

Inpatriate Health Plan

A basic health care solution

Are you an international employee moving to Canada or a returning Canadian expatriate who no longer has government sponsored health care coverage?

The Sun Life Financial Inpatriate Health Plan provides employees like you and your dependents who have recently arrived in or have returned to Canada, with a temporary basic health care solution.

Am I eligible for coverage?

To be eligible for coverage you must:

- be employed by a company that has a Sun Life Financial group benefits plan in Canada, including the Inpatriate Health Plan,
- be actively at work,
- be living in Canada,
- be less than 75 years of age,
- not currently have coverage under any government sponsored health care plan or have any comparable coverage.

Your spouse and dependent children can also be covered by the Inpatriate Health Plan while they are waiting for government sponsored health care coverage, provided you are also covered by the Plan.

What does the Inpatriate Health Plan cover?

The overall lifetime maximum per insured person is \$1,000,000, while the annual maximum is \$500,000 per insured person. The cost for each service is based on the services provided by the government sponsored health care plan in your province or territory of residence, unless stated otherwise.

Here is an overview of the health care services covered under the Inpatriate Health Plan:

In-patient hospital services	■ Standard ward accommodation and meals, based on the interprovincial rates
Physician services	■ Reasonable and customary charges for services
Paramedical Practitioner services	■ 100% for eligible licensed paramedical practitioners based on your province of residence. Subject to \$500 combined annual maximum
Ambulance services	■ Same as the coverage offered by government sponsored health care plan of your province of residence
Home care services	■ \$5,000 lifetime maximum subject to pre-approval
Out-patient hospital services	■ Charges are based on interprovincial rates
Dental surgery in a hospital	■ Expenses for dental surgery performed in a hospital only if required when the patient is at medical risk. Pre-approval of services required
Out-of-province emergency medical services	■ Physician services, licensed ambulance and prescription drugs charges based on the interprovincial rates
Other covered services	■ Diagnostic services, hearing aids, durable equipment and eye exam

How do I enrol for coverage?

It's easy!

- 1 Contact your Canadian employer to request the coverage.
- 2 Return the completed enrolment form to your employer.

Can I enrol without medical evidence?

If you apply during the first 31 days after starting work for your employer in Canada, you will be covered without having to provide medical evidence. Otherwise, you and any dependents will have to complete an "Enrolment/Statement of Health Form" in order to be considered for coverage. We will evaluate the "Enrolment/Statement of Health Form". Once a decision is made, we'll let you know if the coverage is approved.

Coverage is also available for your 'dependents only' when you are already covered under your Extended Health Care benefit at the time they arrive in Canada. All applicants for 'dependent only' (spouse or children) coverage will be required to provide proof of good health in order to gain coverage.

What is not covered by this plan?

The Inpatient Health Plan does not cover expenses for:

- services not covered under a government sponsored plan where you reside,
- expenses or supplies that are covered under any provincially sponsored drug insurance plan,
- services required for an organ transplant as a donor or as a recipient,
- injuries sustained due to civil disorder, war whether or not war is declared,
- services for out-of-province expenses for elective or non-emergency medical treatment or surgery,
- injuries incurred due to high risk sports activities,
- services incurred after the date of termination of coverage,
- services payable by any government or group medical plan.

When will my coverage end?

In addition to the standard termination clauses, coverage for you and your dependents will end when:

- you leave Canada to work in another country,
- you or any dependents are eligible to be covered by a government sponsored health care plan,
- you are no longer employed by your Canadian employer which provided this benefit,
- you reach age 75, or your coverage under your Extended Health Care benefit plan has been terminated, whichever is earlier.

Coverage under this benefit, for you or your dependents, is only available for a maximum of 2 years

Where can I get more information?

If you need more information, or are interested in participating in this plan, please contact your Canadian employer.

This brochure provides the highlights but not all the details of the Inpatient Health Plan. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada.

The Inpatient Health Plan is underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies. GB10243-E 04-16 jg-rn

