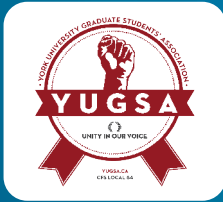


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INSURANCE  
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( Full and Part time students )

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Designed for the graduate students of  
**York University**



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health@yugsa.ca  
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**2017-2018**

- POLICY # 100011705
- GROUP # 510004

AS A FULL TIME REGISTERED STUDENT YOU ARE AUTOMATICALLY COVERED FOR THE BENEFITS DESCRIBED HEREIN.

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**WE** **SPEAK**  
**STUDENT**

1 Yonge Street, Suite 1200, Toronto, Ontario, Canada, M5E 1E5

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

underwritten by:

**Industrial Alliance Insurance and Financial Services Inc.**

(hereinafter referred to as “The Company”)

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**BALANCED PLAN**

PRESCRIPTION DRUG COVERAGE	<b>1</b>
DENTAL COVERAGE	<b>2</b>
EXTENDED HEALTH COVERAGE	<b>5</b>

**DRUG FOCUSED PLAN**

PRESCRIPTION DRUG COVERAGE	<b>9</b>
DENTAL COVERAGE	<b>10</b>
EXTENDED HEALTH COVERAGE	<b>13</b>

**DENTAL FOCUSED PLAN**

PRESCRIPTION DRUG COVERAGE	<b>17</b>
DENTAL COVERAGE	<b>18</b>
EXTENDED HEALTH COVERAGE	<b>21</b>

**EXTENDED HEALTH FOCUSED PLAN**

PRESCRIPTION DRUG COVERAGE	<b>25</b>
DENTAL COVERAGE	<b>26</b>
EXTENDED HEALTH COVERAGE	<b>29</b>

**ACCIDENT BENEFITS** **33**

**TRAVEL INSURANCE COVERAGE** **42**

(Emergency out of Province/Canada)

**DRUG/DENTAL/EHC/ACCIDENT CLAIMS** **43**

**GENERAL INQUIRIES** **46**

# BALANCED PLAN

## **PRESCRIPTION DRUG COVERAGE**

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 80% of the reasonable and customary charges incurred, to a maximum of 1,500.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) preventative vaccines including Hepatitis prevention, travel and HPV;
- e) allergy serums;
- f) oral contraceptives.

**Please visit our website [www.wespeakstudent.com](http://www.wespeakstudent.com) for more details on our prescription plan partners.**

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

### **EXCLUSIONS**

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives other than oral; oral vitamins; injectible vitamins that are non-prescription;
- e) drugs, hormones, products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) all acne preparations including Accutane.

# BALANCED PLAN

## DENTAL COVERAGE

### **MAXIMUM COVERAGE**

During each policy year, the maximum coverage per Insured is \$1,000.00. Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

### **BASIC AND PREVENTIVE SERVICES**

80% (100% at a Network Dentist) of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

### **ELIGIBLE EXAMS**

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

### **ELIGIBLE X-RAYS**

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% (100% at a Network Dentist) of one cleaning and one unit of polishing; includes up to 4 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

### **MINOR RESTORATIVE SERVICES**

80% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers (100% at a Network Dentist).

### **DENTURE MAINTENANCE**

80% (100% at a Network Dentist) denture cleaning once every 12 months based on date of first paid claim.

**Please note the following information:**

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting
- pit and fissure sealants are covered for insured members who are 18 or younger
- mouth guards once every 12 months based on the date of first paid claim

**EXTRACTIONS AND ORAL SURGERY**

80% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year (100% at a Network Dentist) after any policy year, other oral surgery is covered at 10% as noted below.

**THE SERVICES LISTED BELOW ARE COVERED AT 10%  
(35% AT A NETWORK DENTIST)**

**Endodontics** - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

**Periodontics**

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

### **Major Restorative (crowns/bridges/dentures)**

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

### **EXCLUSIONS**

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

# BALANCED PLAN

## **EXTENDED HEALTH COVERAGE**

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

### **ELIGIBLE EXPENSES (IN PROVINCE)**

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

### **AMBULANCE**

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

### **PARAMEDICAL PRACTITIONERS**

80% up to a maximum of \$400.00 each policy year for each type of practitioner listed below:

- a) Combined services of a clinical psychologist (including RSW and MSW social workers) or speech therapist;
- b) Services of a chiropractor;
- c) Services of a physiotherapist;
- d) Services of a registered massage therapist, if recommended by a physician or nurse practitioner.



## **ORTHOPEDIC SUPPLIES**

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200.00, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

\*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

## **PROSTHETIC APPLIANCES**

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

## **MEDICAL SUPPLIES**

Charges for compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

## **EQUIPMENT RENTAL**

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

## **OTHER ELIGIBLE EXPENSES**

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

## **VISION CARE**

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$150.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$150.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames;
- d) replacement parts for prescription eyeglasses.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

## LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by York University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

# DRUG FOCUSED PLAN

## **PRESCRIPTION DRUG COVERAGE**

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 90% of the reasonable and customary charges incurred, to a maximum of 3,000.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) preventative vaccines including Hepatitis prevention, travel and HPV;
- e) allergy serums;
- f) oral contraceptives.

