

# MY BENEFIT PLAN BOOKLET

## Selkirk College Students' Union



Billing Division: 32004

Revised Date: September 1, 2011



## **WELCOME TO YOUR STUDENT HEALTH & DENTAL PLANS**

Dear Student,

Welcome to your students' union health and dental plan.

Students here at the Selkirk College Students' Union have come together to contribute to health and dental plans that provide benefits to us all.

Your health and dental plans have been democratically established by the members of your student union through referenda. Every year, your elected representatives and staff work to negotiate the best value possible. Students who already have coverage are allowed to withdraw from the plan, so that this service can be focused on those who need it.

Your health and dental plans are services of your students' union, underwritten by Green Shield Canada, the only national non-profit benefits provider in the country, so you can be assured that students' interests are the only priority.

In creating universal health and dental plans, the Selkirk College Students' Union members have recognized that when we work together, we can save money and provide important services. If any individual student were to seek private and independent health coverage, the cost would be too great and the benefits too limited. However, by pooling our resources, we are able to realize incredible savings and service enhancements through economies of scale.

These benefit plans represent much more! In deciding to offer ourselves health and dental protection, students are working to ensure that no student suffers academically or has to drop out of school because of unexpected and unmanageable health related costs. Some students with chronic illnesses would never be able to see the inside of a classroom without access to affordable treatment and therapies.

That is why it is important to work collectively to provide protection for each other in the most cost-effective way possible. While we hope that this year will be worry free, if your health does falter, we are glad that your health and dental plans will be there to support you. Many of your plan benefits support health promotion and illness prevention, such as annual dental cleaning and maintenance medication. Being proactive about your health and dental needs is as much a worthwhile investment in your future as your education.

This year, please get familiar with the coverage detailed in this brochure and take advantage of the benefits provided by your students' union health and dental plans. After all, we can all benefit from having the peace of mind this coverage brings.

If you have any questions or suggestions, there is a team of people waiting to assist you.

Have a healthy and successful year!

Your Selkirk College Students' Union Executive

## **WELCOME TO YOUR BENEFIT PLAN**

### **ABOUT THIS BOOKLET**

This booklet provides a summary of your benefits under your benefit plan.

It includes:

- a Description of Benefits, listing all the Deductibles, Co-pay and Maximums that may impact the amount paid to you
- a Definitions section, to explain common terms used throughout the booklet
- information you need to submit a claim

### **Your Benefit Providers are:**

#### **Green Shield**

- Prescription Drugs, Health and Dental Benefit Plans

#### **Shepell-fgi**

- Student Wellness Resource

#### **ACE INA Insurance**

- Accidental Death and Dismemberment Benefit Plan

#### **ETFS/Royal & Sun Alliance Insurance Company of Canada**

- Travel Benefit Plan

### **THE STUDENT CENTRE**

The “Student Centre” can now be accessed from the Green Shield website at [greenshield.ca/StudentCentre](https://greenshield.ca/StudentCentre). This website provides quick and easy access to the information you are looking for, such as:

- Reading and/or downloading your Benefit Plan Booklet
- Locating dental providers in your area who are members of the Student Dental Discount Network (if you have Green Shield Dental Benefits)
- Locating discount vision providers in your area (regardless of whether you have Green Shield Vision Benefits or not)
- Accessing wellness information

# TABLE OF CONTENTS

|  |           |
|--|-----------|
| <b>DESCRIPTION OF BENEFITS .....</b>                                   | <b>1</b>  |
| HEALTH BENEFIT PLAN .....  | 1         |
| DENTAL BENEFIT PLAN .....  | 6         |
| STUDENT WELLNESS RESOURCE .....  | 10        |
| <b>CLAIM INFORMATION.....</b>  | <b>11</b> |
| <b>ADDITIONAL INFORMATION .....</b>                                    | <b>13</b> |
| PLAN MEMBER ONLINE SERVICES .....                                      | 13        |
| VISION DISCOUNT NETWORK ARRANGEMENT .....                              | 14        |
| DENTAL DISCOUNT NETWORK ARRANGEMENT .....                              | 15        |
| <b>DEFINITIONS .....</b>   | <b>16</b> |
| <b>CONVERSION - PRISM CONTINUUM® PROGRAM .....</b>                     | <b>18</b> |
| <b>OUR COMMITMENT TO PRIVACY .....</b>                                 | <b>19</b> |
| <b>BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.....</b>         | <b>20</b> |
| <b>OUT OF PROVINCE/CANADA TRAVEL MEDICAL EMERGENCY INSURANCE .....</b> | <b>23</b> |

**DESCRIPTION OF BENEFITS**

**HEALTH BENEFIT PLAN**

Your plan is intended to supplement your provincial health insurance plan. The benefits shown below will be eligible, if they are reasonable and customary, and are medically necessary for the treatment of an illness or injury. Benefits are subject to the Deductible and Maximums listed.

