

# MY BENEFIT PLAN BOOKLET

**Trent University Graduate Students' Association**

Billing Division: 35004

Effective Date: September 1, 2011



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

Dear Student,

Welcome to your students' union health, travel and dental plan.

Students here at the Trent University Graduate Students' Association have come together to contribute to health, travel and dental plans that provide benefits to us all.

Your health, travel 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, travel 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, travel and dental plans, Trent University Graduate Students' Association 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, travel 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, travel 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, travel 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, travel 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 Trent University Graduate Students' Association 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, Travel and Dental Benefit Plans

#### **Shepell-fgi**

- Student Wellness Resource

#### **ACE INA Insurance**

- Accidental Death and Dismemberment 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

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**DESCRIPTION OF BENEFITS**

**HEALTH BENEFIT PLAN**

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**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 for all Health Benefits, except Prescription Drugs, Medical Items & Services, and Emergency Transportation. Please refer to the Schedules for these expenses for Overall Maximums applicable to those expenses.

Benefit Year: September 1 - August 31

<b>PRESCRIPTION DRUGS</b>	<b>Your Co-pay:</b>	<b>Overall Prescription Drug Maximum:</b> \$3,000 per covered person, per benefit year
Smoking cessation	20% per prescription or refill plus any drug dispensing fee charge in excess of \$8	\$50 per covered person per benefit year, subject to the Overall Prescription Drug Maximum
All other prescription drugs	20% per prescription or refill plus any drug dispensing fee charge in excess of \$8	Subject to the Overall Prescription Drug Maximum

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; and
- 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 injectables, 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.

Benefits include contraceptives.

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

- a) Medication for the treatment of obesity, erectile dysfunction and infertility.
- b) Vitamins.
- c) 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.

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- d) 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.
- e) Mixtures, compounded by a pharmacist, that do not conform to Green Shield’s current Compound Policy.

**Extended Health Services**

<b>MEDICAL ITEMS &amp; SERVICES</b>	<b>Your Co-pay:</b>	<b>Overall Maximum:</b> \$2,500 combined with Emergency Transportation, per covered person, per benefit year
Footwear <ul style="list-style-type: none"> <li>▪ custom made foot orthotics &amp; stock item footwear</li> </ul>	0%	\$200 every 2 years, based on first paid claim
Optometric eye exams		Once every 2 years, based on date of first paid claim, up to a maximum of \$65
Diabetic Equipment		\$500 per benefit year
Other items and services listed below		Reasonable and customary charges

Reimbursement for reasonable and customary charges for the following:

- 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) stock item footwear and adjustments to stock item footwear, (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 compressors, inhalant devices, tracheotomy supplies and oxygen;
- k) Compression stockings;
- l) Intrauterine devices (IUD’s).

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

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**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.

<b>EMERGENCY TRANSPORTATION</b>	<b>Your Co-pay:</b>	<b>Overall Maximum:</b>
	0%	\$2,500 combined with Medical Items and Services per covered person, per benefit year

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>PRIVATE DUTY NURSING IN THE HOME</b>	<b>Your Co-pay:</b>	<b>Maximum plan pays:</b>
	0%	\$2,500 per benefit year

Reimbursement for the services of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.) in the home on a visit or shift basis, up to the amounts shown above. No amount will be paid for services which are custodial and/or services which do not require the skill level of a Registered Nurse (R.N.) or Registered Practical Nurse/Licensed Practical Nurse (R.P.N./L.P.N.).

A Pre-Authorization Form for Private Duty Nursing must be completed by the attending physician and submitted to Green Shield.

<b>PROFESSIONAL SERVICES</b>	<b>Your Co-pay:</b>	<b>Maximum plan pays:</b>
<ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Dietitian</li> <li>• Chiropractor</li> <li>• Naturopath</li> <li>• Physiotherapist</li> <li>• Registered Massage Therapist (medical referral required)</li> <li>• Psychologist (medical referral required)</li> <li>• Speech Therapist (medical referral required)</li> <li>• Chiropodist/Podiatrist*</li> </ul>	0%	<p>\$25 per visit up to a maximum of \$300 per person, per type of practitioner, per benefit year</p> <p>*Podiatry services are not eligible until the provincial health insurance plan annual maximums have been exhausted.</p>

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**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%	\$2,500 per benefit year

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.

