

STUDENT EXTENDED HEALTH & ACCIDENT INSURANCE PROGRAM



Brock University Students' Union

September 1, 2009 – August 31, 2010

Grp. 490007

This document is only a brief outline of your coverage. Specific details of the plan are available from the BUSU Office.

SUMMARY OF BENEFITS

PRESCRIPTION DRUGS (90% CO-INSURANCE)

Drugs which legally require a prescription and are identified as eligible under the Student Managed Drug Formulary are eligible under your Student Health Plan. (Oral contraceptives are included.) An \$8.00 dispensing fee cap is in effect.

EXTENDED HEALTH BENEFITS (80% CO-INSURANCE)

The following practitioner benefits will be provided based on a \$200.00/yr., and a \$20/visit maximum:

Physiotherapist	Chiropractor	Chiroprapist	Psychologist	Speech Therapist
Podiatrist	Naturopath	Acupuncturist	Osteopath	

Registered Massage Therapist* *Physician's written prescription must accompany first claim submission.

Orthotic appliances (\$200.00/yr. maximum) prescribed by a medical doctor, an orthopaedic surgeon or podiatrist

Orthopedic shoes (one pair/yr.)

Surgical stockings (2 pair/yr.)

Hearing aids (\$300.00/5 yrs. maximum)

Medical equipment and supplies (ie. crutches, braces) (\$500.00/yr.) with a physician's prescription

Ambulance to the nearest treating hospital

VISION CARE (50% CO-INSURANCE)

Vision care which includes frames, lenses, contact lenses and eye examinations will be covered to a total maximum of \$100.00 every 12 months.

HOW MUCH COVERAGE DO I HAVE?

There is a \$5,000.00 per insured overall maximum per policy year for all of the above expenses.

EMERGENCY OUT-OF-PROVINCE/CANADA HOSPITAL, SURGICAL & MEDICAL EXPENSE BENEFIT

This benefit will provide reimbursement for Out-of-Province/Canada hospital, surgical and medical expenses, to a maximum of \$2,000,000.00 as follows:

Hospital services in a public or general hospital and Medical-Surgical expenses for services of a legally qualified physician or surgeon rendered outside of Province/Canada when the fees for such services are in excess of the amounts allowed by the Provincial Government Health Plan in the province of which the patient is a resident.

Limitations: Only hospital, surgical or medical services resulting from a medical emergency while the coverage is in force will be considered. Eligible benefits are limited to a maximum of 60 days per trip, commencing with the date of departure from your province of residence.

TRAVEL ASSIST

While travelling outside of Canada/Province of residence, Travel Assist (a world-wide medical assistance service) will be available when a medical emergency or other personal emergency occurs. Travel Assist services are available 24 hrs./day to enhance your Out-of-Province/Canada hospital and medical benefits.

Travel Assist pamphlets can be picked up at the Health & Dental Plan Co-ordinator's office.

ACCIDENTAL DEATH & DISMEMBERMENT

Payment of a stipulated sum for loss of life or limb through accidental means. For example, the maximum benefit payable for Accidental Death is \$5,000.00.

ACCIDENTAL DENTAL EXPENSE

Services of a dentist to repair or replace whole or sound teeth due to an accidental blow to the mouth while the individual was insured under this benefit, but not by an object wittingly or unwittingly placed in the mouth. Treatment must take place within 30 days from the date of the accident. Benefits will be paid for the reasonable treatment of expenses incurred within 156 weeks of the date of the accident, but in no event beyond a maximum of \$1,500.00 with respect to any one accident. Capped or crowned teeth will be considered whole or sound teeth. Biting or chewing accidents are not covered under this benefit.

SUMMARY OF BENEFITS, cont'd

ACCIDENT AMBULANCE EXPENSE

When injury due to an accident requires immediate medical attention, the Insurer will pay the reasonable and customary charges for licensed ambulance services. The maximum benefit for air ambulance is \$250.00/ accident.

ACCIDENTAL MEDICAL EXPENSE

Should the insured student or dependent suffer accidental bodily injury within Canada while this insurance is in force, he/she will be reimbursed by the Insurer for the following expenses, provided treatment takes place within 30 days from the date of the accident and the expenses are incurred within 156 weeks of the accident: crutches, braces, prosthetic appliances, rental of wheelchair or hospital-type bed, x-rays, treatment administered by a legally qualified physiotherapist, podiatrist, or speech therapist, services of a registered nurse, semi-private hospital accommodation. (Payment for hospital room is limited to the difference between public ward and semi-private accommodations). These expenses are limited to a maximum of \$10,000.00.

ACCIDENT TUTORIAL EXPENSE

If an accident causes the insured student, to be disabled and confined to home or hospital and confinement continues for 15 consecutive school days, the Insurer will pay from the first day the actual expense incurred for the private tutorial services of a qualified teacher up to \$10.00 an hour, limited to a maximum of \$300.00.