**DEDUCTIBLE:** Nil

**OVERALL MAXIMUM:** Unlimited per covered person, for all Health Benefits combined

Benefit Year: September 1 - August 31

| <b>PRESCRIPTION DRUGS</b> | <b>Your Co-pay:</b>            | <b>Maximum plan pays:</b> |
|---------------------------|--------------------------------|---------------------------|
|                           | 20% per prescription or refill | Unlimited                 |

Prescription drug benefits must:

- a) be prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law;
- b) legally require a prescription;
- c) be submitted to us by using your Green Shield ID Card at your pharmacy or paid for by you and then submitted to us for reimbursement.

If approved by Green Shield, this plan includes drugs that do not legally require a prescription, including insulin and all other approved injectibles, as well as related supplies such as diabetic syringes, needles and testing agents.

Certain drugs may require prior approval, your Pharmacist is aware of the drugs that fall into this category.

In no event will the amount dispensed exceed a three-month supply (six months if a vacation supply is required) of a prescription at any one time and not more than a 13-month supply in any 12 consecutive months.

Eligible benefits do not include and no amount will be paid for:

- a) Smoking cessation products, and medication for the treatment of hair loss/replacement, obesity, erectile dysfunction and infertility.
- b) Products which may lawfully be sold or offered for sale other than through retail pharmacies, and which are not normally considered by practitioners as medicines for which a prescription is necessary or required.
- c) Ingredients or products which have not been approved by Health Canada for the treatment of a medical condition or disease and are deemed to be experimental in nature and/or may be in the testing stage.
- d) Mixtures, compounded by a pharmacist, that do not conform to Green Shield's current Compound Policy.

**Extended Health Services**

| <b>MEDICAL ITEMS AND SERVICES</b>   | <b>Your Co-pay:</b> | <b>Maximum plan pays:</b>   |
|---|---------------------|---|
| Footwear <ul style="list-style-type: none"> <li>▪ custom made boots or shoes</li> <li>▪ custom made foot orthotics</li> </ul> | 0%                  | Reasonable and customary charges<br>\$300 per person per benefit year |
| Optometric Eye Exams  | 0%                  | \$25 per person every 24 months beginning September 1.                |
| Incontinence/Ostomy   | 20%                 | Reasonable and customary charges                                      |
| Other items and services listed below   | 0%                  | Reasonable and customary charges                                      |

Reimbursement for reasonable and customary charges for:

- a) Aids for daily living: such as hospital style beds, including rails and mattresses; bedpans; urinals; standard commodes; decubitus supplies; IV stands; trapezes; portable patient lifts;
- b) Footwear:
  - i) custom made foot orthotics (when prescribed by your attending physician, podiatrist or chiropodist);
  - ii) custom made boots or shoes, adjustments to stock item footwear, or footwear as an integral part of a brace (subject to a medical pre-determination);
- c) Braces, casts;
- d) Diabetic equipment, such as blood glucose monitors and lancets,
- e) Medical services, such as diagnostic tests, x-rays and laboratory tests;
- f) Incontinence/Ostomy equipment, such as catheter supplies and ostomy supplies;
- g) Mobility aids, such as canes, crutches, walkers and wheelchairs;
- h) Prosthetics, such as an arm, hand, leg, foot, breast, eye and larynx;
- i) Optometric eye examinations for visual acuity performed by a licensed optometrist, ophthalmologist or physician, (available only in those provinces where eye examinations are not covered by the provincial health insurance plan);
- j) Respiratory/Cardiology equipment, such as compressor, inhalant devices, tracheotomy supplies and oxygen;
- k) Compression stockings.

Some items may require pre-authorization. To confirm eligibility prior to purchasing or renting equipment, submit a Pre-Authorization Form to Green Shield.

**Limitations**

- a) The rental price of durable medical equipment will not exceed the purchase price. Green Shield's decision to purchase or rent will be based on the physician's estimate of the duration of need as established by the original prescription. Rental authorization may be granted for the prescribed duration. Equipment that has been refurbished by the supplier for resale is not an eligible benefit.
- b) Durable medical equipment must be appropriate for use in the home, able to withstand repeated use and generally not useful in the absence of illness or injury.
- c) When deluxe medical equipment is a covered benefit, reimbursement will be made only when deluxe features are required in order for the patient to effectively operate the equipment. Items that are not primarily medical in nature or that are for comfort and convenience are not eligible.

**DESCRIPTION OF BENEFITS**

**HEALTH BENEFIT PLAN**

|                                 |                     |                                  |
|---------------------------------|---------------------|----------------------------------|
| <b>EMERGENCY TRANSPORTATION</b> | <b>Your Co-pay:</b> | <b>Maximum plan pays:</b>        |
|                                 | 0%                  | Reasonable and customary charges |

Reimbursement for professional land or air ambulance to the nearest hospital equipped to provide the required treatment, or when medically required as the result of an injury, illness or acute physical disability.

|  |                     |  |
|--|---------------------|--|
| <b>PROFESSIONAL SERVICES</b>   | <b>Your Co-pay:</b> | <b>Maximum plan pays:</b>                                    |
| <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Chiropractor</li> <li>• Chiropodist/Podiatrist</li> <li>• Psychologist</li> <li>• Speech Therapist</li> <li>• Naturopath</li> <li>• Registered Massage Therapist (medical referral required)</li> <li>• Physiotherapist</li> </ul> | 0%                  | \$300 per person, per type of practitioner, per benefit year |

