If under age 20 or 65 and over:  
• one eye examination by a physician, ophthalmologist or optometrist once in every 12 consecutive months for each covered person  
• for more frequent exams, preauthorization from Sun Life is required  

Prescription drugs dispensed in hospital        | • prescription drugs dispensed during a hospital stay for use in the home  

Dental Surgery when performed in a Hospital    | Dentist fees for specified dental surgery, including fractures or medically necessary jaw reconstruction, when hospitalization is medically necessary as determined by a physician or dental surgeon, and the procedures are performed in an approved Hospital by a dental surgeon who is a staff member of the Hospital.  
Sun Life’s prior approval is required except in the case of an emergency.  

Emergency services outside Ontario or Canada   | **Outside Ontario but in Canada:**  
• coverage for medical expenses according to the OHIP Schedule of Fees, except for the following:  
  - emergency inpatient hospitalization at a maximum of 2.5 times the hospital’s inter-provincial rates, except for the first 4 days which are paid at 100%  
  - physician services are paid at 125% of the OHIP Schedule of Fees  
  - outpatient and emergency room services which are paid at 100%  

**Outside Canada:**  
• coverage for medically necessary emergency expenses, including:  
  - emergency hospital outpatient services  
  - repatriation to Ontario, at Sun Life’s discretion (to another hospital of Sun Life’s choice), with 48 hours notice, if the transfer is approved by the attending physician.  

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<td>Services provided outside of Ontario and Canada are reimbursed to the same levels and under the same conditions as OHIP. Purchasing of extra travel insurance coverage is recommended as significant out of pocket expenses may be incurred. Visit <a href="http://www.uhip.ca">www.uhip.ca</a> for travel coverage details.</td>
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<tr>
<td>Repatriation</td>
<td>Sun Life will pay up to $20,000 for eligible expenses for the repatriation of a terminally ill covered person (or the remains) to the covered person’s home country as set out in this provision. In all circumstances, expenses will be eligible for reimbursement only to the extent that such expenses are considered reasonable by Sun Life compared to customary charges for such services. Sun Life must pre-approve all repatriation costs. <strong>Terminal Illness</strong> If a covered person is diagnosed as terminally ill (with 12 months or less to live) and the medical condition is stable, either Sun Life or the covered person may request that the covered person be repatriated to his home country. When Sun Life and the covered person mutually agree to repatriation, Sun Life will pay up to $20,000 or the actual cost, whichever is less, for returning the covered person by the most direct route to the air terminal nearest the covered person’s residence in his home country. If Sun Life or the covered person refuse the request for repatriation, UHIP coverage will continue for as long as the covered person meets the eligibility requirements of UHIP. Until a terminally ill covered person has been repatriated, Sun Life in consultation with the attending physician, reserves the right to determine the level of care required in the circumstances, including the right to transfer the covered person to another Hospital or medical facility. In addition, Sun Life may consider alternative procedures, services and personnel, and to provide benefits on the least costly basis that will result in adequate care, consistent with accepted standards of medical practice. If a covered person requests repatriation, and Sun Life does not agree that the covered person meets the criteria for repatriation, Sun Life will obtain an independent medical opinion.</td>
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<td><strong>Death</strong></td>
<td>If a covered person dies, Sun Life will pay $20,000, or the actual cost, whichever is less, of returning the covered person’s remains by the most direct route to the air terminal nearest the covered person's residence in his home country. Eligible expenses within the $20,000 limit will include the reasonable and customary costs for preparation of the body, transportation of the remains, documentation, and shipment container(s); limited to those required by provincial, federal, international or transportation legislation. Sun Life must be notified as soon as is reasonably possible regarding any request for repatriation.</td>
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**What is not covered**

Sun Life will not pay for the cost of any of the following:

- services not currently provided by OHIP. Changes to OHIP will not be adopted unless approved by the UHIP Steering Committee,
- physicians’ and hospitals’ charges above those set out in the group policy,
- charges incurred by a covered person for which he/ she is entitled to obtain benefits or reimbursement under any other plan, or which would be provided without charge in the absence of coverage under UHIP,
- cosmetic surgery, unless such surgery is required as a result of injury caused by an accident occurring while the covered person's coverage is in force and would be covered by OHIP,
- medical examinations and tests required for immigration purposes or by a third party,
- expenses for traveling time or mileage, or advice given by telephone,
- court testimony, preparation of records, reports, certificates, or communications,
- group examinations, immunizations, or inoculations,
- physicians’ services or examinations for screenings, except those covered by OHIP, surveys or research purposes,
- laboratory services or clinical pathology, unless specifically included as an eligible expense,
- acupuncture procedures,
- eyeglasses, frames or contact lenses,
- private duty nursing, except under Home Care,
- Hospital visits solely for the administration of drugs,
- drugs, whether prescribed or not (unless administered during a hospital stay), except as set out under the eligible expenses provision of the group policy,
- dental care services, except as set out under Dental Surgery when performed in a Hospital.
Late Enrollment

If you are a student and enrol late, you must pay premium retroactive to the first of the month in which your university term begins.

If you are an employee and enrol late, you must pay premium retroactive to your employment start date.

