



# Your group insurance plan



**ASSOCIATION DES RÉSIDENTS DE MCGILL (ARM)**

**Policy No. Q1090**

**Regular Students**



**Desjardins**

**Insurance**

Life • Health • Retirement

# **Your Group Insurance Plan**

**ASSOCIATION DES RÉSIDENTS DE MCGILL (ARM)**

**Policy No. Q1090**

**Regular Students**

**Desjardins Financial Security Life Assurance Company  
1 866 647-5013**

**To obtain your certificate number, visit [www.aseq.ca](http://www.aseq.ca)**

**This document is a summary of your Group Insurance Policy.**

**Booklet published on February 14, 2025**

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## GENERAL GUIDELINES

### **Eligibility Requirements:**

The Student must be a member of the Association des Résidents de McGill (ARM)

The Student who participates at an Exchange Program or at an internship outside his province of residence remains insured with the current Group Insurance Plan, provided that he is insured under a government health and hospitalization plans for expenses incurred outside his province of residence.

### **Commencement of Student Insurance:**

The participation to the insurance is automatic upon registration at the educational institution.

Insurance plan premiums are part of the refundable fees.

The Student is automatically insured with a single coverage for the benefits listed below for the entire period of coverage.

- Dental Benefit

For more information concerning the benefits, please refer to the [Benefit overview](#).

**Commencement of Dependents Insurance:**

When the student chooses a family, single-parent or couple coverage type, the insurance for his dependents becomes effective from the beginning of the period of coverage.

**Termination of Student Insurance:**

The Insurance of the Student will terminate on the earliest of the following dates:

- 1) the end of the period of coverage,
- 2) the date specified in the [Benefit overview](#),
- 3) the date of termination of the policy.

**Termination of Dependents Insurance:**

The Dependent insurance will terminate on the earliest of the following dates:

- 1) the date the insurance of the Student terminates,
- 2) the date the Dependent is no longer considered a dependent, or
- 3) the end of the period for which required premiums for Dependent insurance were paid on behalf of the Student.

**Period of Coverage:**

July 1<sup>st</sup> to June 30<sup>th</sup> of the following year.

**Benefits:**

Dental Benefit

For more information concerning the benefits, please refer to the [Benefit overview](#).

**Coverage types:**

The Student can choose among the coverage types below. The Student will automatically get a single coverage until the end of the Period of coverage if not choice is made.

- Single: Student only
- Family: Student, spouse and children
- Single-parent: Student and children
- Couple: Student and spouse

The coverage type chosen will remain in effect until the end of the Period of coverage.

The Coverage Type does not have to be the same for all benefits.

The coverage type can be changed due to a life event provided a request is submitted to ASEQ within 31 days of the event.

A life event is defined as:

- marriage, new common-law spouse,
- birth or adoption of a Child, or
- a Dependent Child returns to school.

**Opt out:**

The Student has the right to opt out of the Group Insurance Plan annually within the change of coverage period. After that period, the Student will no longer have the right to opt out of his Group Insurance Plan.

A student requesting an annual opt out will not be covered by the Group Insurance Plan for the entire period of coverage.

**Change of coverage period:**

The change of coverage period is at the beginning of the period of coverage and is determined by the policyholder.

The student will no longer have the right to opt out of his Group Insurance Plan after that period.

To obtain the exact dates of the Change of coverage period, the student must visit [www.aseq.ca](http://www.aseq.ca).

**Procedure for modifications:**

The Student must visit [www.aseq.ca](http://www.aseq.ca) to:

- Modify his benefits;
- Change his coverage type; and
- Opt out of the Group Insurance Plan

The Student can make changes only within the Change of coverage period.

**Similar insurance and coverage validation:**

The Student must validate if he is covered by another insurance plan offering similar benefits to this plan. This plan could be offered by either his employer, his parents or his spouse. If this is the case, he may benefit from a co-ordination of benefits.

