

# WELCOME

## Welcome to Nova Scotia...

Medavie Blue Cross is pleased to offer your student benefits package through the Nova Scotia International Student Program (NSISP). Medavie Blue Cross will be providing coverage during your stay in Nova Scotia while you are taking part in the International Student Program.

Since 1943 Medavie Blue Cross has been a trusted provider of individual and group health services, products and solutions in Atlantic Canada. For more information on Medavie Blue Cross, please visit our website at [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca) For information on your coverage information, please visit the Nova Scotia International Student Program (NSISP) website at [www.nsispinsurance.ca](http://www.nsispinsurance.ca).

As an introduction to the Nova Scotia International Student Plan, please find enclosed your Benefits Package, which includes the following documentation.

- New Identification Card
- Benefit Summary \*
- Blank Claim Form \*
- InConfidence Information
- Medavie Mobile App Flyer
- Medavie Blue Cross Plan Member Website Instructions Flyer
- Medavie Blue Cross Online Direct Deposit Instructions Flyer
- Medavie Blue Cross Travel Information Brochure

\* Translations of the benefit summary and a blank claim form can be found on the NSISP website.

In addition to the websites stated above, please feel free to contact the Medavie Blue Cross Contact Centre at 1-800-667-4511 for any general benefit or claims inquiries you may have.

### Emergency Contact Information

If you need medical attention call 911 first (or the local emergency number where you are travelling). Please then contact one of the following emergency numbers (these emergency numbers are also on the back of your card).

Contact Emergency Assistance 24 hours a day for any emergency medical assistance

**From Canada and the United States, call toll free 1-800-563-4444**

**From anywhere in the world, call collect 1-506-854-2222**

Please enjoy your stay in Nova Scotia.



## Nova Scotia International Student Program Policy 10652

### **Benefits at a Glance**

#### **Accidental Death & Dismemberment**

- Up to a maximum of \$10,000 per policy year for 24 hour accident.
- Up to a maximum of \$100,000 per policy year for air flight or common carrier accident.

#### **Ambulance Transportation**

- Charges for a licensed ground ambulance up to a maximum of \$10,000 per incident.
- Charges for an air ambulance and evacuation up to a maximum of \$500,000 per incident.
- Charges for a licensed taxi up to a maximum of \$100 per incident.

#### **Dental Benefit**

Dental benefits are based on the usual and customary charges up to the current dental fee guide for general practitioners/dental surgeons in effect in the covered person's province of residence.

- Charges for accidental dental up to a maximum of \$5,000 per treatment.
- Charges for emergency pain relief up to a maximum of \$600 per treatment.
- Charges for wisdom teeth up to a maximum of \$100 per tooth.

#### **Drug Benefit**

- Limited to a 60 day supply per prescription.

#### **Eye Examination**

- One exam every 12 consecutive months.

#### **Hospital Room**

- Charges for semi-private room and medically necessary inpatient and outpatient services up to the usual, customary and reasonable amounts.

#### **Lenses/Frames/Contact Lenses/ Hearing Aids**

- Up to a combined maximum of \$250 per policy year.

#### **Completed Medical Examination**

- One complete medical examination by a licensed Physician every 12 consecutive months.

#### **Paramedical Services**

- Charges for a chiroprapist/podiatrist, chiropractor, osteopath or physiotherapist up to a maximum of \$1,000 per practitioner per policy year.
- Charges for a psychiatrist or psychologist/social worker up to a combined maximum of \$1,000 per policy year; lifetime maximum of \$25,000 for hospitalization.
- Charges for an acupuncturist up to a maximum of \$600 per policy year.

#### **Private Duty Nursing**

- Charges for medically necessary home nursing care performed by a registered nurse, registered nursing assistant or licensed practical nurse are eligible up to a maximum of \$10,000 per policy year. Written authorization of the attending physician is required.

