



Camosun College Student Society
Student Health & Dental Plan

| Benefit | Maximum |
|-------------------|---|
| Prescription Drug | Reimbursed at 80%, to a maximum of \$3,000 per benefit year. (based on the BC Provincial Formulary with a generic rider) |
| Vision | Plan covers 100% of the cost of one eye exam, eyeglasses or contact lenses to a combined maximum of \$125 in a 24 month period. |

| Supplemental Health | Maximum |
|---|--|
| Paramedical Practitioners *Physician's prescription required | Reimbursed at 80%: • \$28/visit, to an overall plan maximum of \$335 per benefit year for: Physiotherapist*, Registered Massage Therapist*, Certified Athletic Therapist*, Chiropractor, Osteopath, Podiatrist or Chiroprapist, Acupuncture, Naturopath • Overall plan maximum of \$330 per benefit year for: Speech Language Pathologist* • \$35/visit, to an overall plan maximum of \$330 per benefit year for: Psychologist, Social Worker or Registered Clinical Counselor |
| Dental Accident* *Pre-authorization required. | Reimbursed at 80%, to a maximum of \$1,000 per accident. *Services must be performed within 12 months of accident. If treatment is scheduled to occur more than 90 days after the impact, a treatment plan must be submitted before the end of the 90-day period. |
| Ambulance | Reimbursed at 80%, to a maximum of \$250 per occurrence. |
| Medical Equipment & Supplies Prescription & pre-authorization may be required. Not solely for athletic use. | Reimbursed at 80%. Including but not limited to: Crutches, wheelchair, hospital-type bed, prosthetics, rigid and semi-rigid braces. Custom-made orthopedic shoes or orthotics limited to \$150 per foot, per benefit year. Blood Glucose Monitors to a maximum of \$150 during a 5 year period. |
| Emergency Travel Assistance | Reimbursed at 100%, to a maximum of \$5,000,000 in a lifetime. |
| Other Insurances | Tutorial, Accidental Death & Dismemberment. |

| Dental Care | |
|---|--|
| Please submit an estimate/pre-authorization prior to specialist services and any dental treatment plan exceeding \$500. | |
| Annual Maximum – \$750 per benefit year | |
| Diagnostic & Preventative | Camosun Dental Clinic, reimbursed at 100%, including one annual exam, x-rays, polishing, scaling and fluoride once per benefit year. Note: you are encouraged, but not required, to use the Camosun Dental Clinic Alternative Dental Provider, reimbursed at 80%, including one annual exam, polishing and 2 units of scaling once per benefit year. |
| Minor Restorative (Fillings) | Reimbursed at 70%. |
| Extractions | Reimbursed at 50%, limited to 2 wisdom teeth per benefit year. |
| Endodontic & Periodontic | Reimbursed at 50%, 2 additional units of scaling/root planing per benefit year. |

Access all health and dental plan details at www.mystudentplan.ca.

In the event of any discrepancy between the information herein and our contract with the insurer, the terms of the contract will apply. All benefits payable through the Student Plan are based on reasonable and customary charges.

How to Enrol for Coverage

Fees for the student plan are assessed automatically by the institution at registration. You are also enrolled automatically should you meet the eligibility criteria for the plan. If you are unsure about whether or not you are eligible, please visit or contact CCSS Member Services.

New eligible students will be added to the plan(s) during the first 60 days of each semester. Please keep your receipts for eligible expenses incurred during this time period for submission to the insurance carrier upon completion of the enrolment process.

Returning eligible students may continue to access the plan(s) without disruption by using their current myBenefits Card or by submitting claims directly to the carrier.

Accessing Coverage

myBenefits Card: Pay-direct claims allow for direct billing of eligible costs between your pharmacy and/or dental office and the insurance company. Pharmacy claims are processed immediately so that students are not out of pocket the full expense at the time of purchase. Dental claims are processed based the individual dental office's billing practices. These claims are accessed with the myBenefits Card. You can download your myBenefits Card from www.mystudentplan.ca. A BC Fair Pharmacare and Card application must be completed prior to obtaining your myBenefits Card.

eClaims: Submit your claims electronically online or via mobile app with Great-West Life GroupNet. More information regarding GroupNet can be found by visiting www.mystudentplan.ca.

Manual Claims: To submit a manual claim, complete an insurance claim form, attach the original receipts and documents, and mail to the insurer. Remember to keep a copy of all original documents for your records. You can download claim forms from www.mystudentplan.ca or pick one up from CCSS Member Services.

Coordinating Multiple Plans

If you are an eligible student and have comparable coverage you may wish to coordinate your plans. Benefits under the two plans can be coordinated to increase your coverage up to 100% of the actual expense(s) incurred. For example, following payment under this plan you can submit outstanding balances to the other plan for their consideration.

Opt-Out of Coverage

If you are an eligible student and have comparable health and/or dental coverage you may apply to opt-out of the plan(s). Each student is given one opportunity to opt-out of the health and/or dental plan(s) each year. All opt-out forms must be completed online or through CCSS Member Services and must be received within 30 days from the start of your program. You will not be able to opt-out of

coverage at any other point during the school year. **NO EXCEPTIONS** will be made if the deadline is missed. It is the student's responsibility to pay the plan fees, should they miss the applicable opt-out deadline.

Approval of your opt-out will result in the plan fee being credited. Once your opt-out has been accepted, it will remain in force as long as you remain an eligible student.

Adding Family Coverage

Each year, you are given one opportunity to purchase family coverage for your spouse and/or dependent(s) by completing an application form through CCSS Member Services and paying the family coverage fee. All family add-on forms and fees must be received within 30 days from the start of your program. Your family can only be covered while you are a student on the plan(s). **Family Coverage MUST be renewed by the Student each benefit plan year.** For further details regarding family coverage, visit www.mystudentplan.ca or visit CCSS Member Services.

Loss of Comparable Coverage

If comparable coverage used to opt-out of the student plan terminates, or coverage provided to cover eligible dependents terminates, students have 30 days from loss of coverage to notify CCSS Member Services in order to opt in and be covered under the student plan. Confirmation of loss of coverage is required on re-application.

Mental Health & Wellness Program

mywellness is a student mental health and wellness program that is included as part of your benefits plan. Through mywellness you can access support resources, online counselling, a toolbox full of helpful solutions and a mental health check-up. Visit www.mywellnessplan.ca to take a free, anonymous mental health assessment.

CCSS Member Services

Lansdowne Campus

Room 101B, Fisher Building

P: 250.370.3696

E: ccssplan@camosun.bc.ca

Interurban Campus

Room 111, Campus Centre

P: 250.370.3869

E: interurbanplan@camosun.bc.ca

Policy Information

Insurer: Great-West Life

Policy No: 330758 | Division No: Leave Blank

Identification No: Your Student ID

Plan Name: Camosun College Student Society

Claims Inquiries: 1.800.957.9777

Great-West Life Assurance Company

Group Claims Department

P.O. Box 4408 Regina SK S4P 3W7