## BENEFIT OVERVIEW

### DENTAL CARE BENEFIT

**Fee Guide Year:** Current year

**Deductible Amount:** Nil

**Percentage of  
Reimbursement**

**Preventive Services:**

- **Extractions  
impacted tooth:** 80 %
- **Other fees:** 70 %

**Basic Services,  
Endodontics and  
Periodontics:** 60%

**Major restorative  
services:** 50 %

**Maximum Benefit**

**Preventive, Basic,  
Endodontics,  
Periodontics and Major  
restorative Services:**

Combined maximum of \$800 per Insured Person each Period of coverage.

**Limitations:**

Reimbursement of fees for composite restorations performed on posterior teeth are limited to the fees for amalgam restorations.

**Benefit Termination:**

On every June 30 or on the date on which the Student ceases to be Insured, whichever occurs first.



## DEFINITIONS

Wherever used in the policy:

Change of coverage period means the period during which the Student can modify or opt out of his coverage. That period is predetermined by the policyholder and falls at the beginning of the period of coverage. The student will no longer have the right to opt out or modify his Group Insurance Plan after that period. The student must visit [www.aseq.ca](http://www.aseq.ca) to opt out or modify his Group Insurance Plan.

Child means a person who is residing in Canada who, at the time of the event that results in a claim, has no spouse and is dependent upon the Student or the Student's Spouse for financial support and maintenance. A Child must be the Student or the Spouse's natural or adopted child, and:

- 1) be under 22 years of age,
- 2) be under 26 years of age and a full-time student at an accredited educational institution, or
- 3) have reached the age of majority and be incapacitated due to a mental or physical disability on the date he was eligible as either 1) or 2) above.

The Child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent upon the Student or the Student's Spouse for financial support and maintenance due to a mental or physical disability. In addition, he must be living with the Student or the Spouse who exercises parental authority or have legal guardianship as if the Child were a minor.

Dependent means a Spouse or Child who resides in Canada. However, if a Dependent resides outside Canada he will be deemed to reside in Canada provided he is covered under a provincial medical plan and prior written approval is obtained from the insurer.

Insured Person means the Student or one of his insured Dependents, as the case may be.

Insurer means Desjardins Financial Security Life Assurance Company.

Period of coverage means the period extending from July 1<sup>st</sup> to June 30<sup>th</sup> of the following year.

Policyholder means the company or group indicated on the application and specified on the cover page of the policy.

Province of residence means

- 1) for a Canadian Student:
  - a) the usual province of residence in which the student is covered under government health and hospital insurance plans; or
  - b) the temporary province of residence in which the student is living during a school year and during which he is covered under government health and hospital insurance plans from another province;

- 2) for non-Canadian Student: the province of residence in which the student is living during a school year and in which he is covered under government health and hospital insurance plans, or equivalent plan approved by the Insurer. However, for dental care benefit, the student does not have to be covered under a government health and hospital insurance plans.

Spouse means an eligible person who is domiciled in Canada and who at the time of the event giving rise to a claim:

- 1) is legally married to or living in a civil union with the Student; or
- 2) has been living with the Student in a conjugal relationship for at least 12 months and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship; or
- 3) is living in a conjugal relationship with the Student who is the natural parent of the Spouse's Child and has not been separated from the Student for 90 days or more as a result of a breakdown in the relationship.

However, if two individuals fit the definition of Spouse, the Insurer will recognize only one Spouse for all benefits under the same plan in the following order:

- 1) the eligible Spouse whom the Student last designated as such in writing to the Insurer, subject to approval of any evidence of insurability required under the policy; or
- 2) the Spouse to whom the Student is legally married or with whom the Student is living in a civil union.

At any one time, only one person may be insured as a Spouse of the Student.