<b>VISION</b>	<b>Your Co-pay:</b>	<b>Maximum plan pays:</b>
	0%	\$80 per 24 months based on first paid claim

Reimbursement for the following services performed by a licensed Optometrist, Optician or Ophthalmologist, up to the amounts shown above for the following:

- a) Prescription eyeglasses or contact lenses;
- b) Medically necessary contact lenses when visual acuity cannot otherwise be corrected to at least 20/40 in the better eye or when medically necessary due to keratoconus, irregular astigmatism, irregular corneal curvature or physical deformity resulting in an inability to wear normal frames;
- c) Replacement parts to prescription eyeglasses;
- d) Plano sunglasses prescribed by a legally qualified medical practitioner for the treatment of specific ophthalmic diseases or conditions.

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

- a) Medical or surgical treatment;
- b) Special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision aids and aniseikonic lenses;
- c) Follow-up visits associated with the dispensing and fitting of contact lenses;
- d) Charges for eyeglass cases.

<b>AUDIO</b>	<b>Your Co-pay:</b>	<b>Maximum plan pays:</b>
	0%	\$500 per 5 years based on first paid claim

Reimbursement for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner. No amount will be paid for batteries.

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 \$20 per hour, up to \$1,000 per benefit year.  You must be confined to home or hospital for a minimum of 40 consecutive days to qualify.

### Health Benefit Exclusions

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

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;

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- 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.

TRAVEL BENEFIT PLAN

This plan is intended to supplement your provincial health insurance plan. Hospital and medical services are eligible only if your provincial health insurance plan provides payment toward the cost of incurred services. 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.

DEDUCTIBLE: Nil

OVERALL MAXIMUM: Unlimited

**Your Co-pay:** 0%

Your Plan Covers:	Maximum Plan Pays:
Maximum Number of Days per Trip	60 days
Emergency Services	\$5,000,000 per covered person per incident
Referral Services	\$50,000 per covered person per calendar year

Eligible travel benefits will be reasonable and customary charges in the area where they were received, less the amount payable by your provincial health insurance plan.

All maximums and limitations stated are in Canadian currency. Reimbursement will be made in Canadian funds or U.S. funds for both providers and plan members, based on the country of the payee. For payments that require currency conversion, the rate of exchange used will be the rate in effect on the date of service of the claim.

Reimbursement of eligible benefits for emergency services will be made only if the services were required as a result of emergency illness or injury that occurred while you were vacationing or travelling for other than health reasons.

Upon notification of the necessity for treatment of an accidental injury or medical emergency, **the patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.** Failure to notify us within 48 hours may result in benefits being limited to only those expenses incurred within the first 48 hours of any and each treatment/incident or the plan maximum, whichever is the lesser of the two.

**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.

Any invasive or investigative procedures must be pre-approved by Green Shield Canada Assistance Medical Team.

Eligible benefits are limited to a maximum of **60** days per trip commencing with the date of departure from your province of residence. If you are hospitalized on the **60th** day, benefits will be extended until the date of discharge.

1. **Hospital services and accommodation** up to a standard ward rate in a public general hospital;
2. **Medical/surgical services** rendered by a legally qualified physician or surgeon to relieve the symptoms of, or to cure an unforeseen illness or injury;
3. **Emergency Transportation**
  - **Land ambulance** to the nearest qualified medical facility
  - **Air ambulance** - the cost of air evacuation (including a medical attendant when necessary) between hospitals and for hospital admission into Canada when approved in advance by your provincial health insurance plan or to the nearest qualified medical facility
4. **Referral services** – (a) hospital services and accommodation, up to a standard ward rate in a public general hospital, and/or (b) medical surgical services rendered by a legally qualified physician or surgeon;
  - **Prior to the commencement of any referral treatment, written pre-authorization** from your provincial health insurance plan and Green Shield Canada **must be obtained**. Your provincial health insurance plan may cover this referral benefit entirely. You must provide Green Shield Canada with a letter from your attending physician stating the reason for the referral, and a letter from your provincial health insurance plan outlining their liability. **Failure to comply in obtaining pre-authorization will result in non-payment**
5. **Services of a registered private nurse** up to a maximum of \$5,000 per calendar year, at the reasonable and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. You must contact Green Shield Canada Travel Assistance for pre-approval;
6. **Diagnostic laboratory tests and X-rays** when prescribed by the attending physician. Except in emergency situations, Green Shield Canada Travel Assistance must pre-approve these services (i.e. cardiac catheterization or angiogram, angioplasty and bypass surgery);
7. **Reimbursement of prescriptions** for drugs, serums and injectables which require a prescription by law and are prescribed by a legally qualified medical practitioner (vitamins, patent and proprietary drugs are excluded). Submit to Green Shield Canada Travel Assistance the original paid receipt from the pharmacist, physician or hospital outside your province of residence showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;
8. **Medical appliances** including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair when deemed medically necessary and required due to an accident which occurs, and when the devices are obtained outside your province of residence;
9. **Treatment by a dentist** only when required due to a direct accidental blow to the mouth up to a maximum of \$2,000. Treatments (prior to and after return) must be provided within 90 days of the accident. Details of the accident must be provided to Green Shield Canada Travel Assistance along with dental X-rays;