REPATRIATION EXPENSE

If the insured student or dependent suffers an accidental loss of life outside Canada, while the policy is in effect, the Insurer will pay the expense of homeward carriage of the body of the Insured for burial, subject to a maximum payment of \$1,000.00.

DENTAL BENEFITS – Current fee guide, annual combined maximum of \$750.00/year/insured.

Examinations (80%)

- Complete oral examination (once every 5 yrs.)
- Limited/recall examination (once every 12 mths)
- Specific oral examinations (once every 12 mths)
- Emergency oral examination (once every 12 mths)

Radiographs (80%)

- Complete series (once every 5 yrs.)
- Periapical
- Bitewing (once every 12 months)
- Panoramic (once every 5 yrs.)

Preventative Services (80%)

- Dental polishing (1-15 minute unit every 12 mths)
- Scaling (2 - 15 minute units every 12 months)
- Fluoride Treatment (once every 12 months)
- Space Maintainers (for children under 12 yrs.of age)

Minor Restorative (75%)

- Fillings (limited to amalgam on molars)
- Caries/trauma control
- Retentive pins
- Pre-fabricated restorations

Major Restorative (15%)

- Subject to limitations, as noted below
- Crowns
- Bridgework
- Dentures

Endodontic (25%)

- Pulpectomy
- Root canal therapy
- Apicectomy / apeal curettage
- Retrofilling

Periodontic (25%)

- Scaling in excess of two units in a 12 mth. period (max. of 8 units per yr)
- Root planing
- Surgery to treat the soft tissues (gums) & bone supporting the teeth

Extractions (50%)

- Removal of erupted teeth
- Removal of impacted teeth
- Removal of residual roots
- Surgical exposure of teeth

Anaesthesia - If performed in conjunction with insured surgical services(50%)

- General Anaesthesia
- Deep Sedation
- Conscious Sedation

Limitations and exclusions to the dental plan:

1. Dental services not shown on the list of eligible expenses.
2. Expenses incurred for procedures or supplies used in Temporomandibular Joint Dysfunction (TMJ) and treatment rendered for full mouth reconstruction for vertical dimension correction including attrition, or for prosthetic splinting.
3. Dental services covered by any government agency.
4. Dental treatment for cosmetic purposes.
5. Charges for missed appointments, completion of claim forms, and advice by telephone.
6. Any dental treatment which is not yet approved by the Canadian Dental Association, or which is experimental in nature.
7. Expenses incurred for the replacement of appliances that are lost, mislaid, or stolen.
8. Dental supplies intended for sport use, such as mouth guards.
9. Dental services required due to congenital malformation.
10. Crowns - the initial installation of a crown, if the crown is necessary to restore cuspal/incisal damage - replacement of an existing crown, if the crown is at least 5 years old.
11. Bridgework - construction and initial installation of a fixed bridge, if the bridge is necessary because of the extraction of one natural tooth while insured under this benefit (If 3 or more teeth are missing in the arch, the insurer reserves the right to base the reimbursement benefit on the lowest cost course of alternate treatment required to adequately correct the condition, regardless of the treatment choice made.) - replacement of fixed bridgework, if the existing appliance is at least 5 years old and cannot be made serviceable.
12. Dentures - construction and installation of an initial permanent partial or complete denture, if the denture is necessary because of the extraction of a least one natural tooth while insured under this benefit - replacement of an existing partial denture or complete denture with a permanent denture if the existing denture is at least 5 years old and cannot be made serviceable.

Pre-Authorization: It is strongly recommended to obtain a pre-authorization with regards to extensive dental procedures performed. This is to prevent unexpected costs.

Health & Dental Plan Administered by **RWAM INSURANCE ADMINISTRATORS INC.** Health Plan provided by **BUSU**
Accident and Dental Coverage underwritten by **CO-OPERATORS LIFE INSURANCE COMPANY** Policy G6333 / G775006
Travel Assist serviced and administered by **MONDIAL ASSISTANCE**
Plan arranged by **CAMPBELL & COMPANY INSURANCE CONSULTANTS LTD**

COMMON QUESTIONS

Who is eligible for coverage?

As a full-time undergraduate student, including Co-op and International Students, registered in the Fall Term at Brock University, you are automatically covered under this Plan provided you are covered by your provincial health plan or have an OHIP equivalent plan. Full-time in 3 full credits over academic year (September-April).

When does my coverage begin?

As an eligible student your coverage starts September 1, 2009 and will continue until August 31, 2010. Opt-out date is September 25, 2009. Time is required to co-ordinate the student enrolment and coverage will not be active until after the opt-out date.

Can I still use the BUSU Health Plan even if I'm covered by another plan?

Yes, in fact you can benefit in two ways.

1. By coordinating your benefits with another plan, you may increase your allowable maximum. Example: BUSU maximum allowable for Chiropractor - \$200. Parental plan maximum allowable for Chiropractor - \$300. Total annual allowable is now \$500.
2. When coordinating your benefits using two plans you can, in most circumstances, increase your entitlement to 100% coverage. Please note the BUSU Student Program is the primary payor.

