

ALUMO



2026-2027

Student Insurance Plan

Full-time
Students Only

Policy: 181898

Designed for the students of
Northern Ontario School
of Medicine University

As a full-time registered student you
are automatically covered for the
benefits described herein.



ALUMO

**Questions? Call Alumo:
705-806-9953**

Please have your student ID readily available.

2255 Sheppard East, Atria 1, 2nd Floor Suite 202 Toronto, ON M2J 4Y1

www.alumo.ca

underwritten by:
Canada Life, administered by Alumo
(hereinafter referred to as The Company”)

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BALANCED PLAN

Prescription Drug Coverage

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 100% of the reasonable and customary charges incurred, to a maximum of \$5,000.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets;
- d) Preventative vaccines, including Hepatitis B;
- e) allergy serums;
- f) oral contraceptives, the contraceptive patch (birth control), Depo-Provera;
- g) Nuva Ring (contraceptive), IUDs;
- h) Erectile Dysfunction drugs (50%, \$600 max per policy year);
- i) CNS Stimulants(\$500 max per policy year);
- j) Biologic Agents (\$1,000 max per policy year);
- k) Hepatitis C Medications (\$1,500 lifetime max);
- l) Fertility drugs (50%, \$1,500 lifetime max);
- m) Smoking Cessation Aids/Remedies (\$300 lifetime max) (these items must be purchased in full and submitted manually for reimbursement).

Please visit our website www.alumo.ca for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) male pattern baldness remedies;
- c) contraceptives, other than oral, contraceptive patch, luds and the Nuva Ring; oral vitamins; injectible vitamins that are non-prescription;
- d) drugs, hormones, products and injections for the treatment of obesity;
- e) infant formula, dietary foods and aids; salt and sugar substitutes;
- f) first-aid and surgical supplies; atomizers, vaporizers;
- g) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- h) all acne preparations including Accutane.

BALANCED PLAN

Dental Coverage

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$800.00.

Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.

Please visit www.alumo.ca for more information.

BASIC AND PREVENTIVE SERVICES

80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations (one every 9 months)
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% of one cleaning and one unit of polishing; includes up to 2 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

80% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers.

Please note the following information:

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

EXTRACTIONS AND ORAL SURGERY

50% coverage of extractions and residual root removal, limited to two wisdom teeth in

any policy year after any policy year.

25% coverage for Anaesthesia (General, Deep and Conscious Sedation)(50% at a Network Dentist)

ENDODONTICS AND PERIODONTICS

50% coverage

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

MAJOR RESTORATIVE (CROWNS/BRIDGES/DENTURES)

80% coverage

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.

- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

BALANCED PLAN

Extended Health Coverage

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

100% of Vision Care eligible expenses and 90% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

100% coverage up to a maximum of \$300.00 each policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) services of a podiatrist
- d) services of a osteopath;
- e) services of a chiropodist;
- f) services of a speech therapist;
- g) services of a acupuncturist;
- h) services of a registered massage therapist, if recommended by a physician;
- i) services of a physiotherapist, if recommended by a physician;
- j) services of a clinical psychologist or psychotherapist (including RSW and MSW social workers) to a maximum of \$500 (psycho-educational assessment paid at 90%, to \$1,000 lifetime maximum);

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 90% to a maximum of \$300.00, if recommended by a physician, podiatrist or chiropodist;

- Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

MEDICAL SUPPLIES

90% coverage to a \$500 maximum combined with Equipment Rental.

Ostomy supplies, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

90% coverage to a \$500 maximum combined with Medical Supplies.

Wheelchairs, walkers, hospital beds, traction kits for temporary therapeutic use.

TENS unit, aerosol equipment, mist tent, traction apparatus, mozes detector, Cpap unit. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 5 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges at 100% coverage up to a maximum of \$200.00 every 24 consecutive months for:

- a) combined services for prescribed lenses and frames or contact lenses.