**Please visit our website [www.wespeakstudent.com](http://www.wespeakstudent.com) for more details on our prescription plan partners.**

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

### **EXCLUSIONS**

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives other than oral; oral vitamins; injectible vitamins that are non-prescription;
- e) drugs, hormones, products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) all acne preparations including Accutane.

# DRUG FOCUSED PLAN

## **DENTAL COVERAGE**

### **MAXIMUM COVERAGE**

During each policy year, the maximum coverage per Insured is \$750.00. Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

### **BASIC AND PREVENTIVE SERVICES**

75% (100% at a Network Dentist) of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

### **ELIGIBLE EXAMS**

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

### **ELIGIBLE X-RAYS**

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

75% (100% at a Network Dentist) of one cleaning and one unit of polishing; includes up to 4 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

### **MINOR RESTORATIVE SERVICES**

75% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers (100% at a Network Dentist).

### **DENTURE MAINTENANCE**

75% (100% at a Network Dentist) denture cleaning once every 12 months based on date of first paid claim.

**Please note the following information:**

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting
- pit and fissure sealants are covered for insured members who are 18 or younger
- mouth guards once every 12 months based on the date of first paid claim

**EXTRACTIONS AND ORAL SURGERY**

75% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year (100% at a Network Dentist) after any policy year, other oral surgery is covered at 10% as noted below.

**THE SERVICES LISTED BELOW ARE COVERED AT 10%  
(35% AT A NETWORK DENTIST)**

**Endodontics** - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

**Periodontics**

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

### **Major Restorative (crowns/bridges/dentures)**

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

### **EXCLUSIONS**

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

# DRUG FOCUSED PLAN

## **EXTENDED HEALTH COVERAGE**

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

### **ELIGIBLE EXPENSES (IN PROVINCE)**

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

### **AMBULANCE**

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

### **PARAMEDICAL PRACTITIONERS**

70% up to a maximum of \$325.00 each policy year for each type of practitioner listed below:

- a) Combined services of a clinical psychologist (including RSW and MSW social workers) or speech therapist;
- b) Services of a chiropractor;
- c) Services of a physiotherapist;
- d) Services of a registered massage therapist, if recommended by a physician or nurse practitioner.



## **ORTHOPEDIC SUPPLIES**

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200.00, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

\*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

## **PROSTHETIC APPLIANCES**

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

## **MEDICAL SUPPLIES**

Charges for compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

## **EQUIPMENT RENTAL**

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

## **OTHER ELIGIBLE EXPENSES**

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

## **VISION CARE**

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$100.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$100.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames;
- d) replacement parts for prescription eyeglasses.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

## LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by York University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

## DENTAL FOCUSED PLAN

# **PRESCRIPTION DRUG COVERAGE**

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 65% of the reasonable and customary charges incurred, to a maximum of 1,000.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) preventative vaccines including Hepatitis prevention, travel and HPV;
- e) allergy serums;
- f) oral contraceptives.

**Please visit our website [www.wespeakstudent.com](http://www.wespeakstudent.com) for more details on our prescription plan partners.**

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

### **EXCLUSIONS**

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives other than oral; oral vitamins; injectible vitamins that are non-prescription;
- e) drugs, hormones, products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) all acne preparations including Accutane.

# DENTAL FOCUSED PLAN

## **DENTAL COVERAGE**

### **MAXIMUM COVERAGE**

During each policy year, the maximum coverage per Insured is \$1,200.00. Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

### **BASIC AND PREVENTIVE SERVICES**

80% (100% at a Network Dentist) of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

### **ELIGIBLE EXAMS**

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

### **ELIGIBLE X-RAYS**

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% (100% at a Network Dentist) of one cleaning and one unit of polishing; includes up to 4 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

### **MINOR RESTORATIVE SERVICES**

80% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers (100% at a Network Dentist).

### **DENTURE MAINTENANCE**

80% (100% at a Network Dentist) denture cleaning once every 12 months based on date of first paid claim.

**Please note the following information:**

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting
- pit and fissure sealants are covered for insured members who are 18 or younger
- mouth guards once every 12 months based on the date of first paid claim

**EXTRACTIONS AND ORAL SURGERY**

80% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year (100% at a Network Dentist) after any policy year, other oral surgery is covered at 10% as noted below.