If you enrol your dependants more than 30 days after they arrive in Canada, you must pay a late application fee of $500, PLUS premium retroactive to:

- the first of the month in which your university term begins if you are a student
- your employment start date if you are an employee

When coverage ends

Your coverage will end on the earliest of:

- the last day of the month for which premiums have been paid, that is, the last day of the month for which the coverage has been issued,
- the day you no longer meet the eligibility requirements,
- the first of the month coinciding with or next following normal retirement date, or such later retirement date as may be permitted by the normal employment practices of the participating university,
- the termination date of the group policy,
- the date OHIP coverage becomes effective,
- 24 months after the date you receive notification of refusal of OHIP, or
- the date Sun Life obtains evidence of improper use of the coverage card or that medical clearance was obtained from Citizenship and Immigration Canada as a result of either non-disclosure or submission of false medical test results.

An eligible dependant's coverage will end on the earliest of:

- the termination date of your coverage,
- the last day of the month in which the dependant ceases to be a dependant,
- the last day of the month for which premiums have been paid,
- the date OHIP coverage becomes effective,
- 24 months after the date the dependant receives notification of refusal of OHIP,
- The date your status changes to that of visitor under a Minister's permit, or
- the date Sun Life obtains evidence of improper use of the coverage card or that medical evidence was obtained from Citizenship and Immigration Canada as a result of either non-disclosure or submission of false medical test results.
Extension of Coverage

Your coverage may be extended beyond the date it would otherwise terminate, provided the group policy is in force, if:

- you are authorized to stay in Ontario until the later of the end of the term in which you graduate or convocate, to a maximum of four months, which may be purchased in one month units,
- you are authorized to stay in Canada for the purpose of travel, to a maximum of two months, which may be purchased in one month units,
- your student visa or work permit has expired and you have requested an extension of the authorization. You must apply to the Participating University’s Plan Administrator before your coverage expires. You must provide the Participating University’s Plan Administrator with proof that you have applied for an extension of the authorization,
- you or a dependant is hospitalized for emergency medical treatment on the date your coverage would otherwise end, up to a maximum of 31 days. Coverage is for standard ward accommodation only; no other expenses will be covered. You do not have to pay for this extension.

All extensions of coverage for graduation, travel and extension of authorization documents are conditional upon payment of the required premium. Sun Life will not reimburse the cost of charges relating to Elective Surgery or Treatment during the extension period.

Approved Leave of Absence

You may apply to a participating university for an approved leave of absence, subject to the following:

- if a participating university grants you an approved leave of absence, UHIP coverage may be continued for a maximum of four months in a twelve month period determined from the approved commencement date of the leave, except during parental/ maternity leave. For a parental/ maternity leave, UHIP coverage may be extended for a maximum of twelve months according to the appropriate legislation,
- each leave of absence must be approved by the participating university at least one month prior to the start of the leave. However, the participating university may waive this requirement if, in its opinion, the leave of absence is a result of accident or illness,
- the extension of UHIP coverage on a continuous basis is mandatory for all covered persons on an approved leave of absence,
- if you are approved for a leave of absence, you are covered for travel outside Canada for a maximum of 120 days beginning on and including the date of departure. Upon expiry of such 120-day limitation period, UHIP coverage will not resume prior to the covered person’s return to Canada. Purchasing of extra travel insurance coverage is recommended as significant out of pocket expense may be incurred. Visit www.uhip.ca for travel coverage details,
• all required UHIP premiums must be paid in full, in advance, prior to the commencement of the approved leave of absence. Upon completion of the approved leave of absence, you may apply to Sun Life for a premium adjustment that will take into account any period of the approved leave of absence during which UHIP coverage was not in force because of the 120-day limitation described in the above bullet,

• in addition to the exclusions under What is not covered, no benefits are payable for expenses incurred on an approved leave outside of Canada as a result of, or in any way associated with:
  o suicide, attempted suicide or self-inflicted injury, whether sane or insane,
  o committing or attempting to commit a criminal act under legislation in the jurisdiction where the act was attempted or committed, or
  o a non-recreational or professional sports activity.

**When and how to make a claim**

In the case of hospital and physician services, most providers will invoice Sun Life directly. A valid UHIP wallet certificate must be presented at the time services are rendered.

To make a claim for services or supplies not directly invoiced by the provider, complete a UHIP claim form available at [www.uhip.ca](http://www.uhip.ca). Please ensure this form is signed by the treating practitioner or the hospital. Once completed, make a copy for your records and submit the original form with all original receipts to:

Sun Life Assurance Company of Canada  
Claims Department  
PO Box 2015 STN Waterloo  
Waterloo, ON N2J 0B1

In all cases, claims must be received by Sun Life not later than 12 months following the date the claim was incurred.

**Limitations of actions**

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

For covered persons residing outside of Ontario  
Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or such other Applicable Legislation of your province or territory.
Right to Copies of Documents

You may obtain copies of the following documents:

   a) any written statement or other record, not otherwise part of the enrolment for insurance,
   b) this Booklet, and
   c) the Group Policy.

The first copy will be provided at no cost, but a fee may be charged for subsequent copies. All requests for copies of documents should be directed to your university plan administrator.

If you have a question, who do you call?

If you have questions about your coverage, contact or visit the International Student office or Human Resources office at the participating university you will be attending. You can also visit the website at www.uhip.ca.

For information about making a claim, or the status of a claim you have already sent Sun Life, call our Health Claims Customer Care Centre at 1-866-500-UHIP (8447).

Respecting your privacy

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