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges at 100% coverage up to a maximum of \$80.00 every 24 consecutive months for:

- a) general eye exams

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by Northern Ontario School of Medicine University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

Prescription Drug Coverage

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 100% of the reasonable and customary charges incurred, to a maximum of \$2,500.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets;
- d) Preventative vaccines, including Hepatitis B;
- e) allergy serums;
- f) oral contraceptives, the contraceptive patch (birth control), Depo-Provera;
- g) Nuva Ring (contraceptive), IUDs;
- h) Erectile Dysfunction drugs (50%, \$600 max per policy year);
- i) CNS Stimulants(\$500 max per policy year);
- j) Biologic Agents (\$1,000 max per policy year);
- k) Hepatitis C Medications (\$1,500 lifetime max);
- l) Fertility drugs (50%, \$1,500 lifetime max);
- m) Smoking Cessation Aids/Remedies (\$300 lifetime max) (these items must be purchased in full and submitted manually for reimbursement).

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Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) male pattern baldness remedies;
- c) contraceptives, other than oral, contraceptive patch, luds and the Nuva Ring; oral vitamins; injectible vitamins that are non-prescription;
- d) drugs, hormones, products and injections for the treatment of obesity;
- e) infant formula, dietary foods and aids; salt and sugar substitutes;
- f) first-aid and surgical supplies; atomizers, vaporizers;
- g) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- h) all acne preparations including Accutane.

Dental Coverage

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$400.00.

Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.

Please visit www.alumo.ca for more information.

BASIC AND PREVENTIVE SERVICES

80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations (one every 9 months)
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% of one cleaning and one unit of polishing; includes up to 2 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

80% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers.

Please note the following information:

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

EXTRACTIONS AND ORAL SURGERY

50% coverage of extractions and residual root removal, limited to two wisdom teeth in

any policy year after any policy year.

25% coverage for Anaesthesia (General, Deep and Conscious Sedation)(50% at a Network Dentist)

ENDODONTICS AND PERIODONTICS

50% coverage

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

MAJOR RESTORATIVE (CROWNS/BRIDGES/DENTURES)

80% coverage

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.

- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

Extended Health Coverage

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

100% of Vision Care eligible expenses and 90% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

100% coverage up to a maximum of \$500.00 each policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) services of a podiatrist
- d) services of a osteopath;
- e) services of a chiropodist;
- f) services of a speech therapist;
- g) services of a acupuncturist;
- h) services of a registered massage therapist, if recommended by a physician;
- i) services of a physiotherapist, if recommended by a physician;
- j) services of a clinical psychologist or psychotherapist (including RSW and MSW social workers) to a maximum of \$800 (psycho-educational assessment paid at 90%, to \$1,000 lifetime maximum);

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 90% to a maximum of \$300.00, if recommended by a physician, podiatrist or chiropodist;

- Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

MEDICAL SUPPLIES

90% coverage to a \$500 maximum combined with Equipment Rental.

Ostomy supplies, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

90% coverage to a \$500 maximum combined with Medical Supplies.

Wheelchairs, walkers, hospital beds, traction kits for temporary therapeutic use.

TENS unit, aerosol equipment, mist tent, traction apparatus, mozes detector, Cpap unit. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 5 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges at 100% coverage up to a maximum of \$250.00 every 24 consecutive months for:

- a) combined services for prescribed lenses and frames or contact lenses.

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges at 100% coverage up to a maximum of \$80.00 every 24 consecutive months for:

- a) general eye exams

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by Northern Ontario School of Medicine University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