**THE SERVICES LISTED BELOW ARE COVERED AT 10%  
(35% AT A NETWORK DENTIST)**

**Endodontics** - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

**Periodontics**

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

### **Major Restorative (crowns/bridges/dentures)**

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

### **EXCLUSIONS**

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

## DENTAL FOCUSED PLAN

# **EXTENDED HEALTH COVERAGE**

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

### **ELIGIBLE EXPENSES (IN PROVINCE)**

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

### **AMBULANCE**

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

### **PARAMEDICAL PRACTITIONERS**

65% up to a maximum of \$300.00 each policy year for each type of practitioner listed below:

- a) Combined services of a clinical psychologist (including RSW and MSW social workers) or speech therapist;
- b) Services of a chiropractor;
- c) Services of a physiotherapist;
- d) Services of a registered massage therapist, if recommended by a physician or nurse practitioner.



## **ORTHOPEDIC SUPPLIES**

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200.00, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

\*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

## **PROSTHETIC APPLIANCES**

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

## **MEDICAL SUPPLIES**

Charges for compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

## **EQUIPMENT RENTAL**

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

## **OTHER ELIGIBLE EXPENSES**

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

## **VISION CARE**

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$100.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$100.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames;
- d) replacement parts for prescription eyeglasses.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

## LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by York University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

# EXTENDED HEALTH FOCUSED PLAN

## **PRESCRIPTION DRUG COVERAGE**

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 65% of the reasonable and customary charges incurred, to a maximum of 1,000.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) preventative vaccines including Hepatitis prevention, travel and HPV;
- e) allergy serums;
- f) oral contraceptives.

**Please visit our website [www.wespeakstudent.com](http://www.wespeakstudent.com) for more details on our prescription plan partners.**

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

### **EXCLUSIONS**

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives other than oral; oral vitamins; injectible vitamins that are non-prescription;
- e) drugs, hormones, products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) all acne preparations including Accutane.

# EXTENDED HEALTH FOCUSED PLAN

## **DENTAL COVERAGE**

### **MAXIMUM COVERAGE**

During each policy year, the maximum coverage per Insured is \$750.00. Reimbursement is considered according to the current Ontario Dental Association's Suggested Fee Guide for General Practitioners.

### **BASIC AND PREVENTIVE SERVICES**

70% (95% at a Network Dentist) of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

### **ELIGIBLE EXAMS**

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

### **ELIGIBLE X-RAYS**

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

70% (95% at a Network Dentist) of one cleaning and one unit of polishing; includes up to 4 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

### **MINOR RESTORATIVE SERVICES**

70% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers (95% at a Network Dentist).

### **DENTURE MAINTENANCE**

70% (95% at a Network Dentist) denture cleaning once every 12 months based on date of first paid claim.

**Please note the following information:**

- space maintainers only applicable to dependants under 15 years of age
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
- multiple restorations on a common surface placed on the same service date will be considered a single restoration
- maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting
- pit and fissure sealants are covered for insured members who are 18 or younger
- mouth guards once every 12 months based on the date of first paid claim

**EXTRACTIONS AND ORAL SURGERY**

70% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year (95% at a Network Dentist) after any policy year, other oral surgery is covered at 10% as noted below.

**THE SERVICES LISTED BELOW ARE COVERED AT 10%  
(35% AT A NETWORK DENTIST)**

**Endodontics** - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

**Periodontics**

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

### **Major Restorative (crowns/bridges/dentures)**

Most of the services listed below will be replaced only if the existing appliance is at least five years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than five years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and three months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

### **EXCLUSIONS**

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) orthodontics;
- d) dental braces;
- e) cosmetic surgery or treatment when classified as such by the Company;
- f) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

## EXTENDED HEALTH FOCUSED PLAN

# **EXTENDED HEALTH COVERAGE**

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

### **ELIGIBLE EXPENSES (IN PROVINCE)**

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated.

The following are the eligible expenses provided by licensed practitioners in the province the expense is incurred in.

### **AMBULANCE**

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

### **PARAMEDICAL PRACTITIONERS**

100% up to a maximum of \$500.00 each policy year for each type of practitioner listed below:

- a) Combined services of a clinical psychologist (including RSW and MSW social workers) or speech therapist;
- b) Services of a chiropractor;
- c) Services of a physiotherapist;
- d) Services of a registered massage therapist, if recommended by a physician or nurse practitioner.



## **ORTHOPEDIC SUPPLIES**

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200.00, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

\*When submitting your claim be sure to include the following: Your Major Medical Expense Claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

## **PROSTHETIC APPLIANCES**

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

## **MEDICAL SUPPLIES**

Charges for compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

## **EQUIPMENT RENTAL**

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

## **OTHER ELIGIBLE EXPENSES**

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

## **VISION CARE**

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$200.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$200.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames;
- d) replacement parts for prescription eyeglasses.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

## LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) vaccines; medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by York University;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

# **ACCIDENT BENEFITS**

For the purposes of the following benefits, “accident” wherever used means an occurrence due to external, violent, sudden, fortuitous causes beyond the Insured’s control. This must occur while the insurance is in force.

## **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

When injury results in any of the following losses within 365 days after the date of the accident, the Company will pay the amount specified for such loss or permanent and total loss of use in the following schedule. Indemnity is only payable for the greatest loss sustained by any one Insured as the result of any one accident.

