

# STUDENT EXTENDED HEALTH, DENTAL & ACCIDENT INSURANCE PROGRAM



SOCIETY OF GRADUATE STUDENTS  
THE UNIVERSITY OF WESTERN ONTARIO

September 1, 2009 – August 31, 2010

Grp. 490010

**This document is only a brief outline of your coverage.**

Specific details of the plan are available from the on-site Health Plan Co-ordinator's Office: Society of Graduate Students, Room 260, UCC, The University of Western Ontario <http://uwo.ca/sogs>

## SUMMARY OF BENEFITS

### PRESCRIPTION DRUGS (80% 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.)
- A \$7.00 dispensing fee cap is in effect.
- Your overall Drug maximum is \$3,500.00/yr including fertility drugs.
- Fertility drugs are eligible at 50% coinsurance to a lifetime maximum of \$1,500.00.
- Benefits do not include anti-obesity and smoking cessation products.
- Serums and vitamins are also ineligible unless injected.

### EXTENDED HEALTH BENEFITS (80% CO-INSURANCE)

The following practitioner benefits will be provided based on a \$500.00/year maximum/per practitioner:

|                              |                        |             |                  |
|------------------------------|------------------------|-------------|------------------|
| Physiotherapist              | Osteopath              | Chiropodist | Acupuncturist    |
| Psychologist/Psychotherapist | Chiropractor           | Podiatrist  | Speech Therapist |
| Naturopath                   | Occupational Therapist |             |                  |

Registered Massage Therapists - Physician's written prescription must accompany first claim submission

Orthotic appliances (one pair every 2 yrs or two pairs every 2 yrs if under age 19)

Must be prescribed by a medical doctor, an orthopaedic surgeon or podiatrist

Orthopedic shoes (one pair/yr.) Surgical stockings (2 pairs/yr.)

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

Medical equipment and supplies (ie. crutches, braces) with a physician's prescription

Ambulance to the nearest treating hospital

### VISION CARE (100% CO-INSURANCE)

Vision care which includes frames, lenses, contact lenses and eye exams will be covered to a total combined max. of \$200/24 months.

### PRIVATE DUTY NURSING

Maximum of \$5,000.00 per benefit year for the services of a registered nurse (R.N.) or registered nurses assistant (R.N.A.) in the home.

### DENTAL BENEFITS

Current fee guide, annual combined maximum of \$500.00/year/insured.

#### Examinations (70%)

- Complete oral examination (once every 2 yrs.)
- Limited/recall examination (once every 12 mths)
- Specific oral examinations (once every 2 yrs.)
- Emergency oral examination (once every 2 yrs.)

#### Radiographs (70%)

- Complete series (once every 2 yrs.)
- Periapical
- Bitewing (once every 12 months)
- Panoramic (once every 2 yrs.)

#### Preventative Services (70%)

- Dental polishing (1-15 minute unit every 12 months)
- 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 (70%)

- Fillings
- Caries/trauma control
- Retentive pins
- Pre-fabricated restorations

#### Denture Services (70%)

- Repair
- Rebasing and relining, provided the dentures are at least 6 months old (once every 3 yrs.)

#### Endodontic (70%)

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

#### Periodontic (70%)

- 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 (70%)

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

**Anaesthesia (70%)** If performed in conjunction with insured surgical services

- General Anaesthesia
- Deep Sedation
- Conscious Sedation

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## SUMMARY OF BENEFITS, cont'd

### 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 services as a result of intentionally self-inflicted injuries (while sane or insane) or as the result of committing or attempting to commit a criminal offense.
5. Dental treatment for cosmetic purposes.
6. Charges for missed appointments, completion of claim forms, and advice by telephone.
7. Dental treatment required as a result of war (declared or not), military services, or participation in a riot, insurrection or civil commotion.
8. Expenses incurred for preformed steel or polycarbonate crowns.
9. Any dental treatment which is not yet approved by the Canadian Dental Association, or that which is experimental in nature.
10. Expenses incurred for nutritional counselling, oral hygiene instruction, and dental plaque control programs.
11. Expenses incurred for the replacement of appliances that are lost, mislaid, or stolen.
12. Dental supplies intended for sport use, such as mouth guards.
13. Dental services required due to congenital malformation.

