# **Medical Benefits Highlights**

\$5,000,000 Coverage per person per year

#### Eligibility

- Inbound (Foreign) students, spouse and dependent children
- · Age 69 & under

## Pre-existing condition coverage

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

#### Travel Worldwide

- Trips outside Canada during the coverage period are valid as long as at least 51% of the coverage period is spent in Canada.
- Does not cover any expenses incurred during Home Country visits unless as part of a school organized event

# **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**

 Ground Transportation: When medically necessary, licensed ground ambulance service (also covers taxi fare in lieu of ground ambulance) to the nearest hospital.

### Prescription 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**

• When prescribed by a physician treatment provided by a licenced chiropodist, chiropractor, osteopath, physiotherapist or podiatrist up to a maximum of \$600, provided a minimum of 183days of coverage has been purchased.

#### 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 Ontime Care)

•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 Home Country.

#### Annual Physician visit

•Up to \$150 over a 12 consecutive month period for a general check –up. (a minimum 365-day policy must be purchased).

#### Non-Emergency Treatment (Follow-up)

•When approved in advance by Ontime Care, up to \$3,000 for non-emergency care, provided it is directly related to your emergency

#### **Maternity Benefits**

•Up to \$25,000 for pre-natal care and involuntary termination or resulting complications provided the pregnancy commenced during the coverage period.

## 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)

•Emergency dental treatment to repair or replace sound natural teeth (capped or crowned teeth are considered natural teeth) as the result of an accidental injury that requires treatment within 30 days of the date of the accident by a legally qualified dentist or oral surgeon not to exceed \$4,000 per accident.

•Up to maximum \$600 for dental expenses you incur for dental pain relief other than pain caused by an accident.

## Preparation and Return of Remains

Up to \$15,000(exlude 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 (Emergency Only)

- Up to maximum \$1,000 for out-patient psychological therapy
- Up to \$25,000 for in-patient hospitalization due to psychiatric, psychological, mental or emotional disorders.

#### Transportation to Bedside:

- •When approved in advance by Ontime Care up to a maximum of \$5,000 for transportation costs for one person of your choice to:
- a) be with you if you are hospitalized as the result of a covered emergency and the attending physician provides written certification that the situation was serious enough to warrant the visit; or
- b) identify the deceased insured person prior to the release of the body, where necessary.

#### Eye Examination

•Up to \$100 for one examination (a minimum 365-day policy must be purchased).

# Prescription glasses, contact lenses and hearing aids

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

### **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.

## Accidental Death & Dismemberment

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