If I am not registered in the fall term but am registered as full time in the winter term, can I still benefit from this plan?

Provided that your Students' Union winter term fees have been assessed and paid for, you may be eligible for benefits for an 8 month period commencing January 1, 2010. However, you are required to complete a 2nd Term Application and submit it to the Health Plan Coordinator prior to January 22, 2010. Certain restrictions and limitations will apply.

Is dependent coverage available?

Yes. However, you must pay an additional fee. You can enroll your spouse and dependent children at the Health & Dental Plan Co-ordinator's Office. The final date for enrolling in the family plan is September 25, 2009 for September enrolments and January 22, 2010 for 2nd term enrolments.

When will I receive my drug card?

Cards can be picked up during the registration process or at the BUSU Health & Dental Plan Office. The drug cards will not be activated until mid-October, after the Opt-Out process is completed. RETURNING STUDENTS: Use same card from prior year.

How much coverage do I have?

Prescription Drugs and Extended Health Care combined maximum of \$5,000/year per insured.

Emergency Out-of-Province/Canada coverage for a period of 60 days or less and a maximum of \$2,000,000. For further details please see pamphlet in the BUSU Health Plan Office.

Accident coverage - Maximum reimbursement of \$10,000 for eligible medical expenses, \$250 for ambulance and \$1,500 for dental expenses incurred resulting from one accident.

What is an accident? "Accident" means an occurrence due to external, violent, sudden, fortuitous causes beyond the insured student's or dependent's control, which must occur while the insured student or dependent is insured under this policy.

How do I remit a claim?

For prescription drug claims, you simply present your Drug ID Card to a pharmacist. You will be responsible for 10% of the cost of the prescription. The pharmacist will deal directly with Green Shield Canada for the remaining 90%. Should the pharmacist encounter any problems when submitting a claim to Green Shield, ask the pharmacist to call Green Shield directly at 1-888-711-1119 for confirmation.

All other claims must be submitted to the Health & Dental Plan Co-ordinator's office on a Claim for Health Expense Benefits form. Please ensure that your Student ID number and date of birth are shown on the claim form.

IMPORTANT: To speed up claim service, you must attach ALL original receipts and ensure that the claim forms are completed in full. All claims must be submitted within 90 days of your termination date.

Accidental claims will be paid on a reimbursement basis and are to be sent through the Health & Dental Plan Co-ordinator's office.

How do I make a dental claim?

To make a dental claim, obtain a completed Standard Dental Claim Form from your dentist's office and submit it to the Health and Dental Plan Office. Your dentist can send your dental claim electronically to RWAM Insurance Administrators Inc. using carrier ID#610616 and referring to Group Policy Number 490007 and your student number.

MANAGED HEALTH CARE

Student Managed Drug Formulary

The price of prescription drugs has been consistently rising over the years. As prescription drugs are the largest single cost in a student health plan, this has meant that the price you pay for your health plan continuously increases. In order to keep the price of the Student Health Plan affordable, your Student Union has implemented the Student Managed Drug Formulary. This drug formulary is designed to help reduce and control the cost of the plan while still providing quality care.

What is a Managed Drug Formulary?

A drug formulary is a list of eligible drugs that will be covered by the plan based on the following:

1. There is often a substantial difference in price for the same (i.e. chemically identical) drug depending on whether it is produced by the brand-name pharmaceutical company which developed the drug or by a generic manufacturer, and,
2. Within a therapeutic class (category) of drugs, there may be a number of different drugs which treat a particular medical situation. Therapeutic cross-selection serves the same function for a given medical situation at a lower cost.

Who developed the Managed Drug Formulary?

Green Shield has developed the Managed Drug Formulary along with physicians and pharmacists. All medications were reviewed to determine their effectiveness and it was designed to provide the best possible care at the best possible price.

What medications are covered?

The pharmacies in your area have been notified that your plan is using the Student Managed Drug Formulary. When you go to the pharmacy to purchase your drugs, simply present your Drug ID Card. The pharmacist will be able to determine electronically through the Green Shield Network if the drug is covered. If the drug prescribed to you is not covered, the pharmacist will be able to check with your doctor, while you wait, to determine therapeutically equivalent drugs you can use that are covered.

What if the only medication that works is not covered?

In the event that the therapeutic alternatives which are eligible under the Student Managed Drug Formulary prove to be ineffective for treating a particular situation, it is possible to have special case approval for a particular medication. Please contact your Student Health Co-ordinator's office for details of this procedure.

Specific details of the plan are available from the BUSU Health & Dental Plan Co-ordinator's Office, located in

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Rm. 314, Student Alumni Centre Ph. 905-688-5550 ext. 4194

<http://healthplan.busu.net>



The master policies are available through the Brock University Students' Union.

In the event of any discrepancy between this document and the master policy or plan text, the applicable master policy or plan text will govern.

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