Accident Benefits

(Applies to all benefit plans)

updated on 09/28/26

Table of Losses

Principal Sum	\$15,000
Loss of Life	\$7,500
Both hands	\$25,000
Both feet	\$25,000
Sight of both eyes	\$25,000
One hand and one foot	\$25,000
One hand and sight of one eye	\$25,000
One foot and sight of one eye	\$25,000
Speech and hearing in both ears	\$25,000
One arm	\$15,000
One leg	\$15,000
One hand	\$10,000
One foot	\$10,000
Sight of one eye	\$10,000
Speech	\$15,000
Hearing in both ears	\$15,000
Thumb and index finger	\$5,000
Any one finger	\$150
Both arms and both legs (quadriplegia)	\$30,000
Both legs (paraplegia)	\$30,000
One arm and one leg on the same side of the body (hemiplegia)	\$30,000
One arm and one leg on different sides of the body	\$30,000
Both arms	\$30,000
One hand and one leg	\$30,000
Hearing in One Ear	\$5,000
Four Fingers of Either Hand	\$5,000
All Toes of One Foot	\$3,750
Any One Entire Finger or Entire Thumb	\$1,000
One or More Entire Toes	\$50
One Entire Phalanx of Any One Finger	\$50

IN THE TABLE OF LOSSES:

Dismemberment loss

Loss by dismemberment means:

- a) for hands and feet, complete severance through or above the wrist or ankle joints;
- b) for arms and legs, complete severance through or above the elbow or knee joints;
- c) for thumb and big toe, complete severance of one entire phalange;
- d) for fingers and other toes, complete severance of two entire phalanges.

Surgical reattachment

An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached, regardless of the use regained. The balance of the dismemberment benefit is payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Sight, speech, and hearing loss

Loss of sight, speech, or hearing means total and irrecoverable loss beyond correction by surgical or other means.

Loss of use

Loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg, or hand was able to perform before the accident occurred, beyond correction by surgical or other means. No benefits will be paid for loss of use if benefits for loss by dismemberment of the same arm, leg, or hand are paid or payable as a result of the same accident.

REPATRIATION BENEFIT

If benefits are payable under this benefit provision for loss of life which occurred at least 150 kilometres from the person's place of residence, Canada Life will pay the actual expense incurred for preparation of the body and its transportation to the place of burial or cremation. The maximum amount payable under this provision is \$2,500.

EDUCATIONAL BENEFIT FOR DEPENDENT CHILDREN

If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay the tuition fees for enrolling his dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must satisfy one of the following conditions:

- 1) they must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing the loss of life; or
- 2) they must have been enrolled as a full-time student at the secondary school level at the time of the accident causing the loss of life and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

The maximum amount payable under this provision for each year of full-time post-secondary school enrolment is the lesser of:

- 1) 5% of the principal sum; and
- 2) \$5,000.

Canada Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

Dependent child

A dependent child is an unmarried natural, adopted, or step child of the student or the student's spouse.

A child of the student's spouse is not considered a dependent child unless:

- 1) they are also the student's child; or
- 2) the spouse is living with the student and has custody of the child.

Full-time student

A child is considered a full-time student if:

- 1) they are in registered attendance for 15 hours a week or more; and
- 2) they are under age 25.

Post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations

No benefits will be paid for:

- 1) tuition expenses incurred before the accident.
- 2) room or board or other ordinary living, travelling, or clothing expenses.

FAMILY TRANSPORTATION BENEFIT

If a person is hospitalized more than 150 kilometres from his home as a result of a covered loss for which benefits are payable under this benefit provision, Canada Life will pay for transportation and lodging expenses for one family member to join the person. The maximum amount payable under this provision is \$2,000.

Benefit limitations

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

OCCUPATIONAL TRAINING BENEFIT FOR SPOUSES

If benefits are payable under this benefit provision for loss of a student's life, Canada Life will pay for expenses associated with his spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify. The maximum amount payable under this provision is the lesser of:

- 1) 10% of the principal sum; and
- 2) \$10,000.

Spouse

- A spouse is the student's legal spouse or common-law spouse.
- A legal spouse means the person lawfully married to the student according to applicable provincial legislation.
- A common-law spouse means a person who is living with the student in a conjugal relationship.

Benefit limitations

No benefits will be paid for:

- 1) expenses incurred more than 3 years after the accident causing the loss of life.
- 2) room or board or other ordinary living, travelling, or clothing expenses.