#### **Return of Deceased**

- Up to a maximum of \$10,000 for the cost of preparation (including cremation) and homeward transportation of the deceased (excluding the cost of a coffin) by the most direct route to their home country.

## Nova Scotia International Student Program Policy 10652

### **Benefits at a Glance**

#### **Sexual Health Consultation**

- Up to a maximum of \$100 per policy year for consultation related to an STD, including one consultation for the "morning after pill".

#### **Transportation to Visit Participant**

- Up to a maximum of \$5,000 for a round trip economy fare by the most direct route for transportation costs (air, bus, train), when the covered person has been confined to the hospital or has died and the attending physician has advised the necessary attendance of an immediate family member.

#### **Tuberculosis Testing & Vaccine**

- Up to a maximum of \$100 per policy year.

### **GENERAL INFORMATION**

#### **Coverage Type**

- Emergency only

#### **Eligibility**

- You must be an international full-time student, a temporary resident of Canada and under the age of 65.

#### **Overall Combined Maximum**

- \$5,000,000 per policy year.

#### **Policy Year**

- August 15 to August 14

#### **Termination**

The earliest of:

- the end of the policy year,
- the date you are no longer enrolled and not attending a Participating Educational Institution, or
- the date you return to your home county with no intention of returning before the end of the policy year.

#### **Worldwide Travel Trip Duration**

- Limited to 30 days of travel per trip.

### **INCONFIDENCE®**

inConfidence® is a free, confidential counselling and support program offering service in person, by telephone, and online to address any personal or emotional issues that the student or host family may experience during the hosting period.

The inConfidence program offers services 24 hours a day, seven days a week. For more information or to access inConfidence call 1-877-418-2181 or log on to [www.myinconfidence.ca](http://www.myinconfidence.ca) (user ID: NSISP, password: inconfidence). Real time translation for 140 languages is available when calling the toll free number.

This material is a summary only, and does not constitute an agreement. The exact benefits, terms and conditions are described in the policy and booklet.

For inquiries, contact Medavie Blue Cross at 1-800-667-4511 or e-mail your question to [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca)

For additional information on your plan, please visit the Nova Scotia International Student Program website at [www.nsispinsurance.ca](http://www.nsispinsurance.ca)

**MEMBER INFORMATION (Please provide address of residence in Nova Scotia)**

ID Number: \_\_\_\_\_ Policy No. **10652** School: \_\_\_\_\_  
**Student:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
**Host Family:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**OTHER INFORMATION**

**Is this claim due to an accident?**  Yes  No **If No, skip to next Section**  
**If Yes, complete the following:**  
 Did the accident happen as a result of an automobile accident?  Yes  No  
**If yes, complete the following:**  
 Date of accident: \_\_\_\_\_ Location of accident: \_\_\_\_\_  
 Brief description of accident: \_\_\_\_\_  
 Are the injuries suffered in whole or in part due to the fault of another party?  Yes  No  
**If yes, provide the following:**  
 Has a claim been made to recover damages from the responsible person(s)?  Yes  No **If No, do you intend to make a claim against the responsible person(s)?**  Yes  No  
 Please provide the name, address and telephone number of your lawyer: \_\_\_\_\_

**CLAIM INFORMATION - To be completed by provider**

Provider Name: \_\_\_\_\_ Provider No. \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_

Date of Service			Type of Service	Name of Prescriber / Recommender	Provincial Service Code (if applicable)	Charges
DD	MM	YYYY				
<b>TOTAL CHARGES</b>						

The health care provider agrees that any person authorized by Medavie Blue Cross may have access to, take extracts from, and make copies of any records pertaining to the services listed above, respecting the provision of services provided to a participant and the cost of those services.