Student means the person who is domiciled in Canada and is a member of Association des Résidents de McGill (ARM)

## **CLAIMS**

### **NOTICE AND PROOF OF CLAIM**

Notice and proof of any claim must be received by the Insurer within the time limit, if any, specified for each Benefit. However, if the policy terminates, no payment will be made unless the notice and proof of a claim is submitted to the Insurer within 90 days of the date of termination of the policy.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim, provided that the notice and proof of the claim are sent as soon as reasonably possible. However, no payment will be made if the notice and proof of claim are sent more than 12 months after the expenses were incurred.

Every action or proceeding against the Insurer for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the insurance act or other legislation of the province of residence of the Student.

### **CLAIMS**

Claims under the policy must be submitted to the Insurer on the appropriate form.

Any living benefits will be paid to the Student unless otherwise indicated in the policy.

### **MEDICAL EXAMINATIONS**

From time to time, the Insurer will be entitled to have a claimant examined by a Physician or Physicians of its choice.

### **CO-ORDINATION OF BENEFITS**

Your health and dental expenses, and those of your family, may be covered by more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the expenses you incur by submitting separate claims to each plan. In the insurance industry, we call this the coordination of benefits.

## **DENTAL CARE BENEFIT**

### **DEFINITIONS**

As used in this Benefit

Dental Hygienist means a person licensed by an accredited dental faculty to perform dental prophylaxis.

Dentist means a person who is licensed to practise dentistry by the appropriate authority of the jurisdiction where the services are provided.

Fee Guide means the Dental Association Fee Guide for General Practitioners of the Province in which the service is provided to the Insured Person, for the Year mentioned in the BENEFIT OVERVIEW.

### **PAYMENT OF BENEFIT**

On receipt of Proof of Claim satisfactory to the Insurer that an Insured Person, while covered under this Benefit, incurred Eligible Expenses which were necessary and which were for services recommended by a Dentist, the Insurer will reimburse the expenses in excess of the Deductible, if any, subject to the Percentage of Reimbursement and maximums specified in the BENEFIT OVERVIEW, and in accordance with other applicable policy provisions.

To be eligible, the expenses must have been performed

- 1) by a Dentist; or
- 2) by a Dental Hygienist under the supervision of a Dentist; or
- 3) by a licensed denturist when such services are within the scope of his licence.

Eligible Expenses will be considered to have been incurred on the date the service or supply was provided. However, with respect to a bridge, crown or denture, the date of insertion of such appliance will be the date such expense was incurred, and with respect to root canal therapy, the date of the final treatment will be the date that expense was incurred.

### **COMMENCEMENT OF DEPENDENT INSURANCE**

If a Dependent is hospitalized on the day his insurance would normally become effective, the effective date of insurance is delayed, and his insurance will commence 24 hours after his discharge from the Hospital. However, the newborn Child of a Student with Dependents who are already covered becomes insured at birth.

### **DEDUCTIBLE**

The Deductible is the amount of Eligible Expenses that the Student must pay in any Period of coverage before reimbursement will be made under this Benefit. The Deductible is specified in the BENEFIT OVERVIEW.

## **PERCENTAGE OF REIMBURSEMENT**

The Percentage of Reimbursement specified in the BENEFIT OVERVIEW is the percentage of Eligible Expenses in excess of the Deductible that will be reimbursed by the Insurer, in accordance with the provisions of this Benefit.

## **ELIGIBLE EXPENSES IN CANADA**

### **PREVENTIVE SERVICES**

#### **EXAMINATIONS**

- Complete oral examination, once every 36 months
- Recall oral examination, once every 6 months limited to a maximum of 2 per Period of coverage
- Specific oral examination, once every 6 months
- Emergency oral examination

#### **RADIOGRAPHS (X-RAYS)**

- Complete series of periapical films or panoramic radiographs, limited to one series in any 36 months
- Intra oral films and radiographs to diagnose a symptom or examine progress of a particular course of treatment
- Interpretation of radiographs from another source
- Photography
- Radiograph of the hand and wrist as a diagnostic aid for dental treatment

#### **LAB TESTS AND EXAMINATIONS**

- Bacteriologic cultures/smears to determine pathological agents
- Biopsies
- Pulp vitality tests
- Unmounted diagnostic casts