**Professional Services**, and for practitioners included, up to the amount shown above, when the practitioner rendering the service is licensed by their provincial regulatory and/or professional association and that association is recognized by Green Shield. Please contact the Green Shield Customer Service Centre to confirm practitioner eligibility.

|                          |                     |                                  |
|--------------------------|---------------------|----------------------------------|
| <b>ACCIDENTAL DENTAL</b> | <b>Your Co-pay:</b> | <b>Maximum plan pays:</b>        |
|                          | 0%                  | Reasonable and customary charges |

Reimbursement for the services of a licensed dental practitioner for dental care to restore the area damaged as the result of an accident while the coverage is in force. When natural teeth have been damaged, eligible services are limited to one set of artificial teeth. You must notify Green Shield immediately following the accident and the treatment must commence within 180 days of the accident.

Green Shield will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments or the repair or replacement of artificial teeth.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province of residence. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter Green Shield’s liability.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.

| TUTORIAL BENEFIT  | Your Co-pay: | Maximum plan pays:   |
|---|--------------|--|
| <b>NOTE: Your dependents are not eligible for this benefit.</b> | 0%           | Private tutorial service of a qualified teacher up to \$25 per hour, up to \$1,000 per disability. You must be confined to home or hospital for a minimum of 15 consecutive days to qualify. |

### Health Benefit Exclusions

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or injury due to:
  - a) intentionally self-inflicted injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) will be administered in a hospital;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Prescription Drugs Benefit;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries.
6. Services or supplies that:
  - a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
  - b) are legally prohibited by the government from coverage;
  - c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
  - d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
  - e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
  - f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
  - g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;

## DESCRIPTION OF BENEFITS

## HEALTH BENEFIT PLAN

- h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
- i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. Replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required;
- k) are video instructional kits, informational manuals or pamphlets;
- l) are for medical or surgical audio and visual treatment;
- m) are special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- n) are delivery and transportation charges;
- o) are for Insulin pumps and supplies (unless otherwise covered under the plan);
- p) are for medical examinations, audiometric examinations or hearing aid evaluation tests;
- q) are batteries, unless specifically included as an eligible benefit;
- r) are a duplicate prosthetic device or appliance;
- s) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- t) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- u) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as a result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
- v) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
- w) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
- x) relate to treatment of injuries arising out of a motor vehicle accident (Ontario);  
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–
  - i) the service or supplies being claimed is not eligible; or
  - ii) the financial commitment is complete.A letter from your automobile insurance carrier will be required;
- y) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

**DESCRIPTION OF BENEFITS**

**DENTAL BENEFIT PLAN**

**DEDUCTIBLE:** Nil

**Fee Guide:** The current Provincial Dental Association Fee Guide for General Practitioners.

In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

Benefit Year: September 1 - August 31

| <b>DENTAL BENEFIT PLAN</b>             | <b>Your Co-Pay:</b> | <b>Maximum plan pays:</b>                          |
|--|---------------------|--|
| Basic and Comprehensive Basic Services | 20%                 | \$500 combined per covered person per benefit year |

The benefits shown below will be eligible, if they are based on the licensed dental practitioner’s reasonable and customary charge in accordance with the Fee Guide.

**Basic Services**

- Recalls include exams, bitewing X-rays and cleanings once every 9 months, beginning September 1.
- Fluoride treatments once every 9 months, beginning September 1.
- Complete, general or comprehensive oral exams, full mouth x-rays and panoramic x-rays, once every 3 years.
- Basic restorations, fillings and inlays.
- Extractions and surgical services. General anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery.

**Comprehensive Basic Services**

- Endodontic treatment including standard root canal therapy, excluding retreatments.
- Periodontal treatment including scaling and/or root planing, 8 time units every 12 months.
- Occlusal equilibration - selective grinding of tooth surfaces to adjust a bite, 2 time units every 12 months.
- Standard denture services once every 3 years, including relining and rebasing of dentures plus denture adjustments after 3 months from installation.

**Alternate Treatment**

The benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

**Predetermination**

Before your treatment begins, if the total cost of any proposed treatment is expected to exceed \$300, it is recommended that you submit an estimate completed by your dental practitioner.

**Limitations**

- a) Laboratory charges must be completed in conjunction with other services and will be limited to the Co-pay of such services. Laboratory charges that are in excess of 40% of the dentist's fee in the current General Practitioners Fee Guide will be reduced accordingly; co-insurance is then applied.
- b) Reimbursement will be made according to standard and/or basic services, supplies or treatment. Related expenses beyond the standard and/or basic services, supplies or treatment will remain your responsibility.
- c) When more than one surgical procedure is performed during the same appointment in the same area of the mouth, only the most comprehensive procedure will be eligible for reimbursement.
- d) Reimbursement will be pro-rated and reduced accordingly, when time spent by the dentist is less than the average time assigned to a dental service procedure code in the General Practitioners Fee Guide.
- e) Reimbursement for root canal therapy will be limited to payment once. The total fee for root canal includes all pulpotomies and pulpectomies performed on the same tooth.
- f) Common surfaces on the same tooth/same day will be assessed as one surface. If individual surfaces are restored on the same tooth/same day, payment will be assessed according to the procedure code representing the combined surface. Payment will be limited to a maximum of 5 surfaces in any 36 month period.
- g) The benefits payable for multiple restorative services in the same quadrant performed at one appointment may be reduced by 20% for all but the most costly service in the quadrant.
- h) Root planing is not eligible if done at the same time as gingival curettage.
- i) In the event of a dental accident, claims should be submitted under the health benefits plan before submitting them under the dental plan.