**Signature of Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ASSIGNMENT OF PAYMENT**

I hereby assign my benefits payable from this claim to the named provider and authorize payment directly to their office. I understand that the fees listed on this claim may not be covered or may exceed my plan Benefits. I understand that I am financially responsible to the provider for the entire treatment.  
**Signature of Patient / Host / Guardian: X** \_\_\_\_\_

**PATIENT (HOST/GUARDIAN) STATEMENT**

I hereby authorize the health care provider identified below to release to Medavie Blue Cross any medical information about me and my dependents which relates to claims submitted by us, or on our behalf, to Medavie Blue Cross. I hereby certify that the services listed have been rendered and that any information relating to these services, and supporting documentation of this information, may be obtained by Medavie Blue Cross for verification purposes.

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the subscriber of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.

**Signature of Patient / Host / Guardian: X** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age the signature of the Host / Guardian is required.)

This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca) or call **1-800-667-4511**.

**Please ensure all areas are complete. Please ensure all original supporting receipt/invoices are attached, if applicable.**  
**A direct deposit form must be submitted for reimbursement claims.**

New Request     Change    Effective:     Immediately    or     \_\_\_\_\_ (specify future date)  
yyyy/mm/dd

**MEMBER INFORMATION**

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

If we have questions about this request, how can we contact you:

 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_**FINANCIAL INSTITUTION INFORMATION**

**ATTACH SAMPLE CHEQUE MARKED "VOID" HERE  
OR  
IF CHEQUE IS NOT AVAILABLE, COMPLETE INFORMATION BELOW:**

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I request my benefits be paid through electronic funds transfer (direct deposit) into this account. I may cancel this authorization at any time by giving written notice to Medavie Blue Cross.

Student Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

**INSTRUCTIONS**

- \* If requesting direct deposit when first enrolling in your benefit plan, give completed Request for Direct Deposit form and a void cheque to your plan administrator, along with your application form.
- \* If requesting direct deposit in conjunction with a claim, mail completed Request for Direct Deposit form and void cheque along with your claim to your nearest Medavie Blue Cross office.
- \* Otherwise, mail completed Request for Direct Deposit form and void cheque to your nearest Medavie Blue Cross office.
- \* If your banking arrangements change, please complete a new Request for Direct Deposit form and mail with a void cheque to your nearest Medavie Blue Cross office.
- \* If you would like to terminate your direct deposit arrangement, please advise us in writing. Send your written request to your nearest Medavie Blue Cross office.

If the above Financial Institution Information belongs to the Host or Guardian, I (student) \_\_\_\_\_ authorize payment to be paid through electronic funds transfer (direct deposit) into this account. I may cancel this authorization at any time by giving written notice to Medavie Blue Cross.

Student Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

**MEDAVIE BLUE CROSS OFFICES**

**Atlantic Canada**  
644 Main St.  
PO Box 220  
Moncton, NB E1C 8L3

**Quebec**  
550 Sherbrooke St. West  
PO Box 1330  
Montreal, QC H3B 3K9

**Ontario**  
185 The West Mall Suite 1200  
PO Box 2000  
Etobicoke, ON M9C 5P1

**LIFE** IS COMPLICATED.

IF YOU HAVE QUESTIONS...  
WE HAVE ANSWERS!

TTY: 1-877-371-9978

**myinconfidence.ca**

User ID:

Password:



**inConfidence**<sup>®</sup>

*Employee & Family Assistance Program*



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*Employee & Family Assistance Program*



## Got something you'd like to talk about?

هل لديك شيء تود التحدث عنه؟

Gibt es etwas, worüber du reden möchtest?

¿Hay algo de lo que quiera hablar?

Đưa ra một vấn đề mà bạn muốn thảo luận?

您是否有一些想要谈论的心事？

하고 싶은 얘기가 있으십니까?

ご相談はありませんか。

C'è qualcosa di cui vorresti parlare?

Konuşmak istediğiniz bir şeyler mi var?

IF YOU HAVE QUESTIONS...  
WE HAVE ANSWERS!

You're away from your home, family and friends. For a few weeks or maybe a few months. That can be really hard. We know you're trying to adjust to a new school, a new family to live with and maybe even a new language. Even if you're really happy to be studying in Nova Scotia, that doesn't mean it's easy to adjust to so many changes at once.