Life .....	\$ 7,500.00
Both Hands or Both Feet .....	\$ 25,000.00
Entire Sight of Both Eyes .....	\$ 25,000.00
One Hand and One Foot .....	\$ 25,000.00
One Hand or One Foot and Entire Sight of One Eye .....	\$ 25,000.00
Speech and Hearing in Both Ears .....	\$ 25,000.00
Speech or hearing in Both Ears .....	\$ 15,000.00
One Arm or One Leg .....	\$ 15,000.00
One Hand or One Foot .....	\$ 10,000.00
Entire Sight of One Eye .....	\$ 10,000.00
Hearing in One Ear .....	\$ 5,000.00
Thumb and Index Finger of Either Hand .....	\$ 5,000.00
Four Fingers of Either Hand .....	\$ 5,000.00
All Toes of One Foot .....	\$ 3,750.00
Any One Entire Finger or Entire Thumb .....	\$ 1,000.00
Part of Any One Finger or Thumb .....	\$ 150.00
One or More Entire Toes .....	\$ 50.00
One Entire Phalanx of Any One Finger .....	\$ 50.00
Quadriplegia (complete paralysis of both upper and lower limbs) .....	\$ 30,000.00
Paraplegia (complete paralysis of both lower limbs) .....	\$ 30,000.00
Hemiplegia (complete paralysis of upper and lower limbs of one side of the body) .....	\$ 30,000.00

## **DOUBLE INDEMNITY**

The amount of indemnity for accidental loss of life stipulated under Accidental Death and Dismemberment Benefits shall be doubled, if such loss occurs while the Insured is riding in, boarding or alighting from any bus, streetcar, train or school vehicle owned or leased by proper school authority.

## **ACCIDENTAL MEDICAL EXPENSE REIMBURSEMENT**

Expenses for any of the following services or supplies if an Insured receives medical treatment within 30 days from the date of the accident and is under the regular care and attendance of a physician:

- a) hospital charges for the difference between the public ward allowance under the Insured's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician);
- b) expenses for the services of a private-duty nurse;
- c) fees for the services of a physiotherapist or chiropractor when recommended by a physician, up to \$600.00 for a physiotherapist, and up to \$300.00 for a chiropractor, per any one accident;
- d) expenses for the services of a chiropractor, podiatrist, osteopath or speech therapist;
- e) transportation by a licensed ambulance service or, when recommended by a physician, by any other conveyance licensed to carry passengers for hire to or from the nearest hospital which is equipped to provide the required treatment, subject to a maximum reimbursement of \$1,000.00 as the result of any one accident;
- f) transportation home from the hospital by a licensed ambulance service following an injury, if deemed necessary provided alternative transportation is not available or possible, subject to a maximum reimbursement of \$1,000.00 as the result of any one accident;
- g) miscellaneous expenses for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them, but not including replacement thereof, subject to a maximum of \$750.00 during any one policy year;
- h) rental of wheelchair, respirator/ventilator, and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
- i) charges for x-rays.

The reasonable and customary expenses must be incurred within 3 years after the date of the accident and reimbursement under this provision is subject to a maximum of \$15,000.00 as a result of any one accident.

Reimbursement made under this provision shall not duplicate payment provided by any other part payable under the policy.

## **ACCIDENTAL DENTAL EXPENSE**

When injury to whole or sound teeth (capped or crowned teeth will be considered whole and sound), due to an external force or blow to the mouth and within 30 days from the date of the accident, requires treatment by a dentist or oral surgeon, the Company will pay the reasonable and necessary expenses actually incurred by the Insured within 52 weeks after the date of the accident, but not to exceed \$2,000.00 as the result of any one accident.

Any payment made under this provision will be in accordance with the current Fee Guide for General Practitioners published by the Ontario Dental Association.

## **EXCESS HOSPITAL/MEDICAL REIMBURSEMENT OUT OF PROVINCE**

(Applicable only to Residents of Canada covered under Provincial Health Insurance Plan or its equivalent)

When by reason of injury sustained outside normal province of residence, the Company will pay the following reasonable and customary expenses actually incurred by the Insured for medical treatment not to exceed \$10,000.00 as the result of any one accident:

- a) services and supplies rendered by a hospital while the Insured is confined as a resident in-patient in standard ward or semi-private accommodation;
- b) services of a physician or anaesthetist;
- c) services of a nurse;
- d) diagnostic x-ray examination by a physician;
- e) transportation by a licensed ambulance; rental of crutches, splints, trusses or braces (excluding the expense of brace or similar device used for non therapeutic purposes or used solely for the purpose of participating in sports or other leisure activities).

Reimbursement under this provision shall not duplicate payment provided by any other part of the policy. Insurance commences on the date of departure of an Insured from the province of residence and terminates upon the date of return to the province of residence.

## FRACTURE

When an Insured sustains an injury which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay the percentage as indicated to a maximum of \$500.00, but not more than one such indemnity, the largest, will be payable as the result of any one accident.