**Dental Exclusions**

Eligible benefits do not include and reimbursement will not be made for:

1. Services or supplies received as a result of disease, illness or Injury due to:
  - a) intentionally self-inflicted Injury while sane or insane;
  - b) an act of war, declared or undeclared;
  - c) participation in a riot or civil commotion; or
  - d) committing a criminal offence;
2. Services or supplies provided while serving in the armed forces of any country;
3. Failure to keep a scheduled appointment with a legally qualified dental practitioner;
4. The completion of any claim forms and/or insurance reports;
5. Any dental service that is not contained in the procedure codes developed and maintained by the Canadian Dental Association, adopted by the provincial or territorial dental association of the province or territory in which the service is provided (or your province of residence if any dental service is provided outside Canada) and in effect at the time the service is provided;
6. Implants and related services;
7. Restorations necessary for wear, acid erosion, vertical dimension and/or restoring occlusion;
8. Appliances related to treatment of myofacial pain syndrome including all diagnostic models, gnathological determinants, maintenance, adjustments, repairs and relines;
9. Posterior cantilever pontics/teeth and extra pontics/teeth to fill in diastemas/spaces;
10. Service and charges for sleep dentistry;
11. Diagnostic and/or intraoral repositioning appliances including maintenance, adjustments, repairs and relines related to treatment of temporomandibular joint dysfunction;
12. Any specific treatment or drug which:
  - a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
  - b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
  - c) will be administered in a hospital;
  - d) is not dispensed by the pharmacist in accordance with the payment method shown under the Health Benefit Plan Prescription Drugs;
  - e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;

## 13. Services or supplies that:

- a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of Green Shield) medical practitioner or dental practitioner as permitted by law;
- b) are legally prohibited by the government from coverage;
- c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage; or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than Green Shield, your plan sponsor or you;
- d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
- e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;
- f) are used solely for recreational or sporting activities and which are not medically necessary for regular activities;
- g) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
- h) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
- i) are provided by your plan sponsor and/or a practitioner employed by your plan sponsor, other than as part of an employee assistance plan;
- j) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence. (replacements are eligible when required due to natural wear, growth or relevant change in your medical condition but only when the equipment/prostheses cannot be adjusted or repaired at a lesser cost and the item is still medically required);
- k) are video instructional kits, informational manuals or pamphlets;
- l) are delivery and transportation charges;
- m) are a duplicate prosthetic device or appliance;
- n) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;
- o) would normally be paid through any provincial health insurance plan, Workplace Safety and Insurance Board or tribunal, or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
- p) relate to treatment of injuries arising out of a motor vehicle accident (Ontario);  
Note: Payment of benefits for claims relating to automobile accidents for which coverage is available under a motor vehicle liability policy providing no-fault benefits will be considered only if–
  - i) the service or supplies being claimed is not eligible; or
  - ii) the financial commitment is complete;A letter from your automobile insurance carrier will be required;
- q) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

## STUDENT WELLNESS RESOURCE

The National Student Health Network is pleased to provide access to a wealth of online information, tools, e-learning modules and trackers to help bring balance and health to your life.

Topics covered include:

- Mental Health**      Depression, helping family members with mental illness, alcohol consumption test and tracker...
- Relationships**      Creating a stronger relationship, partner abuse...
- Your Body**          Healthy eating, important health risk factors, exercise trackers...
- Finance**              Decreasing your debt, planning for your future, budget building...
- Career Planning**    Deciding on a career, help finding a job, learning better time management skills...

Visit [www.canadianstudentwellness.ca](http://www.canadianstudentwellness.ca) today!

**CLAIM INFORMATION**

**Inquiries**

For detailed inquiries, contact your Student Union Health Plan Administrator or contact Green Shield.

- call the Customer Service Centre at 1.888.711.1119 to determine eligibility for a specific item, service or pre-authorization requirements; or
- visit [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) to e-mail your question.

**Pre-authorization**

For **pre-authorization** forward a pre-authorization form OR a physician’s prescription indicating the diagnosis and what is prescribed.

**Submitting Claims**

All claims submitted to Green Shield require your Green Shield Identification number. Your Green Shield Identification Number is your student number with the prefix “**SSA**” – e.g. **SSA111222333**.

For **claims reimbursement** forward **an original itemized paid receipt from the service provider** (cash receipts or credit card receipts alone are not acceptable as proof of payment) including:

- Patient’s name, address and Green Shield Identification Number
- Provider’s name and address
- Date of service (this is the date of pick up)
- Charges for each service or supply
- A detailed description of the service or supply
- Medical referral/physician prescription when required

For certain claims, we may require additional confirmation of payment so we recommend you keep a copy of some other identifiable confirmation of payment, such as a cancelled cheque (copy is acceptable if both sides of the cheque are provided), an authorized electronic credit card receipt and/or statement, direct payment /debit receipt or bank statements.