EDUCATIONAL BENEFIT

If benefits are payable under this benefit provision for a loss that requires the person to change occupations, Canada Life will pay the tuition fees for enrolling the person as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, the person must enrol at a post-secondary institution within 365 days after the accident. The maximum amount payable under this provision is \$10,000.

Post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

Benefit limitations

No benefits will be paid for:

- 1) tuition expenses incurred before the accident.
- 2) expenses incurred more than 2 years after the accident causing the loss.
- 3) room or board or other ordinary living, travelling, or clothing expenses.

WHEELCHAIR BENEFIT

If benefits are payable under this benefit provision for a loss due to an injury that requires the use of a wheelchair for the person to be ambulatory, Canada Life will pay for expenses associated with:

- 1) alterations to the person's principal residence to make it wheelchair accessible and habitable; and
- 2) modifications to a motor vehicle used by the person to make it accessible to and driveable by the person.

Benefits for home alterations are payable only if the person or persons making the changes are:

- 1) experienced in home alterations for wheelchairs; and
- 2) recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if:

- 1) the person or persons making the changes are experienced in vehicle modification for wheelchairs; and
- 2) the modifications are approved by the provincial vehicle licensing authority.

Benefit maximum

The maximum amount payable for all home and vehicle modifications combined is \$10,000.

Benefit limitations

No benefits will be paid for:

- 1) expenses incurred more than 365 days after the accident.
- 2) subsequent alterations to the person's home or vehicle after an initial claim for benefits has been made under this provision.

GENERAL LIMITATIONS

No benefits will be paid for loss resulting from or associated with the following:

- 1) suicide or intentionally self-inflicted injury, regardless of the person's state of mind and whether or not he was able to understand the nature and consequences of his actions;
- 2) viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;
- 3) disease or infirmity;
- 4) medical or surgical treatment, except surgical reattachment;
- 5) service, including part-time or temporary service, in the armed forces of any country;
- 6) war, insurrection, or voluntary participation in a riot;
- 7) air travel, ascent, or descent, except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. Under no circumstances will benefits be paid where the aircraft is owned, leased, or rented by the Group Policyholder or where the person who suffers the loss is acting as a crew member;
- 8) an accident occurring while operating a vehicle, vessel or aircraft, while the person is impaired by drugs or alcohol, and has a blood alcohol level higher than 80 mg of alcohol per 100 ml of blood;
- 9) use of any prohibited substance including, but not limited to, any substance listed under the Controlled Drugs and Substance Act, its Schedules, or other comparable criminal legislation;
- 10) parachuting or skydiving;
- 11) participation in a criminal offence or provoking an assault;
- 12) a loss incurred by a person in their home country or resulting from an accident that occurred in a person's home country, if their home country is not Canada.

PROOF OF CLAIM

Benefits under this policy will be paid only after Canada Life has received satisfactory proof that payment is due.

Claimant responsibility

The claimant must provide information required to prove his entitlement to benefits and must also authorize Canada Life to obtain information from other sources for this purpose.

Time limit

Canada Life will not be liable for benefits for which proof is submitted more than 15 months after the date of the loss.

QUEBEC TIME LIMIT FOR THE PAYMENT OF BENEFITS

Where Quebec law applies, benefits will be paid in accordance with the terms set out in this policy within 60 days following receipt of the required proof of claim.

LEGAL ACTIONS

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

BENEFICIARY

A student may make, alter or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary the student made under the Group Policyholder's previous policy prior to the effective date of this policy applies to this policy until the student makes a change to that designation.

Travel Coverage

(The Travel Coverage insurance benefit is not available to dependants)

(Emergency out of Province/Canada)

Coverage for Emergency Injury or Sickness

Lifetime Maximum: \$5,000,000

Trip Duration

180 Days maximum

Emergency Out of Province Coverage and Assistance is provided by AIG Insurance Company of Canada Travel Insurance under policy: 9429116

Global Excel

For emergency assistance call 1-877-207-5018

Outside North America, call collect: +819-566-3940

Medical Assistance

YOU MUST contact Global Excel prior to receiving any medical treatment. If you do not, you may receive inappropriate or unnecessary medical treatment, which may not be included in your coverage.