<b>For complete fracture (including Greenstick type fracture)</b>	<b>Percentage</b>
Of the skull (depressed) .....	100%
Of the skull (not depressed) .....	33%
Of the spine (one or more vertebrae) .....	50%
Of the jawbone (mandible) .....	33%
Of the jawbone (maxilla) .....	33%
Of the thigh (femur) .....	33%
Of the pelvis .....	33%
Of the knee cap .....	27%
Of the lower leg .....	25%
Of the shoulder blade .....	25%
Of the ankle (small bones) .....	25%
Of the wrist (small bones) .....	25%
Of the forearm (compound or comminuted) .....	23%
Of the forearm (not compound) .....	12%
Of the sacrum or coccyx .....	17%
Of the sternum .....	17%
Of the collarbone .....	12%
Of the arm, between elbow and shoulder .....	17%
Of the nose .....	12%
Of the facial bone .....	8%
Of two or more ribs .....	10%
Of one hand (one or more more metatarsals) .....	8%
Of one foot (one or metacarpals) .....	8%
Of any bone not specified above .....	3%
Of one rib .....	6%

<b>For complete dislocation</b>	<b>Percentage</b>
Of the hip .....	42%
Of the shoulder (with open reduction) .....	25%
Of the knee (with open primary repair) .....	33%
Of the ankle .....	17%
Of the wrist .....	17%
Of the elbow .....	12%
Of the bones of foot, other than toes .....	8%

<b>Severance of tendon or tendons</b>	<b>Percentage</b>
Heel (achilles) .....	22%
Ankle .....	20%
Knee .....	18%
Foot (not toes) .....	17%
Elbow .....	17%
Wrist .....	12%
Hand (including fingers) .....	12%

<b>Miscellaneous</b>	<b>Percentage</b>
Ruptured kidney (operative) .....	27%
Ruptured liver (operative) .....	27%
Ruptured spleen (operative) .....	27%
Punctured lung - with open surgery .....	23%
Burns - requiring one or more skin grafts .....	22%
Knee - injured and requiring surgery (when there is no fracture or dislocation) .....	22%
Bone operation - injured portion removed (when there is no fracture or dislocation) .....	20%

**EMERGENCY TAXI**

When injury necessitates immediate medical attention, the Company will pay the reasonable expense incurred for a licensed taxi to transport the Insured to either a physician's office or the nearest hospital, subject to the maximum amount of \$50.00 as the result of any one accident.

**SPECIAL TREATMENT TRAVEL EXPENSE**

If injury necessitates special medical treatment recommended by the attending physician and which cannot be obtained within a radius of 160 kilometers of the Insured's residence, the Company will pay the reasonable and necessary travel expenses actually incurred to obtain such treatment. Should the age of the Insured necessitate accompaniment by an escort, the Company will pay reasonable and necessary travel expenses actually incurred for the person who accompanies the Insured, plus ordinary living expenses up to \$40.00 per day. The maximum amount payable under this provision is \$1,000.00 for all such expenses.

**SUPPLEMENTAL TRANSPORTATION EXPENSE**

If, as a result of an injury, it is deemed necessary for the Insured to be transported to his regular scheduled classes and his residence by means of transportation other than that which would have normally been used by the Insured, had such injury not occurred, the Company will reimburse the Insured for the additional cost of such alternate transportation, subject to a maximum of \$15.00 per day and payable up to 60 scheduled class days.



## **REHABILITATION**

If, as the result of injury, the Insured sustains a loss payable under Accidental Death and Dismemberment Benefit, and the Insured requires training in a special occupation and such training is necessary to allow the Insured to pursue a gainful occupation, the Company will pay the reasonable and necessary expense for such training during the 3 years following the date of accident, but in no event to exceed a maximum of \$5,000.00. Payment will not be made for room board or other ordinary living, traveling or clothing expenses.

## **REPATRIATION**

In the event accidental loss of life is sustained by an Insured while out of his province of residence, the Company will pay the reasonable and customary expenses actually incurred for the transportation of the body of the deceased to the city of residence, not to exceed \$2,000.00.

## **TUTORIAL AND SPECIAL TELEPHONE EXPENSE**

If injury shall, within 100 days from the date of the accident, totally disable and confine the Insured Student to his residence or hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services of a qualified teacher, at a maximum rate of \$20.00 per hour and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his residence or hospital. All benefits under this provision is subject to an aggregate limit of \$2,000.00.

## **EYEGASSES AND CONTACT LENSES EXPENSE**

If injury sustained by an Insured requires treatment by a physician and,

- a) results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses the Company will pay the actual cost of repair, or replacement, to a maximum of \$100.00 in respect to all such replacements or repairs per policy year; or
- b) results in the purchase of eyeglasses or contact lenses upon the advice of a physician, when neither of which were previously required or worn, the Company will pay the actual expense therefore, up to a maximum of \$100.00 in respect to all such purchases per policy year.