When Green Shield is identified as a secondary carrier, submit the original Explanation of Benefits statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

**All claims must be received by Green Shield no later than 12 months from the date the eligible benefit was incurred.**

**SUBMIT ALL HEALTH AND DENTAL CLAIM FORMS TO:  
GREEN SHIELD CANADA**

|                             |             |             |         |
|-----------------------------|-------------|-------------|---------|
| Attn: Drug Department       | PO Box 1652 | Windsor, ON | N9A 7G5 |
| Attn: Medical Items         | PO Box 1623 | Windsor, ON | N9A 7B3 |
| Attn: Professional Services | PO Box 1699 | Windsor, ON | N9A 7G6 |
| Attn: Dental Department     | PO Box 1608 | Windsor, ON | N9A 7G1 |

**Reimbursement**

Reimbursement will be made by one of the following methods:

- a) direct deposit to your personal bank account, when requested;
- b) a reimbursement cheque; or
- c) direct payment to the provider of services, where applicable.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian or U.S. funds for both providers and plan members, based on the country of the payee.

**Direct Payment to the Provider of Service** (where applicable)

Provide your Green Shield Identification Number to your provider and, after you pay any applicable co-payment, they may bill Green Shield directly and in many cases, payment will be made directly to your provider of service. Most providers will also have a supply of claim forms.

**Subrogation**

Green Shield retains the right of subrogation if benefits paid on behalf of you or your dependent are or should have been paid or provided by a third party liability. This means that Green Shield has the right to recover payment for reimbursement where you or your dependent receives reimbursement, in whole or in part, in respect of benefits or payments made or provided by Green Shield, from a third party or other coverage(s). In cases of third party liability, you must advise your lawyer of our subrogation rights.

**Co-ordination of Benefits (COB)**

If you are covered for extended health and dental benefits under more than one plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred.

Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan(s).

As a Green Shield plan member, your student plan is always your primary plan. Submit your claims to Green Shield first and if you have a balance remaining, you may submit it to the secondary carrier(s) or benefit plan(s), if applicable, such as a parental plan.

**Spouse**

If your spouse is a plan member under another benefit plan, this Green Shield coverage is always secondary. Your spouse must first submit claims to his/her benefit plan.

**Children**

When dependent children are covered under both your Green Shield plan and your spouse's benefit plan, use the following order to determine where to submit the claims:

- The plan of the parent whose birth date (month and day) occurs earliest in the calendar year
- The plan of the parent whose first name begins with the earlier letter of the alphabet, if the parents have the same birth date
- In cases of separation or divorce with multiple benefit plans for the children, the following order applies:
  - The benefit plan of the parent who has custody of the dependent child
  - The plan of the spouse of the parent who has custody of the dependent child
  - The plan of the parent who does not have custody of the dependent child
  - The plan of the spouse of the parent who does not have custody of the dependent child

If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.

**ADDITIONAL INFORMATION**

**PLAN MEMBER ONLINE SERVICES**

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website.

When you create your username and password, you will have instant access to the following:

- Reading and/or downloading your Benefit Plan Booklet
- Printer friendly personalized claim forms
- View benefit eligibility information
- View your personal profile

Contact the Green Shield Canada Customer Service Centre at 1.888.711.1119 to verify your permanent address is entered on our system. Once you have registered for Plan Member Online Services, Green Shield will mail you an access code required for the following additional services:

- View claim history for you and your dependents
- View claim history for tax purposes or Co-ordination of Benefits
- View Explanation of Benefits information
- Request your claim payments to be directly deposited into your bank account. Once arrangements have been made for Direct Deposit, claim payments will be deposited directly into the bank account you have chosen. Statements will no longer be mailed to you but will be available for online viewing.

Register for Plan Member Online Services at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) and see what our website can do for you!

**VISION DISCOUNT NETWORK ARRANGEMENT**

As a Green Shield plan member, you have access to our national vision discount network arrangement where you are eligible to receive a discount on eyewear and laser eye surgery.

Features of this great value-added service:

1. discount offer applies regardless of whether you have Green Shield vision benefits or not;
2. the vision provider may bill Green Shield directly if you are covered for vision benefits. You just pay any portion of the expense not covered under your vision benefit;
3. trustworthy retail chains with convenient locations;
4. discount offer applies to everything such as all extra coatings, upgrades and accessories;
5. hundreds of the latest frame styles to choose from plus the latest lens and coating technology;
6. professional opticians to assist in selecting products;
7. offer applies to non-disposable contact lenses (excludes disposable contact lenses).

**These savings cannot be combined with other discounts.**

Visit our website at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) or call our Customer Service Centre at 1.888.711.1119 for information on the vision providers.

**How to Submit Your Vision Claim (if your plan covers vision benefits)**

1. Present your Green Shield Identification Card as proof of being a Green Shield plan member.
2. The vision provider will apply the appropriate discount(s) to your claim and may submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.
3. If no vision benefit exists, you pay your provider the full balance owing after the applicable discounts have been applied.

Visit our website at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) for a copy of your Identification Card.

