RBC Insurance® Newcomer Health Plan coverage

At a glance



Insurance

Providing coverage for necessary hospital and medical care to foreign workers who are awaiting Government Health Insurance Plan (GHIP) coverage

Summary of benefits

Eligibility	No waiting period
	 For employees under 75 years of age and their dependents
	Available to:
	- Foreign workers/employees while ineligible and awaiting GHIP coverage, or
	- Canadians returning from overseas and serving the waiting period for GHIP coverage
Extended Health Care ¹	■ Deductible: Nil
	■ Lifetime maximum: \$1,000,000
	Calendar-year maximum: \$500,000
	 Co-insurance: Nil; 100% coverage for eligible expenses, up to reasonable and customary charges
	Hospital: Standard-ward accommodation
	 Medical services: Physicians, surgery, diagnosis and treatment of injury or illness, obstetrical care (pre- and post-natal)
	 Nursing home and chronic care: Covered, subject to the GHIP maximum
	 Paramedical services per-calendar-year maximums by practitioner: \$155 for osteopath, \$135 for podiatrist, \$500 for chiropractor, \$500 for physiotherapist
	Ambulance services: Covered
	 Diagnostic laboratory and X-ray services: When medically necessary and ordered by a physician
	Assistive devices: Covered with prior approval; subject to change by province
	■ Eye examinations: One eye examination in any 12 consecutive months
	 In-hospital dental care: Covered if patient is at risk medically; services must be performed in a hospital and recognized and eligible under GHIP
Medical Evacuation/ Repatriation	• If diagnosed as terminally ill (with 12 months or less to live), gravely ill or seriously injured and the medical condition is stable, or if a covered person dies, the plan will cover the cost of returning the covered person or their remains by the most direct route to the air terminal nearest the covered person's residence in the home country, to a maximum of \$10,000.

Limitations and Exclusions	No benefits are payable for: Elective or cosmetic treatments Hospital visits solely for the administration of drugs Eyeglasses, crutches, casts or other such aids Prescription drugs/medication; All provinces except Quebec Medical examinations or certificates required for applications for employment, immigration, etc.; group examinations/immunizations Self-inflicted injuries
How it Works	 Suicide or attempted suicide Upon enrolment members will receive a certificate card indicating the group and unique identification number. This card, along with proof of identification, must be presented to the healthcare provider before the services are rendered. How to make a claim: Service providers in the Cowan Preferred Provider Network can bill Cowan directly. However, a paper claim can be submitted if a member has paid for eligible services. Coverage terminates on the day you or your dependent(s) cease(s) to be eligible due to termination of employment, attainment of age 75, retirement, leave of absence, dependent age limitation, change in classification or attainment of GHIP coverage.

For questions, please contact Cowan Benefits Ltd. at 1-888-509-7797 or clients@cowangroup.ca





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Disclaimer:

Exception for Quebec residents – For members residing in Quebec, no limitation is applied to in-province expenses for drugs listed in the Liste de medicaments published by the Régie de l'assurance maladie du Québec in effect on the date of purchase, except to the extent allowed by law.

The information contained in this benefit outline summarizes the important features of your benefits program. It is prepared as information only and does not, in itself, constitute an agreement. In the case of any discrepancies, the policy shall prevail.

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