## **HOME ALTERATION AND VEHICLE MODIFICATION**

If an injury sustained by an Insured does not cause loss of life, but results in a loss for which indemnity becomes payable under the Accidental Death and Dismemberment Benefit and the Insured is subsequently required to use a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within 3 years of the date of the accident causing such loss for:

- a) the cost of alterations to the Insured's principal residence; and or
- b) the cost of modifications to one motor vehicle utilized by the Insured, when such modifications are approved by the provincial vehicle licensing authorities where required for the purpose of making them wheelchair accessible.

Payment by the Company for the total of all expenses incurred by or for any Insured is subject to a maximum of \$10,000.00 as the result of any one accident.

## **SPECIAL CONFINEMENT**

\$2,000.00 will be paid if an Insured is confined to residence or hospital for at least 12 consecutive months as the result of an accident and is under the regular care and attendance of a physician. Confinement must occur within 30 days from the date of the accident.

## **HEARING AIDS OR OTHER PROSTHETIC APPLIANCES**

If as a result of injury, an Insured receives medical treatment from a physician and requires hearing aids or other prosthetic appliances, the Company will pay expenses for the purchase of such hearing aids or other prosthetic appliances which were not previously required or worn, subject to a maximum of \$3,000.00 as the result of any one accident. The reasonable necessary expenses must be incurred within 3 years after the date of the accident.

## **DREAD DISEASE**

When, as the result of Poliomyelitis, Scarlet Fever, Diphtheria, Spinal Meningitis, Encephalitis, Rabies, Tetanus, Tularemia, Typhoid or Leukemia, Hepatitis B, Non A and Non B Hepatitis, Aids or testing HIV positive which commences while the policy is in force, an Insured requires confinement in a hospital or the services of a nurse, the Company will pay the expenses actually incurred for such confinement or services within 3 years immediately following the date the first expense is incurred, not to exceed \$10,000.00.

## **LIMITED AIR TRAVEL**

Insurance provided under the policy includes injury sustained in consequence of riding as a passenger, and not a pilot or crew member, in, boarding or alighting from, or being struck by, or making a forced landing with or from (a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, the policy excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by York University.

## **EXPOSURE AND DISAPPEARANCE**

If, by reason of an accident covered by the policy, an Insured is unavoidably exposed to the elements and, as the result of such exposure, suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of the policy.

If the Insured is not found within one year after the date of the disappearance, sinking or wrecking of the conveyance in which the Insured was riding at the time of the accident and such circumstances as would otherwise be covered hereunder, it will be presumed the Insured suffered loss of life resulting from injury caused by an accident at the time of such disappearance, sinking or wrecking.

## **EXCLUSIONS**

This section does not cover loss, fatal or non-fatal, caused by or resulting from: suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane; declared or undeclared war or any act thereof;

- a) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- b) declared or undeclared war or any act thereof;
- c) active full-time service in the armed forces of any country;
- d) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the Limited Air Travel coverage;
- e) expenses of dental treatment, nor the cost of x-rays, repair or replacement or pre-existing dentures, filling or crowns, other than as provided in the Accidental Dental benefit;
- f) expenses for medical services rendered by nurses, physiotherapists, chiropractors, and athletic sports therapists, employed or engaged by York University;

- g) expense of repairing, supplying or replacing eyeglasses, contact lenses or prescriptions therefore, other than as provided in the Eyeglasses and Contact Lenses Expense;
- h) charges for massage therapy;
- i) sickness or disease, either as a cause or effect, other than as provided in the Dread Disease benefit;
- j) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent;
- k) a criminal act the Insured commits or attempts to commit.

Benefits are reduced by any amount paid or payable under any other policy providing similar reimbursement expenses.

# **TRAVEL INSURANCE COVERAGE**

(Emergency out of Province/Canada)

## **Coverage for Emergency Injury or Sickness**

Lifetime Maximum: \$5,000,000

## **Trip Duration**

120 Days maximum

**Emergency Out of Province Coverage and Assistance is provided by RSA Travel Insurance under policy: 1169610**

## **Global Excel**

For emergency assistance call 1-866-870-1898

Outside North America, call collect: +819-566-1898

## **Medical Assistance**

YOU MUST contact Global Excel prior to receiving any medical treatment. If you do not, you may receive inappropriate or unnecessary medical treatment, which may not be included in your coverage.

As this coverage is outside of the standard student health plan benefits, please contact your YUGSA office on campus for further details on this coverage and pick up your Medical Assistance Card or download the Travel Benefits Card and Travel Insurance Booklet from the Booklet & Forms page at [www.wespeakstudent.com](http://www.wespeakstudent.com)

# **DRUG/DENTAL/EHC/ACCIDENT CLAIMS**

All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence. Please note that general prescription drug, dental, and EHC claims for the 2017-2018 policy year must be **RECEIVED** by ClaimSecure no later than November 30, 2018 to be eligible for reimbursement.