**DENTAL DISCOUNT NETWORK ARRANGEMENT**

In partnership with the National Student Health Network, Green Shield provides access to the Student Dental Discount Network. The intent of this network is to provide our student plan members access to high quality dental services at an affordable cost.

Features of this great value-added service and how it works:

1. This national program includes more than 600 dentists from coast to coast.
2. Once a dental provider elects to participate in the network, they are added to a list of Green Shield's participating dental providers. This list is currently available at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre).
3. You may visit a dentist from the list of participating dental providers, or you may ask your existing dentist to join this network; the advantage to your dentist of joining the network is the potential of an increase in business. Your dentist can call our Customer Service Centre at 1.888.711.1119 for more information.
4. The discount offer applies to most dental procedures and *may* be up to 30%.
5. Our system will automatically calculate the applicable discount when you visit a dental provider in this network. The applicable discount is dependent on your particular college or university's plan design, and will be subtracted from your co-pay, or share of the cost.
6. Eligible dental claims are processed electronically, therefore, **you must first be enrolled on Green Shield's system in order to be eligible for the discount.** Green Shield will pay your dentist directly; you only have to pay the dentist your share of the cost (if any) for services provided.
7. You will receive professional dental services while incurring lower out-of-pocket expenses and maintain ongoing oral health.

Visit our website at [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) or call our Customer Service Centre at 1.888.711.1119 for more information.

## DEFINITIONS

Unless specifically stated otherwise, the following Definitions will apply throughout this booklet.

**Allowed amount** means, as determined by Green Shield:

- a) Drugs – the Green Shield National Pricing Policy and/or the reasonable and customary charge;
- b) Extended Health Services – the reasonable and customary charge for the service or supply but not more than the prevailing charge in the area in which the charge is made for a like service or supply;
- c) Dental – the provincial dental association fee guide for general practitioners.

**Benefit year** means the 12 month period starting September 1 and ending August 31.

**Co-pay** for the Drug benefit is the eligible rendered amount that must be paid by you or your dependent before reimbursement of an expense will be made.

**Covered person** means the plan member who has been enrolled in the plan or his or her enrolled dependents.

**Custom made boots or shoes** means footwear used for an individual whose condition cannot be accommodated by existing footwear products. The fabrication of the footwear involves making a unique cast of the patient's feet and the use of 100% raw materials. (This footwear is used to accommodate the bony and structural abnormalities of the feet and lower legs resulting from trauma, disease or congenital deformities).

**Custom made foot orthotics** means a device made from a 3-dimensional model of an individual's foot and made from raw materials. (These devices are used to relieve foot pain related to biomechanical misalignment to the feet and lower limbs.)

**Deductible** is the amount that must be paid by or on behalf of you and your dependent in any benefit year before reimbursement of an eligible expense will be made.

**Dependent** means

- a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 12 continuous months. Only one spouse will be considered at any time as being covered under the contract;
- b) your unmarried child under age 21;
- c) your unmarried child under age 25, if enrolled and in full-time attendance at an accredited college, university or educational institute;
- d) your unmarried child any age, if totally disabled by reason of mental or physical disability and remains continuously so disabled and is considered a dependent as defined under the Income Tax Act.

Your child (your or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or are dependent upon you (or both) and not regularly employed.

Children who are in full-time attendance at an accredited school do not have to reside with you or attend school in your province. If the school is in another province, you must apply to your provincial health insurance plan for an extension of coverage to ensure your child continues to be covered under a provincial health insurance plan.

## DEFINITIONS

**Emergency** means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your dependent is medically able to return to your province of residence.

**First paid claim** means the actual date a claim is paid by Green Shield in a Benefit Year.

**Injury** means an unexpected or unforeseen event that occurs as a direct result of a violent, sudden and unexpected action from an outside source.

**Plan member** means you, when you are enrolled for benefits.

**Reasonable and customary** means in the opinion of Green Shield, the usual charge of the Provider for the service or supply, in the absence of insurance, but not more than the prevailing charge in the area for a like service or supply.

**Rendered amount** means the amount charged by a provider for a service and submitted for payment of a claim.

**Stock item footwear** means any mass-produced foot care item that is sold over-the-counter and is readily available without any modifications.

**CONVERSION - PRISM CONTINUUM® PROGRAM**

The PRISM CONTINUUM® Program offers three plans that are focused on providing coverage for you if you are leaving the Green Shield plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost Green Shield benefits within the last 60 days and are looking for guaranteed coverage.

Call 416.601.0429 in the Toronto area or toll-free at 1.800.667.0429 for an information package or visit our website at [greenshield.ca](http://greenshield.ca). Coverage is guaranteed if you apply within 60 days of losing your Green Shield benefits.

## OUR COMMITMENT TO PRIVACY

The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service. It consists of the following key principles:

### 1. We ask for your personal information for the following purposes:

- To establish your identification
- To provide you and/or your dependents with the applicable benefit coverage
- To protect you and us from error and fraud
- To provide ongoing access to other services at Green Shield

### 2. Consent

When you enrolled in your group benefit plan as a plan member, your personal information was obtained and used only with your consent. We obtained your consent before we:

- Provided benefit coverage
- Offered you other Green Shield services
- Obtained, used or disclosed to other persons, information about you unless we were obliged to do so by law or to protect our interests
- Used your personal information in any way we did not tell you about previously

Your consent can be either express or implied. Express consent can be verbal or written.