**10. Coming Home** - when your emergency illness or injury is such that:

- Green Shield Assistance Medical Team specifies in writing that you should immediately return to your province of residence for immediate medical attention, reimbursement will be made for the extra cost incurred for the purchase of a one way economy airfare, plus the additional economy airfare if required to accommodate a stretcher, to return you by the most direct route to the major air terminal nearest the departure point in your province of residence

This benefit assumes that you are not holding a valid open-return air ticket. Charges for upgrading, departure taxes, cancellation penalties or airfares for accompanying family members or friends are not included.

- Green Shield Assistance Medical Team or commercial airline stipulates in writing that you must be accompanied by a qualified medical attendant, reimbursement will be made for the cost incurred for one round trip economy airfare and the reasonable and customary fee charged by a medical attendant who is not your relative by birth, adoption or marriage and is registered in the jurisdiction in which treatment is provided, plus overnight hotel and meal expenses if required by the attendant

**11. Cost of returning your personal use motor vehicle** to your residence or nearest appropriate vehicle rental agency when you are unable to do so due to sickness, physical injury or death, up to a maximum of \$1,000 per trip. We require original receipts for costs incurred, i.e. gasoline, accommodation and airfares;**12. Meals and accommodation** up to \$1,500 (maximum of \$150 per day for up to 10 days) will be reimbursed for the extra costs of commercial hotel accommodation and meals incurred by you when you remain with a travelling companion or a person included in the "family" coverage, when the trip is delayed or interrupted due to an illness, accidental injury to or death of a travelling companion. This must be verified in writing by the attending legally qualified physician or surgeon and supported with original receipts from commercial organization;**13. Transportation to the bedside** including round trip economy airfare by the most direct route from your province of residence, for any one spouse, parent, child, brother or sister, and up to \$150 per day for a maximum of 5 days for meals and accommodation at a commercial establishment will be paid for that family member to:

- be with you or your covered dependent when confined in hospital. This benefit requires that the covered person must eventually be an inpatient for at least 7 days outside your province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit
- identify a deceased prior to release of the body

**14. Return airfare** if the personal use motor vehicle of you or your covered dependent is stolen or rendered inoperable due to an accident, reimbursement will be made for the cost of a one-way economy airfare to return you by the most direct route to the major airport nearest your departure point in your province of residence. An official report of the loss or accident is required;**15. Return of deceased** up to a maximum of \$5,000 toward the cost of embalming or cremation in preparation for homeward transportation in an appropriate container of yourself or your covered dependent when death is caused by illness or accident. The body will be returned to the major airport nearest the point of departure in your province of residence. The benefit excludes the cost of a burial coffin or any funeral-related expenses, makeup, clothing, flowers, eulogy cards, church rental, etc;

**GREEN SHIELD CANADA TRAVEL ASSISTANCE SERVICE**

The following services are available 24 hours per day, 7 days per week through Green Shield Canada's international medical service organization.