As this coverage is outside of the standard student health plan benefits, please contact your SAC office on campus for further details on this coverage and pick up your Medical Assistance Card or download the Travel Benefits Card and Travel Insurance Booklet form the Booklet & Forms page at www.alumo.ca

Drug/Dental/Ehc/Accident Claims

All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence.

Please note that general prescription drug, dental, and EHC claims for the 2025-2026 policy year must be **RECEIVED** by ClaimSecure no later than November 30, 2026 to be eligible for reimbursement.

How do I make a drug/dental/EHC claim? (as of September 1st, 2026)

Your student identification card may be used at any participating provider (pharmacist or dentist) across Canada and payment of eligible claims will be honored. To fill a prescription drug or dental claim, you will need to supply the pharmacist/dentist with the following information:

- Group policy number: 181898
- Drug Carrier: 34 (ASSURE)
- Dental CARRIER: 000034
- Your Certificate: Your Student ID (without leading zeros)

At this point you will be required to pay the deductible amount of your claim if necessary.

Please note the dental office may charge more than the Fee Guide, which will require the student to be responsible for any additional costs.

When and where do I get my Family Benefits card?

You apply for family coverage or single parent coverage directly through Alumo on www.alumo.ca. You send payment directly to the broker, Alumo. Once you are registered on the benefit app, the whole family can use the same card.

My student card was not accepted at the pharmacy or dental office.

There are a few different reasons for having complications at your pharmacy or dental office. Below are some scenarios:

- a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information online so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims on-line due to the transfer of information to the on-line system. If you are affected by this delay, please use the manual reimbursement system as noted below.
- b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through the Benefits app (Adjudicare).
- c) If you experience complications at the pharmacy that are not related to the above descriptions, please call Alumo for help.

I have been unable to locate a participating pharmacy or dental office.**What do I do?**

It will be necessary for you to pay cash for the claim, keeping official receipt(s), which will identify the total amount(s) paid. Please use the manual reimbursement system as noted below.

How do I make an Extended Health Care claim?

Be aware that when making a claim under this benefit, which also includes your vision coverage, you will need to pay 100% of the cost up front and submit a manual claim directly to the Benefits app for reimbursement. Extended Health Care claim forms will also be available at www.alumo.ca.

How do I use the manual reimbursement system?

Go on the www.alumo.ca website select File a Claim or How to Claim and look for Download the Alumo Benefits App section and click Web Registration or, Download on the app and follow the steps to register!

- 1) To register, enter your student ID without letters or leading zeros as the certificate number and the group number. To find your group number, visit www.alumo.ca. Select your school, student association or union and the website will open in a new tab, scroll to the bottom footer where the group number is displayed. You may click Need more Help. Next, enter your last name, postal code and date of birth. Make sure your date of birth and last name match the school records.

- 2) Create a unique username and enter your e-mail address. Create a password following the guidelines on the page and enter it in both the Password and Confirm password fields. Now that the enrollment form is completed, click the Register button at the bottom to submit your registration. Take a moment to read through the terms and conditions, then click I Agree to continue. Check your e-mail for the security code needed to complete your registration.
- 3) Log in to set up your account.
- 4) Enter your mailing address for contact and documentation purposes to ensure accurate processing of your claims and payments. Your account is fully set up. You can now check coverage balance and stay informed with our health solutions and resources.

Can I submit my claims electronically? Can you reimburse my claim using direct deposit?

YES. Once registered, plan members/dependents can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependent claims information (for those individuals under the age of majority), directly on the Benefits app.

How do I make an accident claim?

Contact ALUMO as soon as possible for the procedure.

www.alumo.ca

705-806-9953

General Inquiries

Am I covered? What is the effective date of my coverage?

Although you are registered as a full-time student, you may NOT be covered! Co-op terms and program start dates may affect your coverage. Please contact the Student Benefits Coordinator in your student union office to determine your eligibility.