### **CASE PRESENTATION AND EXPLANATION**

- Consultation with a patient (a day other than the examination date)

### **PREVENTIVE SERVICES**

- Oral hygiene instruction, once every 6 months limited to a maximum of 2 per Period of coverage
- Polishing, once every 6 months

- Light scaling including root planing (periodontics), limited to a combined maximum of 4 units of 15 minutes per Insured Person per Period of coverage
- Topical application of fluoride, once every 6 months
- Finishing restorations
- Pit and fissure sealants, for Children under Age 16
- Interproximal discing
- Space maintainers for missing primary teeth, for Children under Age 16
- Prophylactic odontotomy/enameloplasty

#### ORAL SURGERY

- Extractions – impacted tooth

#### OTHER SERVICES

Only general anaesthesia and conscious sedation are covered. These expenses are eligible if they are administered in conjunction with extractions.

### **BASIC SERVICES, ENDODONTICS AND PERIODONTICS**

#### RESTORATIONS

- Amalgam (silver)
- Composite restorations in accordance with the LIMITATIONS provision of the Dental Care section in the BENEFIT OVERVIEW
- Retentive pins for amalgam and composite restorations
- Preformed stainless steel and polycarbonate crowns, for Children under Age 16
- Caries / trauma / pain control, separate procedure from restoration

#### ENDODONTICS

- Treatment of disease of the pulp chamber and pulp canals (root canal therapy)

## PERIODONTICS

Treatment of the soft tissue (gums) and bone supporting the teeth. However the following expenses are limited:

- a) post-operative visits, 4 visits per Period of coverage
- b) curettage performed by a Dentist, once per period of 60 months
- c) adjustments to periodontal appliance to control bruxism only, limited to one adjustment per Period of coverage
- d) root planing including light scaling (preventive services), limited to a combined maximum of 4 units of 15 minutes per Insured Person per Period of coverage,
- e) occlusion adjustment, limited to a maximum of 8 units of 15 minutes per Period of coverage

## MAINTENANCE OF REMOVABLE DENTURES

- Repair
- Structure addition (to an existing removable dentures)
- Relining
- Rebasing
- Adjustments to dentures, 3 months after insertion
- Denture adjustments including minor adjustments, once every 6 months.

## ORAL SURGERY

- Extractions - uncomplicated and complex except impacted tooth (preventive services)
- Removal of residual roots
- Surgical exposure of teeth
- Alveoplasty, gingivoplasty, stomatoplasty and osteoplasty
- Alveolar ridge reconstruction
- Extension of mucous folds
- Excisions
- Incisions
- Frenectomy
- Miscellaneous surgical procedures

## **MAJOR RESTORATIVE SERVICES**

### **PROSTHODONTICS**

Expenses incurred for a permanent initial prosthodontic appliance, such as partial or full removable denture or fixed bridge, are covered if such appliance was necessary because of the extraction of at least one natural tooth while the insured is covered under this Benefit or a comparable benefit held by the policyholder in force immediately before the effective date of this Benefit.

Replacement of an existing denture or bridge by a permanent denture or bridge:

- a) if the replacement was necessary because of the extraction of one or more natural teeth while the insured is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, or
- b) if the existing denture or bridge is at least 5 years old; or
- c) if the existing denture or bridge is temporary and is being replaced with a permanent denture or bridge within 12 months of the installation of the temporary appliance. With respect to a permanent appliance that replaces a temporary one, the amount eligible for reimbursement will be reduced by the amount previously reimbursed by the Insurer for the temporary appliance.

A temporary appliance which is at least 12 months old will be considered to be a permanent denture or bridge for the purposes of this provision.