## **How do I make a drug/dental/EHC claim?**

All that is required to use the Pay Direct method, is for the student to present their York University student ID card to the pharmacy or dental office.

Your student identification card may be used at any participating provider (pharmacist or dentist) across Canada and payment of eligible claims will be honored. To fill a prescription drug or dental claim, you will need to supply the pharmacist/dentist with the following information:

- **Your Group Number: 510004**
- **Provider: ClaimSecure (formerly RxPlus/Merx Health Corporation)**
- **Your Student ID # \_\_\_\_ \_ \_\_ \_\_ \_\_ \_\_ \_\_ Y G S (10 digit alpha numeric number)**  
**List the last 7 digits of your student number.**  
**If your student ID # is 212345567, the correct ID # would be 2345567YGS**

At this point you will be required to pay the deductible amount per prescription.

**Please note the dental office may charge more than the Fee Guide, which will require you to be responsible for any additional costs.**

For all non-accidental, EHC claims, you can obtain and complete a ClaimSecure claim form from your YUGSA office or [www.wespeakstudent.com](http://www.wespeakstudent.com) and include all written referrals and original receipts.

**Can I submit my claims electronically? Can you reimburse my claim using direct deposit?**

YES. Once registered, plan members/dependants can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependant claims information (for those individuals under the age of majority), obtain details on the reason for particular claim adjustments or rejections, submit coverage queries online – “Ask the Expert”, print individual claims for Co-ordination of Benefits (COB), run consolidated statements for tax purposes, access claim forms and important health information. No application forms to complete, no software, all the plan member/dependant has to do is register online by visiting [www.wespeakstudent.com](http://www.wespeakstudent.com). CLICK on the eProfile for Online Claims Submission tab on the webpage.

**My student card was not accepted at the pharmacy or dental office. Why? What do I do?**

There are a few different reasons for having complications at your pharmacy or dental office. Below are some scenarios:

- a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information on-line at the pharmacy or dental office so you can make a pay-direct claim. There is a time period therefore, when you will not be able to use your student card to make an on-line claim due to the transfer of this information to the on-line system at ClaimSecure. If you are affected by this delay, please use the manual reimbursement system as noted below.
- b) Your pharmacist/dentist may not be familiar with the procedure for processing a claim through ClaimSecure. **A toll free number has been provided to all pharmacies and dental offices so they are able to assist you on the spot.**
- c) If you experience complications at the pharmacy that are not related to the above descriptions, please call WeSpeakStudent for help.

**How do I use the manual reimbursement system?**

Prescription Drug, Dental and EHC and Vision Claim Forms are available at your YUGSA office or on [www.wespeakstudent.com](http://www.wespeakstudent.com). Complete all sections of the form that apply to your claim and once you sign it you can send it along with your paid receipts directly to ClaimSecure at PO Box 6500 Station A, Sudbury, ON, P3A 5N5. It will take approximately 3-4 weeks, depending on mail service, to receive your reimbursement.

### **How do I make an accident claim?**

- a) All accident claims should be submitted on an Industrial Alliance Insurance and Financial Services Inc. Post-Secondary Student Accident Claim form, available at your YUGSA office, or [www.wespeakstudent.com](http://www.wespeakstudent.com). Claim form must be signed by the Student Benefits Coordinator at your YUGSA office.
- b) Students must have received treatment from a qualified physician/dentist within 30 days from the date of the accident.
- c) Completed claim form must be filed directly to Industrial Alliance Insurance and Financial Services Inc. within 90 days from the date of the accident, and no later than 1 year.
- d) It is the Insured's responsibility for securing the claim form and for charges incurred for its completion.

### **Am I covered worldwide?**

If you are out of the province or country and you have an accident that requires immediate, necessary medical treatment or you need to obtain a prescription from a qualified physician, you will be required to pay the amount owing at that time yourself and keep all receipts. When you return to the province, you are then required to fill out a manual reimbursement claim form and send it to ClaimSecure (Prescription drug) or Industrial Alliance Insurance and Financial Services Inc. (Accident claim) with the receipts to receive your money back.

Please note that you will be reimbursed according to the benefits set up under your health insurance plan no matter where the accident has occurred or where you obtained the prescription.

**There is no provision for worldwide coverage for the Dental and EHC benefits as these plans only allow Canadian dentists and practitioners.**

**When travelling outside of Canada, you have coverage administered by RSA out of country coverage, through GLOBAL EXCEL. As this coverage is outside of the standard student health plan benefits, please contact your YUGSA office on campus for further details on this coverage and pick up your Medical Assistance Card.**



# **GENERAL INQUIRIES**

## **PLAN OPTIONS**

All full-time students that have paid the student health plan fee are automatically members of the Balanced Plan unless you decide to choose the Drug Focused, Dental Focused or Extended Health Focused Plan which must be done yearly. To choose a plan other than the Balanced Plan please go to [www.wespeakstudent.com](http://www.wespeakstudent.com). The deadline dates to choose a different plan option run from August 1, 2017 to October 22, 2017 for September-start students; January 1, 2018 to February 15, 2018 for January-start students; and May 1, 2018 to June 15, 2018 for Summer-start students.