**These services include:**

- Access to Pre-trip Assistance (prior to departure): Canada Direct Calling Codes; information about vaccinations; government issued travel advisories; and VISA/document requirements for entry into country of destination
- Multilingual assistance
- Assistance in locating the nearest, most appropriate medical care
- International preferred provider networks
- Green Shield Assistance Medical Team consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care
- Assistance in establishing contact with family, personal physician and employer as appropriate
- Monitoring of progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of coverage facilitating entry and admissions into hospitals and other medical care providers
- Special assistance regarding the co-ordination of direct claims payment
- Co-ordination of embassy and consular services
- Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary
- Management, arrangement and co-ordination of repatriation of remains
- Special assistance in making arrangements for interrupted and disrupted travel plans resulting from emergency situations to include:
  - the return of unaccompanied travel companions
  - travel to the bedside of a stranded person
  - rearrangement of ticketing due to accident or illness and other travel related emergencies
  - the return of a stranded personal use motor vehicle and related personal items
- Knowledgeable legal referral assistance
- Co-ordination of securing bail bonds and other legal instruments
- Special assistance in replacing lost or stolen travel documents including passports
- Courtesy assistance in securing incidental aid and other travel related services
- Emergency and payment assistance for major health expenses, which would result in payments in excess of \$200

**How Travel Assistance Service Works**

For assistance dial **1.800.936.6226** within Canada and the United States or call collect **0.519.742.3556** when traveling outside Canada and the United States. These numbers appear on your Green Shield Canada Identification card.

Quote the Green Shield Canada travel assist group number and your Green Shield Canada Identification Number, found on your Green Shield Canada Identification card, and explain your medical emergency. **You must always be able to provide your Green Shield Canada Identification Number and your provincial health insurance plan number.**

A multilingual Assistance Specialist will provide direction to the best available medical facility or legally qualified physician able to provide the appropriate care.

Upon admission to a hospital or when consulting a legally qualified physician or surgeon for major emergency treatment, we will guarantee the provider (hospital, clinic or physician), that you have both provincial health insurance plan coverage and Green Shield Canada travel benefits as detailed above.

The provider may then bill Green Shield Canada Travel Assistance directly for these approved services for amounts in excess of \$200.

Green Shield Assistance Medical Team will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in constant communication with your family physician and your family, depending on the severity of your condition.

When calling collect while travelling outside Canada and the United States, you may require a Canada Direct Calling Code. In the event that a collect call is not possible, keep your receipts for phone calls made to Green Shield Canada Travel Assistance and submit them for reimbursement upon your return to Canada.

### Travel Limitations

1. Benefits will be eligible only if existing or pre-diagnosed conditions are completely stable (in the opinion of Green Shield Canada Assistance Medical Team) at the time of departure from your province of residence. Green Shield Canada reserves the right to review your medical information at the time of claim;
2. The eligible benefits must be required for the immediate relief of acute pain or suffering as recommended by a legally qualified physician or surgeon. Eligible benefits will not be reimbursed for treatment or surgery that could reasonably be delayed until you return to your province of residence;
3. Reimbursement for eligible benefits will be made only if your provincial health insurance plan covers and provides payment toward the cost of the services received;
4. Coverage becomes effective at the time you or your dependent crosses the provincial border departing from their province of residence and terminates upon crossing the border returning to their province of residence on the return home. If traveling by air, coverage becomes effective at the time the aircraft takes off in the province of residence and terminates when the aircraft lands in the province of residence on the return home;
5. Upon notification of the necessity for treatment of an accidental injury or medical emergency, Green Shield Canada's Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patient's medical condition will require immediate or scheduled care. Such repatriation is mandatory, where the Assistance Medical Team determines that the patient is medically fit to travel and appropriate arrangements have been made to admit the patient into the provincial government health care system of their province of residence. Repatriation will ensure continued coverage under the plan. Should the patient opt not to be repatriated or elects to have such treatment or surgery outside their province of residence, the expense of such continuing treatment will not be an eligible benefit.

**The patient must contact Green Shield Canada Travel Assistance within 48 hours of commencement of treatment.** Failure to notify us within 48 hours may result in benefits being limited to only those expenses incurred within the first 48 hours of any and each treatment/incident or the plan maximum, whichever is the lesser of the two;