Consent can be implied or inferred from certain actions. For our existing group and benefit plan members and their dependents, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

### 3. Withdrawal of Consent

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information, or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield website at [greenshield.ca](http://greenshield.ca).

## **BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### **FOR THE STUDENTS OF THE SELKIRK COLLEGE STUDENTS' UNION**

#### **POLICY SGC 10-30-35-33**

#### **ACE INA Insurance**

The Basic Accidental Death and Dismemberment plan covers you 24 hours a day, anywhere in the world, for specified accidental losses. If you suffer any of the eligible losses listed in the policy as the result of an accidental injury which results directly and independently of all over causes and the loss occurs within 365 days of the date of the accident, the benefits indicated in the policy will be paid.

#### **Who is Covered?**

Class 1: All active full-time Students of the Policyholder under the age of 70 whose names are on file with the Policyholder.

#### **SCHEDULE OF BENEFITS**

Benefit amounts for each Class of Insured Persons are shown below. The amount specified shall apply to each Insured Person per accident, subject to all terms of the policy having reference thereto. If no benefit amount is shown, then the Class is not covered for that benefit.

|             |   |          |
|-------------|---|----------|
| Coverage A: | <b>Accidental Death &amp; Dismemberment Benefit</b>       |          |
|             | Principal Sum Amount:                                     | \$7,000  |
| Coverage B: | <b>Repatriation Benefit</b>                               |          |
|             | Maximum Amount:   | \$15,000 |
| Coverage C: | <b>Rehabilitation Benefit</b>                             |          |
|             | Maximum Amount:   | \$15,000 |
| Coverage D: | <b>Family Transportation Benefit</b>                      |          |
|             | Maximum Amount:   | \$15,000 |
| Coverage E: | <b>Spousal Occupational Training Benefit</b>              |          |
|             | Maximum Amount:   | \$15,000 |
| Coverage F: | <b>Home Alteration &amp; Vehicle Modification Benefit</b> |          |
|             | Maximum Amount:   | \$10,000 |
| Coverage G: | <b>Special Education Benefit</b>                          |          |
|             | Maximum Amount:   | \$5,000  |
| Coverage H: | <b>Day Care Benefit</b>                                   |          |
|             | Maximum Amount:   | \$5,000  |
| Coverage I: | <b>Seat Belt Benefit</b>                                  |          |
|             | Maximum Amount:   | 10%      |
| Coverage J: | <b>Continuance of Coverage</b>                            |          |

|             |   |          |
|-------------|---|----------|
| Coverage K: | <b>Conversion Privilege</b>                             |          |
| Coverage L: | <b>Waiver of Premium</b>                                |          |
| Coverage M: | <b>In-Hospital Indemnity</b>                            |          |
|             | Maximum Amount:   | \$2,500  |
| Coverage N: | <b>Accidental Dental Expense Benefit</b>                |          |
|             | Maximum Amount:   | \$1,000  |
| Coverage O: | <b>Accidental Medical Reimbursement Expense Benefit</b> |          |
|             | Maximum Amount:   | \$10,000 |
| Coverage P: | <b>Cosmetic Disfigurement</b>                           |          |
|             | Maximum Amount:   | \$25,000 |
| Coverage Q: | <b>Identification</b>                                   |          |
|             | Maximum Amount:   | \$15,000 |
| Coverage R: | <b>Bereavement</b>                                      |          |
|             | Maximum Amount:   | \$500    |
| Coverage S: | <b>Funeral Expense</b>                                  |          |
|             | Maximum Amount:   | \$2,500  |
| Coverage T: | <b>Psychological Benefit</b>                            |          |
|             | Maximum Amount:   | \$5,000  |

## SCHEDULE OF LOSSES

### Accidental Death and Dismemberment

If such injuries shall result in any one of the following specific losses within one year from the date of accident, the Company will pay the benefit specified as applicable thereto, based upon the Principal Sum stated in **Schedule of Benefits**; provided, however, that not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

|  |  |
|--|--|
| Loss of Life .....   | The Principal Sum                        |
| Loss of Both Hands or Both Feet .....  | Three Times The Principal Sum            |
| Loss of Entire Sight of Both Eyes .....  | Three Times The Principal Sum            |
| Loss of One Hand and One Foot .....  | Three Times The Principal Sum            |
| Loss of One Hand and Entire Sight of One Eye .....   | Three Times The Principal Sum            |
| Loss of One Foot and Entire Sight of One Eye.....  | Three Times The Principal Sum            |
| Loss of Speech and Hearing in Both Ears.....   | Three Times The Principal Sum            |
| Brain Death.....   | The Principal Sum                        |
| Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet or<br>combination of Hand and Foot or Arm and Leg ..... | Three Times The Principal Sum            |
| Quadriplegia .....   | Three Times The Principal Sum            |
| Paraplegia.....  | Three Times The Principal Sum            |
| Hemiplegia.....  | Three Times The Principal Sum            |
| Loss of One Arm or One Leg .....   | Two and One Quarter of The Principal Sum |
| Loss of Use of One Arm or One Leg .....  | Two and One Quarter of The Principal Sum |
| Loss of One Hand or One Foot .....   | Two and One Tenth of The Principal Sum   |
| Loss of Entire Sight of One Eye .....  | Two and One Tenth of The Principal Sum   |