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

### 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 max. 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 max. of 60 days/ 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 in the SOGS 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 \$10,000.00.

### 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 \$1,000.00 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.

### 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.

## COMMON QUESTIONS

### Who is eligible for benefits?

As a full-time student, registered in any term, you are automatically covered for that term under this Plan, provided you are covered by your provincial health plan or have an OHIP equivalent plan.

### When does my coverage begin?

As an eligible full-time student coverage begins September 1, 2009 and will continue until August 31, 2010. Time is required to co-ordinate the student enrolment and coverage will not be active until after the opt-out process is complete.

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

Provided that your SOGS second term fees have been assessed and paid for, you may be eligible for benefits for an 8 month period commencing January 1, 2010.

If third term fees have been assessed and paid for, you may be eligible for a 4 month period commencing May 1, 2010.

### Is dependent coverage available?

Yes. However, you must pay an additional fee. You can enrol your spouse and dependent children in the SOGS Office.

Dependents include common-law/same sex spouses with whom the student has been cohabitating with for a period of 12 months. Dependent children are eligible up to the date they turn 21 or 25 if enrolled and in full-time attendance at an accredited college or university. Family coverage forms are available in the SOGS Office and online at <http://uwo.ca/sogs/Benefits/forms.html>.

The deadlines for adding family coverage are:

- for students enrolling in the 1st term - by September 30 (Fall Term)
- for new students enrolling in the 2nd term - by January 31 (Winter Term)
- for new students enrolling in the 3rd term - by May 31 (Summer Term)

### When will I receive my drug card?

Cards can be picked up during bus pass distribution or at the SOGS Office. The drug cards will not be activated until mid-October, after the Opt-Out process is completed.

### How much coverage do I have?

Your overall Drug maximum is \$3,500/year including fertility drugs. Fertility drugs are eligible at 50% coinsurance to a lifetime maximum of \$1,500.00.

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

Accident coverage - Maximum reimbursement of \$10,000 for eligible medical expenses, \$250 for air ambulance and \$1,000 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 student or dependent is insured under this policy.

### How do I remit an EHC claim?

For prescription drug claims you simply present your Drug ID Card to a pharmacist. You will be responsible for 20% of the cost of the prescription. The pharmacist will deal directly with the drug card provider for the remaining 80%, using the prefix SGS and your student number. Should the pharmacist encounter any problems when submitting a claim, ask the pharmacist to call 1-888-711-1119 for confirmation.

All other claims must be submitted to the SOGS 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 SOGS Office.

## COMMON QUESTIONS, cont'd

### 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 SOGS Office. Your dentist can send your dental claim electronically to RWAM Insurance Administrators Inc. using carrier ID#610616 and referring to Group Policy Number 490010 and your student number.

### Co-ordination of Benefit (COB)

Where you or your dependents have coverage with more than one carrier, claims shall be coordinated so that reimbursement from all coverages shall not exceed 100% of the actual claim.

### What if I already have health and dental care coverage?

This plan has been designed as a supplement to existing Health Care Insurance. This plan is not a replacement for the Provincial Health Insurance Plan. Check carefully the benefits offered under this plan. Many students find that this plan, when combined with their existing plan, provides more complete coverage.

The deadlines for opting out are:

- for students enrolling in the 1st term - by September 30
- for new students enrolling in the 2nd term - by January 31
- for new students enrolling in the 3rd term - by May 31

The opt out can now be done on line at <http://sogs.studentwise.ca>

In order to opt-out, you must provide proof of alternative health insurance, this is not provincial health, but a privately purchased benefits plan. If approved, you will receive a cheque once the opt-out period is completed.

Students who wish to waive benefits must provide proof of alternate coverage.

*Health & Dental Plan Administered by **RWAM INSURANCE ADMINISTRATORS INC.***

*Accident and Dental Plan & Accident Coverage underwritten by **CO-OPERATORS LIFE INSURANCE COMPANY** Policies G6333/G775006*

*Travel Assist serviced and administered by **MONDIAL ASSISTANCE***

*Plan arranged by **CAMPBELL & COMPANY INSURANCE CONSULTANTS LTD***



**For more information on your coverage, please call  
1-877-888 RWAM (7926)**

**Please refer to your Group Number and Student I.D. Number when calling.**

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*The master policies are available through RWAM Insurance Administrators Inc.*

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

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