Maybe you're even thinking you'd like to go back home....

It's good to have your host family, new friends and teachers to talk to about how you're feeling. But sometimes they don't really understand what you're going through. We can help! The *inConfidence* program is designed to help by allowing you to speak with a trained counsellor, either in person or by telephone (whichever you prefer) and it's free!

You can reach the *inConfidence* Program in any of these ways:

1. Call toll free – **1-877-418-2181**
2. Online – **www.myinconfidence.ca** (Login: **nsisp** Password: **inConfidence**).
3. Download the app from iTunes or Google Play. Search for the **Lifeworks** app:



Hablamos español

Türkçe konuşuyoruz

日本語で対応いたします。

우리는 한국어를 말합니다

我们提供中文服务

Chúng tôi nói tiếng Việt

Parliamo italiano

نحن نتكلم العربية

Wir sprechen Deutsch

When you contact the *inConfidence* program by phone, you can ask to speak to someone in your own language. We have 140 available! It just takes a few minutes to arrange and it is done while you are still on the phone. Sometimes just talking to someone in your own language can make all sorts of things easier to deal with!

**Welcome to Nova Scotia - we're glad you're here!**

# inConfidence®

Employee & Family Assistance Program

## Expert Help with Life, Work and Everything in Between.

inConfidence provides confidential counselling, consultations, community referrals, multimedia resources and online access to hundreds of articles, self-assessments, blogs, podcasts, calculators and more. Services are available 24 hours a day, seven days a week, and are provided at no additional cost to you and your dependents, as defined by your benefits plan.



Life	Health	Family	Work	Money
Retirement	Mental Health	Parenting	Time Management	Saving
Midlife	Addictions	Couples	Career Development	Investing
Student Life	Fitness	Separation/Divorce	Work Relationships	Budgeting
Legal	Managing Stress	Older Relatives	Work Stress	Managing Debt
Relationships	Nutrition	Adoption	Managing People	Home Buying
Disabilities	Sleep	Death/Loss	Shift Work	Renting
Crisis	Smoking Cessation	Childcare	Coping with Change	Estate Planning
Personal Issues	Alternative Health	Education	Communication	Will Kit

Blogs
Food & Fitness
Questions Parents Ask
Your Money
Work-Life

Online Toolkits
Planning Your Life After 50
Finding Your Path in Your 20s and 30s
Complete Will Kit
Financial Toolkit
Divorce Toolkit

Interactive Programs
Eating Well Telephonic Nutritional Counselling
Online Depression Centre
Online Stop Smoking Centre
Career Cruising
Naturopathic Services

Podcast Series
Simplify Your Life
Bullying
Relationship Rescue
Managing Your Money
Caregiving
Depression

Contact InConfidence for 24/7 support:

1-877-418-2181 TTY 1-877-371-9978

Visit us online:  
www.myinconfidence.ca

User ID: NSISP Password : inconfidence





# SUBMIT YOUR NEXT CLAIM FROM YOUR PHONE!

FAST • RELIABLE • EASY



Submit a claim



View and sort past claims



Browse benefit details



Find and save health professionals in your area



Check prescription drug coverage



Access a mobile ID card



## No smartphone?

Log in to our secure members site to submit your claims electronically through our new eClaims system.

[medavie.bluecross.ca/app](http://medavie.bluecross.ca/app)



DOWNLOAD IT FREE!



# Plan Member Website

## Instructions for Cardholders/Plan Members

### Simple and secure

The Medavie Blue Cross plan member website will help you better understand, manage and co-ordinate your benefit plan. The plan member website is simple to use, convenient, and delivered in a secure environment.

### On the plan member website

Depending on your group plan, a variety of options may be available to you.