6. Air ambulance services will only be eligible if:
  - they are pre-approved by Green Shield Canada Travel Assistance
  - there is a medical need for you or your dependent to be confined to a stretcher or for a medical attendant to accompany you during the journey
  - you or your dependent are admitted directly to a hospital in your province of residence, and
  - medical reports or certificates from the dispatching and receiving legally qualified physicians are submitted to Green Shield Canada Travel Assistance
  - proof of payment (including air ticket vouchers or air carrier invoices) is submitted to Green Shield Canada Travel Assistance
7. If planning to travel in areas of political or civil unrest, or in areas where Foreign Affairs and International Trade Canada (DFAIT) has issued a formal travel warning regarding non-essential travel, contact Green Shield Canada Travel Assistance for pre-travel advice, as we may be unable to guarantee assistance services;
8. Green Shield Canada reserves the right, without notice, to suspend, curtail or limit its services in any area in the event of political or civil unrest, including rebellion, riot, military uprising, labour disturbance or strike, act of God, or refusal of authorities in a foreign country to permit Green Shield Canada to provide service. This includes travel in any area if at the time of booking the trip (including delay of travel), or before your departure date, Foreign Affairs and International Trade Canada (DFAIT) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city due to a likely or actual epidemic or pandemic, (non-essential travel will be deemed as anything other than a significant medical or family emergency, such as the death of a family member);
9. No services will be provided during any trip undertaken for the purpose of seeking medical treatment or advice unless pre-authorized as outlined in referral services.

**Travel Exclusions**

In addition to the Health Exclusions, eligible benefits do not include and reimbursement will not be made for:

1. Any claims arising directly or indirectly from any medical condition you suffer or contract in a specific country, region or city due to an epidemic or pandemic, if at the time of booking the trip (including delay of travel), or before your departure date, Foreign Affairs and International Trade Canada (DFAIT) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion a medical condition is limited to the reason for which the formal travel warning was issued and includes complications arising from such medical condition;
2. Treatment or services required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the referral of a physician;
3. Treatment or service that you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment;
4. Treatment or service required as a result of suicide, attempted suicide, intentionally self-inflicted injury of you, a traveling companion, or immediate family member while sane or insane;
5. Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences, including, and as a result of, in connection with or in any way associated with driving a motorized vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood. (A motorized vehicle means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to an automobile, truck, motorcycle, moped, snowmobile, or boat);

**DESCRIPTION OF BENEFITS****TRAVEL BENEFIT PLAN**

6. Amounts paid or payable under any Workplace Safety and Insurance Board or similar plan;
7. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy;
8. Treatment or service provided in a chronic care or psychiatric hospital, chronic unit of a general hospital, Long Term Care (LTC) facility, health spa, or nursing home;
9. Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation;
10. Cataract surgery or the purchase of eyeglasses or hearing aids;
11. Green Shield Canada does not assume responsibility for nor will it be liable for any medical advice given, but not limited to a physician, pharmacist or other healthcare provider or facility recommended by Green Shield Canada Travel Assistance.

**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 & Comprehensive Basic Services	20%	\$1,000 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, fluoride treatments, bitewing x-rays and cleanings once per benefit year 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.
- Periodontal treatment including scaling and/or root planing, 4 time units every 12 months, beginning September 1.
- Occlusal equilibration - selective grinding of tooth surfaces to adjust a bite, 2 time units every 12 months, beginning September 1.

**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 the following:

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 identification number at Green Shield is: **“TGA” + your student number – “00”**. For example, a plan member’s identification number would appear as **TGA12345678-00**. The ‘00’ indicates a plan member. A ‘01’ is for a spouse; ‘02’, ‘03’ etc. indicate dependent children.

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: Vision Department	PO Box 1615	Windsor, ON	N9A 7J3
Attn: Dental Department	PO Box 1608	Windsor, ON	N9A 7G1
Attn: Out of Country Department	PO Box 1606	Windsor, ON	N9A 6W1

**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.

**Emergency Travel**

Green Shield Travel Assistance must be contacted by phone within 48 hours of commencement of treatment.

Call our Customer Service Centre at 1.888.711.1119 for detailed claims submission instructions.

If you have incurred out of pocket expenses, claims must be submitted together with supporting original receipts to Green Shield Travel Assistance who will then co-ordinate with the provincial health insurance plan reimbursement of those approved, eligible expenses.

To make a claim, submit the patient name, provincial health insurance plan number, address and Green Shield Identification Number with a detailed statement showing the services rendered and the fees charged for each service.

**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](https://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](https://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.

**Co-pay for Health and Dental benefits** is the eligible allowed 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 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. Please note that the limitations of the Travel plan still apply.

**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.

## DEFINITIONS

**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 [www.greenshield.ca](http://www.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 [www.greenshield.ca](http://www.greenshield.ca).

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

### **FOR THE TRENT UNIVERSITY GRADUATE STUDENTS' ASSOCIATION**

**Policy SGC 10-30-35-27**

#### **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 and part-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:	\$7,500
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 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.