



# HOW TO USE YOUR PLAN

## SEEKING MEDICAL SERVICES

### Dalhousie Student Health & Wellness - Halifax



1246 LeMarchant St. 2nd Floor  
Please call 1-902-494-2171 to book an appointment

### Dalhousie Health & Wellness - Truro



11 River Road, Dairy Building  
Please call 1-902-893-6369 to book an appointment



Please present your International Health Plan Wallet Card when visiting the doctor. If you do not have your card, you may be required to pay up front for your visit.

## SUBMITTING A CLAIM

If you have paid up front for medical services, you must submit a claim. To submit a claim, go online to

[internationalhealth.ca/dsu](http://internationalhealth.ca/dsu)

or contact the appropriate office below:

**Halifax Campus** Student Union Building - Room 344  
6136 University Ave.  
The DSU Health Plan Office Halifax, NS | B3H 4J2  
dsuhealth@dal.ca  
1-902-494-2850

**Truro Campus** MacRae Library, 135 College Road  
Student Learning Commons  
The DSU Health Plan Office Room 226  
Truro, Nova Scotia B2N 5E3  
dsuhealthtruro@dal.ca  
1-902-893-4904



[www.internationalhealth.ca/dsu](http://www.internationalhealth.ca/dsu)



## FULL-TIME BENEFIT SUMMARY

GROUP POLICY #: 92652

For international students enrolled at Dalhousie University

The full details of the coverage are contained in the Master Group Policy including limitations, exclusions and termination provisions.

A copy of the Master Group Policy can be obtained online at [www.internationalhealth.ca/dsu](http://www.internationalhealth.ca/dsu) or by contacting The DSU Health Plan Office.



# STUDENT VIP INTERNATIONAL

[www.internationalhealth.ca/dsu](http://www.internationalhealth.ca/dsu)

# SEE BELOW FOR A SUMMARY OF YOUR COVERAGE.



## HOSPITAL *(emergency only)*

Charges for room and board in a hospital are limited to the semi-private accommodation level, emergency room fees, and hospital charges for out-patient services when medically required.



## DIAGNOSTIC SERVICES

X-rays and lab tests for purpose of diagnosis.



## ONGOING CARE

See Policy for details.



## PHYSICIAN/SURGEON

The services of a legally qualified Physician or Surgeon (other than an immediate family member).



## PSYCHIATRIC HOSPITALIZATION

- A. Hospitalization up to a lifetime maximum of \$60,000.
- B. Fees billed separately for the services of a psychiatrist provided on an in-patient basis, up to a lifetime maximum of \$60,000.
- C. The initial visit to the physician.



## OUTPATIENT PSYCHIATRIC/PSYCHOLOGICAL COUNSELLING

- A. Psychiatrist, psychologist or general practitioner, up to a maximum limit of \$10,000 per policy.
- B. Social worker, up to a maximum of \$500 per policy.
- C. The initial visit to the physician.



## IMMUNIZATIONS

Up to \$100 for any immunization recommended by a Canadian Public Health authority.



## REGISTERED GRADUATE NURSE

Up to \$15,000 maximum.



## MEDICAL EQUIPMENT & SUPPLIES

Rental of crutches or hospital type bed, standard wheelchair, cost of splints, canes, slings, trusses, braces or other prosthetic appliances.



## DENTAL ACCIDENTAL INJURY

Up to a maximum of \$4,000.



## DENTAL EMERGENCY

Up to \$1,000 for relief of pain caused by anything other than a blow to the face.  
Up to \$100 per tooth to extract impacted wisdom teeth.



## PHYSIOTHERAPIST, CHIROPRACTOR, LICENSED CHIROPODIST, MASSAGE THERAPIST, OSTEOPATH, PODIATRIST, ACUPUNCTURIST, SPEECH THERAPIST, OR NATUROPATH

If deemed essential on an emergency basis only:

Up to a maximum limit of \$1,000 per policy, per practitioner.



## ANNUAL PHYSICIAN VISIT\*

1 visit for a general check-up during a 12 consecutive month period.



## EYE EXAM\*

1 visit to an optometrist during a 3 consecutive month period up to a maximum limit of \$100.



## PRESCRIPTION DRUGS

- A. 60 day supply relating to an initial emergency.
- B. 100% of eligible charges when hospitalized



## EMERGENCY GROUND TRANSPORTATION

Ground Ambulance: \$10,000

Taxi (in lieu of ambulance): \$125



## AIR TRANSPORTATION

Maximum limit of \$300,000 if medically necessary for either:

- A. Air ambulance to the nearest hospital or to a hospital in your home country
- B. Transportation on a licensed airline, including the cost for additional seats to accommodate a stretcher if required, to return you to your province or territory of residence in Canada or your home country; and the cost of a medical attendant if required



## TRAVEL COVERAGE

Travel outside of Canada is limited to a maximum of 120 days per visit, except where travel is expressly taken due to educational requirements or in order to participate in a school-organized sporting or extra-curricular event.

Coverage to the Insured's Home Country is limited to a maximum of 30 days and \$10,000.

For all travel, 51% of the coverage period must still be spent in Canada.



## SUBSTANCE ABUSE TREATMENT\*

Emergency transportation and emergency room expenses incurred in relation to the effects of alcohol, drugs or other intoxicant. This benefit is limited to one incident per year and to \$25,000 per year maximum.

No coverage if the insured was under the influence and committing a crime.



## MATERNITY

Maximum limit of \$25,000 subject to all limitations, exclusions and other provisions of this policy for prenatal care, complications arising from such pregnancy, childbirth and post-natal care up to a maximum period of 6 months following the birth of the child.

Expenses incurred outside of Canada are not covered.

Spontaneous, or non-induced, pregnancy terminations are covered. Induced terminations are limited to one per policy period.



## FAMILY TRANSPORTATION

A. If you are hospitalized for 7 days or more, you have coverage up to \$5,000 for 2 immediate family members to join you.

B. Expenses incurred by each immediate family members up to a maximum benefit of \$1,500.



## ELECTIVE TESTING FOR SEXUALLY TRANSMITTED DISEASES (STD'S)\*

Maximum limit of \$400 including one consultation for the prescription of the 'morning after pill' during a 12 consecutive month period.



## ACCIDENTAL DEATH AND DISMEMBERMENT

If a covered loss occurs due to Injury, we will pay in one sum the indicated percentage of the Principal Sum as set out in the Loss Schedule as follows:

Common Carrier Principal Sum: \$100,000

24 Hour Accident Principal Sum: \$ 50,000



## TRAUMA COUNSELLING

Maximum of 6 counselling sessions.



## REPATRIATION

A. In the event of the death of the insured person a maximum limit of \$20,000 for preparation of remains and return to the home country.

This benefit also applies to burial or cremation at the place of death should the family opt not to repatriate the remains.

B. A maximum limit of \$20,000 for the cost of one-way transportation, including air ambulance, including the cost of a medical attendant if required, to return you to your home country.

This booklet provides only brief descriptions of the coverage available. See policy for full coverage details, limitations, exclusions and benefits that require pre-approval for coverage.

**COVERAGE UP TO \$5,000,000 CDN**

\* Minimum term of purchased insurance is required. Consult policy wording for details.