**Coverage Inquiry:** Detailed information about your benefit plan

**Forms:** Printable versions of generic Medavie Blue Cross claim forms

#### Member Information:

- View and/or update address information (where applicable)
- Request new identification cards (where applicable)
- Add/update banking information for direct deposit of claim payments (where applicable)

#### Member Statements:

- View claims history for yourself and your dependents
- View record of payments issued to you and/or the service provider
- View Health Spending Account balances (where applicable)



### First-time access to the plan member website

1. Go to the Medavie Blue Cross website at [medavie.bluecross.ca](http://medavie.bluecross.ca)
2. From the **Login** menu located at the top right of the page, select **Plan Members tab**
3. Click **Create and account**
4. Once you reach the entrance to the secure site, select **1<sup>st</sup> time, Register Now**
5. Click on the image of the card that most resembles yours
6. Complete the online registration form (you will need your card)
7. A temporary password will be e-mailed to the e-mail address entered during registration
8. Return to the plan member site and enter the User ID and temporary password
9. You will be prompted to change the password; click **Submit** to save the new password
10. Click **Login** once the changes are saved

Please note  
your user ID and  
password for  
future reference

**Please note:** For security reasons, the plan member website is for use of the cardholder/member only. Dependents and other family members will not have access to the site.

For further information on the plan member website, or for any questions about your Medavie Blue Cross benefit plan, please contact our Customer Information Centre at the toll-free number on the back of your identification card or e-mail [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca).



@MedavieBC



MedavieSmallSteps.com

[medavie.bluecross.ca/helpcentre](http://medavie.bluecross.ca/helpcentre)



# WORLDWIDE Travel Benefits

*Protection when travelling around the corner or around the world*

Accidents and medical emergencies can happen just as easily while on vacation as they can at home. Having the appropriate protection is crucial. Give your employees the most important item they can take with them:

**Worldwide Travel Benefits** from **Medavie Blue Cross**.

**Worldwide Travel Benefits** are designed to give your employees peace of mind when travelling, whether they are across the country or across the ocean. Accidents and medical emergencies can happen when least expected and an exorbitant medical bill is not the souvenir anyone wants to bring home from a trip.

## Comprehensive travel coverage

**Worldwide Travel Benefits** provide coverage for medical emergencies that occur while an individual is outside his or her province of residence.

### Benefits include:

- Hospital accommodations
- Physicians', surgeons' and other practitioners' services
- Medical appliances
- Nursing care
- Diagnostic services
- Drug benefits
- Accidental dental services
- Ambulance services
- Return trip home as a result of illness
- Transportation for immediate family to visit the participant
- Vehicle return
- Meals and accommodations
- Return of deceased

## Assistance when it's needed most

**Worldwide Travel Benefits** from Blue Cross include our world assistance service, which provides **24-hour, seven-day-a-week** emergency response in any major language and offers a variety of medical and non-medical services. One toll free call to CanAssistance enables us to co-ordinate participants' benefits, arrange for appropriate care quickly and professionally, and ensure that all eligible costs are paid directly and without delay to hospitals and health care professionals in all parts of the world.

### Medical assistance services include:

- Referral to an appropriate physician, clinic or hospital
- Confirmation of coverage with the hospital or physician
- Guarantee or arrangement of payment to the hospital or physician
- Supervision of medical treatment and dissemination of information to immediate family members
- Arrangement for transportation of immediate family member to the participant's bedside
- Arrangement for transportation of immediate family member to identify the deceased
- Arrangement for return transportation of participant, if medically permissible

### Non-medical assistance services include:

- Assistance in contacting immediate family members, business partners or family physician
- Arrangement for local care of dependent children
- Co-ordination of return travel for dependent children if participant is hospitalized
- Co-ordination of claims processing and negotiation of health care provider discounts
- Referral to legal counsel if necessary
- Assistance in the event of loss of passport or airline tickets
- Provision of pre-departure information concerning visas and vaccines

Full details on insured risks, day limitations, eligible exclusions and limitations are outlined in the contract.