### **REMOVABLE DENTURES**

- Complete denture
- Immediate complete denture
- Complete or partial overdenture
- Transitional denture
- Partial denture including cast in chrome (but not in gold)
- Partial denture remake
- Remount with occlusal equilibration
- Therapeutic tissue conditioning

### **FIXED PROSTHODONTICS (bridges)**

- Abutments and pontics
- Repairs



- Bridge removal
- Recementation

#### **OTHER SINGLE RESTORATIONS**

- Onlays, veneers applications, inlays, crowns
  - a) for a tooth that is fractured due to caries or traumatic injury and cannot be filled by amalgam or composite
  - b) temporary crowns are considered to be part of the final restoration
  - c) replacement of an existing onlay, veneer application, inlay or crown is included if such restoration is at least 5 years old
  - d) only metal crowns on molars are reimbursed
- Porcelain repair
- Retentive pins, pivots, cast posts
- Recementation
- Removal of an inlay or crown

#### **ELIGIBLE EXPENSES OUTSIDE CANADA**

Payment will be made for dental treatment rendered while travelling outside Canada, but only to the extent that payment would have been made under this Benefit if such treatment had been rendered in the normal province of residence of the Insured Person when the Insured Person is not studying in Canada provided it is not emergency services. Payment will be limited to the fees indicated in the Quebec Fee Guide.

#### **RESTRICTIONS, EXCLUSIONS AND LIMITATIONS**

Reimbursement will not be made for any portion of the charge in excess of the suggested fee in the appropriate Fee Guide, as specified in the **BENEFIT OVERVIEW**. When there are two or more courses of treatment available to adequately correct a dental condition, this plan will provide reimbursement for the treatment that incurs the lowest cost consistent with good dental care.

Reimbursement of lab fees will be limited to the reasonable and customary charge for such services in the area where the services are provided. However, in no event will the total reimbursement of lab fees exceed 60% of the suggested fee in the appropriate Fee Guide, as specified in the **BENEFIT OVERVIEW**, for the particular dental treatment requiring the lab services.

Reimbursement of fees for composite restorations performed on posterior teeth may be limited to the fees for amalgam restorations as specified in the **LIMITATIONS** provision of the Dental Care section in the **BENEFIT OVERVIEW**.

No reimbursement will be made under this Benefit for the following:

- 1) any dental treatment which is for cosmetic purposes when the form and function of the teeth are satisfactory and no pathological condition exists;
- 2) charges for nutritional counselling;
- 3) any dental services or supplies, including X-rays, provided for full mouth reconstruction, for vertical dimension correction, for the restoration of occlusion, for the correction of temporomandibular joint dysfunction or for permanent splinting of teeth;
- 4) charges levied by a Dentist for broken appointments, completion of claim forms or advice by telephone;
- 5) expenses incurred for bacteriologic cultures/smears followed by a Chlorzoin treatment;
- 6) expenses incurred for implants;
- 7) expenses incurred for duplicate diagnostic casts (unmounted);
- 8) expenses incurred for anaesthesia administered by acupuncture;
- 9) any dental treatment that is not yet approved by the Canadian Dental Association or that is for experimental purposes;
- 10) dental services, treatment or supplies that the individual received without charge or that a government health plan prohibits from being paid;
- 11) services, treatment or supplies provided to the Student by the Employer;
- 12) any dental treatment rendered outside Canada except as specifically provided under the ELIGIBLE EXPENSES OUTSIDE CANADA provision;
- 13) dental services and supplies not included in the list of Eligible Expenses;
- 14) Eligible Expenses that result directly or indirectly from the following:
  - a) committing, or attempting to commit a criminal offence;
  - b) any cause for which payment is provided under any Workers' Compensation Act or similar legislation or under any other government plan;
  - c) war, whether war be declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion.

#### EXCLUSIONS RELATED TO PROSTHESES AND CROWNS

No reimbursement will be made under this Benefit for the following:

- 1) expenses incurred for the replacement of dentures and appliances that are lost, mislaid or stolen;
- 2) prosthetics with precision attachments or stress breakers;

- 3) precision attachments and telescoping crown units for fixed bridgework;
- 4) preformed stainless steel or polycarbonate crowns, except in the case of primary teeth;
- 5) transfer coping for crowns.