September start students: If you are a graduate or part-time student, you have the option of opting into the plan from September 1 to September 30.

January start students: you have the option of opting into the plan from January 1 to January 31.

The Health Plan is effective September 1, 2026 to August 31, 2027. The effective date for January runs from January 1, 2027 to August 31, 2027.

What if I am already covered?

You may decline coverage for the Health and Dental benefits by completing the on-line opt-out application. The opt-out deadline is September 30, 2026, for September start students, for January start students the deadline is January 31, 2027 (new students only). Please be aware that these deadline dates will not be extended. You must provide proof of similar coverage elsewhere (ie. as a dependant under your parent's or spouse's insurance). Go to www.alumo.ca and fill out the on-line opt out form. Please note that you will not be able to opt-out of this plan should you miss the deadline date at any other point during the school year. (i.e. if you are a September start student you will not be able to opt out of the plan in January) No paper opt outs will be accepted.

May I enroll my dependents?

All students may obtain coverage for their spouse and dependent children by enrolling them during the semester that the student was assessed the Health Plan fee and paying the appropriate fee at the Students' Association. Fall 2026 Family coverage option will run from September 1, 2026, to September 30, 2026. Winter 2027 Family coverage option will run from January 1, 2027 to January 31, 2027.

"SPOUSE" means the legal spouse of the Insured Student, residing in Canada, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in Northern Ontario School of Medicine University's records for insurance purposes, and is covered under the provincial health insurance plan.

“DEPENDENT CHILD OR CHILDREN” means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is covered under the provincial health insurance plan and is a resident of Canada. Please be aware that your spouse and/ or dependant children will also be enrolled in the same benefit plan that you have.

What is the termination date of my coverage?

In accordance with the outline described above, your benefits will terminate August 31. Once your coverage terminates, any additional family coverage that you have applied for will terminate also.

Termination of Insurance

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- a) The date this policy is terminated.
- b) The date the Insured Student becomes insured under a policy replacing this policy.
- c) The date an Insured Student ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
- d) The date an Insured Student reaches 70 years of age.

Insurance, with respect to a Spouse or Dependent Child or Children of the Insured Student shall terminate on the date the insurance of an Insured Student terminates or on the date the Spouse or Dependent Child or Children cease to qualify for insurance hereunder in accordance with the definitions, whichever date shall first occur.

Coordination of Benefits for Private and Provincial Plans

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the Insured is resident, whether or not the Insured is covered hereunder.

If an Insured has coverage under another plan of insurance which provides similar benefits, the order of benefits determination is as follows:

- a) the plan that does not include a Co-ordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Co-ordination of Benefits provision
- b) the plans that include a Co-ordination of Benefits provision, priority payment is established as follows:
 - 1. the plan where the Insured is covered as a student
 - 2. the plan where the Insured is covered as a dependent

If you have any questions, contact Alumo at 705-806-9953

This brochure is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed solely by the Group Master Policy underwritten by Canada Life and administered by Alumo.

NEW FOR 2026-2027:

Your drug, dental, and extended health care claims are covered by Alumo.

PAY DIRECT - THE PHARMACIST/DENTIST WILL NEED TO KNOW:

Canada Life Policy: 181898

Drug Carrier: 34 (ASSURE)

Dental Carrier: 000034 (TELUS AdjudiCare)

Your Certificate ID is your Student ID
(without leading zeros or letters)

Submit claims quickly and easily

Simply open the **Alumo Benefits App** on your web browser or mobile app and click the register button. Visit www.alumobenefitsapp.ca

Claim Inquiries

Contact Alumo Claims

1-866-586-1010

Claims@alumo.ca

Plan Consultants:

ALUMO

2255 Sheppard East, Atria 1, 2nd Floor Suite 202, Toronto, ON M2J 4Y1

Website: www.alumo.ca

Email: claims@alumo.ca

Alumo Toll Free: 1-866-586-1010

All Drug, Accident, Dental & EHC Benefits Underwritten by:

Canada Life, Administered by Alumo