|   |  |
|---|--|
| Loss of Use of One Hand or One Foot.....                | Two and One Tenth of The Principal Sum |
| Loss of Speech or Hearing in One Ear.....               | One and One Half of The Principal Sum  |
| Loss of Thumb and Index Finger of Same Hand.....        | One Half of The Principal Sum          |
| Loss of Use of Thumb and Index Finger of Same Hand..... | One Half of The Principal Sum          |
| Loss of Four Fingers of Same Hand.....                  | One-Third of The Principal Sum         |
| Loss of Hearing in One Ear.....                         | One and One Half of The Principal Sum  |
| Loss of All Toes of Same Foot.....                      | One-Quarter of The Principal Sum       |
| Loss of One Finger.....                                 | One Tenth of The Principal Sum         |

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to "Loss of Thumb and Index finger of Same Hand" or "Loss of Four Fingers of Same Hand", the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot. If the insured suffers complete severance of a hand, foot, arm or leg as described above, then the Company will pay the amount specified above even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

For further information please contact your health plan administrator.

## OUT OF PROVINCE/CANADA TRAVEL MEDICAL EMERGENCY INSURANCE

A summary of your benefits is outlined in the table below.

For assistance with a claim, or for coverage inquiries, please contact **etfs** (the Administrator) directly at 1.866.870.1898.

To extend your coverage beyond the coverage period shown below, please contact **etfs** at 1.877.562.5412.

While travelling, please ensure to carry the Travel Insurance card provided in this booklet with you.

**.:Viator™**



### National Student Health Network

Policy #:.....28556323  
 Administrator:..... **etfs**  
 Underwriter:.....Royal & Sun Alliance Insurance Company of Canada

#### BENEFIT SUMMARY

Coverage Maximum:..... \$5,000,000 per coverage period per insured person  
 Coverage Period: .....60 days per trip

| BENEFIT  | LIMIT   |
|--|---|
| Hospital Accommodation   | Reasonable & customary costs                                      |
| Physician Charges  | Reasonable & customary costs                                      |
| Diagnostic Services  | Reasonable & customary costs                                      |
| Paramedical Services   | \$250 per profession  |
| Prescription Drugs   | 30-day supply per prescription                                    |
| Ambulance Services   | Reasonable & customary costs                                      |
| Medical Appliances   | Reasonable & customary costs                                      |
| Private Duty Nurse   | Up to \$5,000   |
| Emergency Air Transportation<br>(air ambulance, emergency travel arrangements<br>and medical attendants) | Reasonable & customary costs                                      |
| Transportation to Bedside  | Economy round-trip airfare<br>plus up to \$150 per day to \$3,000 |
| Return of Travelling Companion   | One-way airfare   |
| Treatment of Dental Accidents  | Up to \$2,000   |
| Meals and Accommodation  | Up to \$150 per day to \$3,000 per trip                           |
| Vehicle Return   | Up to \$5,000   |
| Return of Deceased   | Up to \$5,000   |
| Incidental Expenses  | Up to \$250   |

- Coverage maximum and limits are expressed in Canadian dollars
- Certain conditions and limitations apply, consult the participant's booklet wording for details
- The actual wording of the master policy governs all situations



Assurance voyage collective **Viator™**

**Viator™** Group  
Travel Insurance

Policyholder.....National Student Health Network  
Policy Number.....28556323A  
Coverage Period.....60 days per Trip

[www.etfsinc.com](http://www.etfsinc.com)

**Medical Assistance**

YOU MUST contact Global Excel prior to receiving any medical treatment.

**Assistance médicale**

VOUS DEVEZ communiquer avec Global Excel avant de recevoir un traitement médical quelconque.

In the event of an emergency, call: **Advenant une urgence, composez :**  
From / Du CANADA and USA / et É.U. .... **1-866-870-1898**  
Collect from anywhere / À frais virés de n'importe où. + **(819) 566-1898**

The following toll free numbers are subject to change without notice.  
Les numéros sans frais suivants peuvent être modifiés sans préavis.

|   |                      |                              |
|---|----------------------|------------------------------|
| From / De                                   |                      |                              |
| Australia / Australie                       | ..... 1 800 554 365  | Ireland / Irlande            |
| Dominican Republic / République Dominicaine | ..... 1 888 751 4335 | Italy / Italie               |
| France                                      | ..... 0 800 913 330  | Mexico / Mexique             |
| Germany / Allemagne                         | ..... 0800 181 6871  | United Kingdom / Royaume-Uni |
|   |                      | ..... 0800 917 8832          |

Use of this card is subject to the terms and conditions of the policy and is not in itself a guarantee of payment.



L'utilisation de cette carte est assujettie aux conditions du contrat d'assurance et ne constitue pas nécessairement une garantie de paiement.

36-01 DC BCA 0907 000