## **CO-ORDINATION OF BENEFITS**

This Benefit is subject to the CO-ORDINATION OF BENEFITS provision in the CLAIMS section of the policy.

## **PRE-DETERMINATION OF BENEFIT**

When the total cost of any proposed dental treatment for an Insured Person is expected to exceed \$500, the Student should submit a detailed treatment plan to the Insurer before treatment commences. The Insurer will then advise the Student of the amount of reimbursement for which the Insured Person is eligible in accordance with the provisions of the policy. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates, and the cost of such treatment.

The treatment plan submitted must be completed by the Dentist who first proposed the treatment, otherwise the Student will be required to submit a new treatment plan to the Insurer for re-assessment.

## **BENEFIT TERMINATION**

This Benefit terminates on the earliest of the dates indicated in the TERMINATION OF STUDENT INSURANCE provision.

No benefits are payable for expenses incurred after the date the insurance of the Student terminates, even if a detailed treatment plan under the PRE-DETERMINATION OF BENEFIT provision was filed and benefits were determined by the Insurer prior to such termination date.

## **PROOF OF CLAIM**

The Student is not required to submit a claim to DFS if the Dentist uses the Electronic Data Interchange (EDI).

All claims must be submitted to the Insurer along with any receipts no later than 12 months after the end of the Period of coverage during which expenses were incurred. However, if coverage terminates before the end of the Period of coverage, claims must be submitted no later than 12 months after the date on which coverage terminates.

DFS reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

## YOU SHOULD KNOW

### DENTAL INQUIRIES

There are 2 ways to reach us for any question about Eligible Expenses under the Dental Care Benefit:

**By e-mail at:** Groupservice@dfs.ca

**By phone at:** 1 800 263-1810

For a better experience, it is important to have the policy number and the certificate number ready when an agent is available to take the call.

### GENERAL INQUIRIES

To obtain your certificate number, visit [www.studentcare.ca](http://www.studentcare.ca).

To obtain any other information, visit the "Contact us" section of Desjardins Financial Security's website at [www.desjardinslifeinsurance.com](http://www.desjardinslifeinsurance.com).

### BENEFICIARY

**This provision removes or restricts the right of the Student to designate persons to whom or for whose amounts are to be payable for some benefits:**

Only the benefits that include a benefit payment in the event of the Student's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits.

### ACCESS TO THE POLICY

Upon request to Desjardins Financial Security, the Student may obtain a copy of his application, his insurability report and the policy.

## HOW TO FILE A COMPLAINT

If a Student is unhappy about something we've said or done, feels they have been wronged, or wants us to take corrective action, they can file a complaint with the Complaint handling team at Desjardins Financial Security. The role of the team is to evaluate the merit of the decisions and practices of the company when one of its customers believes they have not received the service to which they were entitled.

There are 3 ways to reach the Complaint handling team:

**In writing, at the following address:**

Complaint handling team  
Desjardins Financial Security  
100, rue des Commandeurs  
Lévis (Québec) G6V 7N5

**By e-mail at: [complaints@desjardins.com](mailto:complaints@desjardins.com)**

**By phone at: 1-877-838-8185**

For further information on the procedure to follow in case of complaint, or to obtain the complaint form, visit the "Contact us" section of Desjardins Financial Security's website at [www.desjardins.com](http://www.desjardins.com).

# Assuris protection

Desjardins Insurance is a member of Assuris, a not for profit corporation, funded by the life insurance industry. It protects Canadian policyholders against loss of benefits due to the financial failure of a member company.

Details about the extent of Assuris' protection are available at **[www.assuris.ca](http://www.assuris.ca)** or in their brochure, which you can get by writing to **[info@assuris.ca](mailto:info@assuris.ca)** or calling 1-866-878-1225.

## Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

**[desjardinslifeinsurance.com/planmember](http://desjardinslifeinsurance.com/planmember)**



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