Please be aware that should you decide to purchase family benefits for your spouse/partner and/or dependant children they will also be enrolled in the same benefit plan that you have chosen for the duration of the policy year.

### **Am I covered? What is the effective date of my coverage?**

Although you are registered as a full time student, you may NOT be covered! Co-op terms and program start dates may affect your coverage. Please contact the Student Benefits Coordinator in your YUGSA office to determine your eligibility.

The Health Plan is effective September 1, 2017 to August 31, 2018. The effective date for January runs from January 1, 2018 to August 31, 2018. Also, note that the effective date for May runs from May 1, 2018 to August 31, 2018.

### **May I enroll my dependants?**

Students who are on the Health Plan, may obtain coverage for their spouse and dependant children by completing a family application available at your YUGSA office. You may also apply for family coverage using VISA or MASTERCARD at [www.wespeakstudent.com](http://www.wespeakstudent.com). The deadline for adding family coverage is October 22, 2017 for the fall semester, February 15, 2018 for the winter and June 15, 2018 for the summer. To be eligible all dependants must have current provincial health insurance coverage.

**“SPOUSE”** means the legal spouse of the Insured Student provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in York University’s records for insurance purposes, and is a resident of Canada.

**“DEPENDANT CHILD OR CHILDREN”** means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, and is a resident of Canada.

**What if I am already covered?**

You may decline coverage for the Health and Dental benefits by completing the on-line opt-out application. The opt-out deadline is October 22, 2017 for September start programs or February 15, 2018 for January start programs or June 15, 2018 for May start programs. Please be aware that these deadline dates will not be extended. You must provide proof of similar coverage elsewhere (ie. as a dependant under your parent’s or spouse’s insurance). Please go to [www.wespeakstudent.com](http://www.wespeakstudent.com) to complete your on-line opt-out application. Opt out refunds will be credited to the students account no later than December 31, 2017 for fall start students, April 30, 2018 for winter start students and August 31, 2018 for summer start students.

**What is the termination date of my coverage?**

In accordance with the outline described above, your benefits will terminate August 31. Once your coverage terminates, any additional family coverage that you have applied for will terminate also.

**Termination of Insurance**

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- a) The date this policy is terminated.
- b) The date the Insured Student becomes insured under a policy replacing this policy.
- c) The date an Insured Student ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.
- d) The date an Insured Student reaches 70 years of age.

Insurance, with respect to a Spouse or Dependent Child or Children of the Insured Student shall terminate on the date the insurance of an Insured Student terminates or on the date the Spouse or Dependent Child or Children cease to qualify for insurance hereunder in accordance with the definitions, whichever date shall first occur.

### **Coordination of Benefits for Private and Provincial Plans**

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the Insured is resident, whether or not the Insured is covered hereunder.

If an Insured has coverage under another plan of insurance which provides similar benefits, the order of benefits determination is as follows:

- e) the plan that does not include a Co-ordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Co-ordination of Benefits provision
- f) the plans that include a Co-ordination of Benefits provision, priority payment is established as follows:
  - 1. the plan where the Insured is covered as a student
  - 2. the plan where the Insured is covered as a dependent

**If you have any questions,  
contact WeSpeakStudent at  
1-800-315-1108**

This brochure is designed to outline the benefits for which you are eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an Insured will be governed solely by the Group Master Policy issued by Industrial Alliance Insurance and Financial Services Inc.

# **Your Drug/Dental/EHC Claims are paid by ClaimSecure**

When making a pay direct drug/dental claim the pharmacy/dentist will need to know the following

- **Your Group Number 510004**
- **Provider: ClaimSecure (formerly RxPlus/Merx Health Corporation)**
- **Your Student ID # \_\_\_\_\_ Y G S (10 digit alpha numeric number)**

**List the last 7 digits of your student number.**

**If your student ID # is 212345567, the correct ID # would be 2345567YGS**

**All Dental Inquiries call Toll Free 1-888-513-4464**

\*If mailing your claim please mail your claim directly to  
ClaimSecure at PO Box 6500 Station A, Sudbury, ON, P3A SNS

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***Plan Consultants:***

**WE SPEAK  
STUDENT**

POWERED BY ACL STUDENT BENEFITS LTD.

1 Yonge Street, Suite 1200  
Toronto ON M5E 1E5

**Toll Free: 1-800-315-1108 Fax: (416) 216-1179**

**Website: [www.wespeakstudent.com](http://www.wespeakstudent.com)**

**Email: [help@wespeakstudent.com](mailto:help@wespeakstudent.com)**

**All Drug, Accident and EHC Inquiries call WeSpeakStudent  
1-800-315-1108**

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**All Drug, Dental, Accident & EHC Benefits Underwritten by:  
Industrial Alliance Insurance and Financial Services Inc.**

Special Markets Solutions  
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