

## MEMO TO: INTERNATIONAL STUDENTS

We wish to advise you that the following benefits will be amended on the C-HIP Program – effective September 1, 2016:

RE: Sun Life Changes – Hospital/Medical Coverage - Policy No. 017857

1. Effective September 1, 2016:
  - a. Plan Maximum: The plan maximum increase to \$2 million per person in the plan year (from \$1 million).
  - b. Pre-Existing Condition Exclusion: This provision is added into the plan.  
 Pre-Existing Condition Exclusion: Any illness, injury or medical condition where signs or symptoms appeared that reasonably required medical attention, treatment, hospitalization, or that resulted in medical treatment and/or hospitalization (including changes in medication or dosage) during the 90-day period before your policy start date, is not covered by this policy.
2. Terminated benefits: (a) Nursing Home, (b) Chronic Hospital Care, (c) Home Care, (d) Elective Procedures and (e) Cleft Lip and Palate Assistance Program.  
 Modified benefits: (a) MRI, CT scans, ultrasound, etc. must be approved by SLF, (b) medically necessary dental care in hospital (c) assistive devices program (d) Repatriation and (e) Return Home.
3. Benefit enhancements: (a) medical services and appliances (replaces ADP), (b) family transportation, (c) living expenses for immediate family member, (d) testing for STD, (e) private tutorial and (f) trauma counselling.

Action	Benefit Provision
Enhancement	a) Increase Maximum to \$2 million
Enhancement	b) Family Transportation
Enhancement	c) Living Expenses (Immediate Family Member)
Enhancement	d) Testing for STD
Enhancement	e) Private Tutorial
Enhancement	f) Trauma Counselling
Change	g) Prescription Drugs: Add 80% coinsurance and \$10,000 drug maximum.
Change	h) MRI, CAT scan, Ultrasound, etc. requires insurer's approval
Change	i) Maternity: Pregnancy must begin within 30 days (90 days previously) from the date coverage begins.
Change	j) Repatriation: If refused, no further benefits will be paid (previously, up to \$10,000)
Change	k) Return Home: If refused, no further benefits will be paid (previously, up to \$10,000)
Change	l) Assistive Devices Program (ADP): Replaced with list of Medical Appliances & Services
Add	m) Pre-Existing Condition Exclusion Provision with 90-day Stability Clause
Remove	n) Elective Procedures
Remove	o) Chronic Hospital Care
Remove	p) Home Care & Nursing Home
Remove	q) Cleft Lip & Palate
Remove	r) Medically Necessary Dental Care in Hospital