



St. Lawrence
College

Student Insurance Plan

2024-2025

- Policy # 100011722
- Group # 513983

Designed for the students of
St. Lawrence College

WESPEAK
STUDENT

As a full-time registered student you are automatically covered for the benefits described herein.

1-800-315-1108 • wespeakstudent.com



Student Call Centre

CHAT WITH A LIVE WESPEAKSTUDENT TEAM MEMBER

1-800-315-1108

Please have your student ID readily available.

WESPEAK
STUDENT

2255 Sheppard East, Atria 1, 2nd Floor Suite 202 Toronto, ON M2J 4Y1

www.wespeakstudent.com

Underwritten by

Industrial Alliance Insurance and Financial Services Inc.

(hereinafter referred to as “The Company”)

This booklet has been prepared as a brief outline of the benefits available to you under your Group Insurance Plan. It is not an insurance policy, but an informal explanation of benefits provided by the plan.

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BALANCED PLAN

PAY DIRECT PRESCRIPTION BENEFITS

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 \$5,000.00 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, subject to a maximum of \$200.00 per Insured per policy year (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) allergy serums;
- e) NuvaRing (contraceptive), subject to a maximum of \$178.00 per Insured, per policy year;
- f) oral contraceptives, contraceptive patch (birth control), IUD's;
- g) all acne preparations, including Accutane;
- h) preventative vaccines.

Please visit our website 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, unless your physician has given written specification that the product is not to be interchanged.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the Insured.

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) 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.

BALANCED PLAN

DENTAL BENEFITS

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured student is \$500.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

BASIC AND PREVENTIVE SERVICES

100% 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)

100% 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.

Please note the following information:

- **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**

EXTRACTIONS AND ORAL SURGERY

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

THE SERVICES LISTED BELOW ARE COVERED AT 10%

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 5 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 5 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 3 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) orthodontics (dental braces);
- c) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- d) cosmetic surgery or treatment when classified as such by the Company;
- e) 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

VISION CARE BENEFITS

If an Insured incurs expenses, the Company will pay 100% of 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, to a maximum of \$65.00, 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 \$80.00 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.

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 that 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) treatment which is experimental or investigational in nature;
- f) broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- g) services, treatment or supplies not included in this benefit;
- h) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- i) 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 St Lawrence College.
- j) expenses, which are provided for by any Federal, Provincial or Municipal government plan, or which would have been provided for if the Insured had applied for coverage in such plan.

ENHANCED DRUG/VISION PLAN

PAY DIRECT PRESCRIPTION BENEFITS

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 \$6,500.00 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, subject to a maximum of \$200.00 per Insured per policy year (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) allergy serums;
- e) NuvaRing (contraceptive), subject to a maximum of \$178.00 per Insured, per policy year;
- f) oral contraceptives, contraceptive patch (birth control), IUD's;
- g) all acne preparations, including Accutane;
- h) preventative vaccines.

Please visit our website 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, unless your physician has given written specification that the product is not to be interchanged.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the Insured.

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) 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.

ENHANCED DRUG/VISION PLAN

DENTAL BENEFITS

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured student is \$350.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

BASIC AND PREVENTIVE SERVICES

80% 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% 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

50% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers.

Please note the following information:

- **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**

EXTRACTIONS AND ORAL SURGERY

50% coverage of extractions and residual root removal, does not include wisdom teeth extractions, other oral surgery is covered at 10% as noted below.

THE SERVICES LISTED BELOW ARE COVERED AT 10%

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 5 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 5 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 3 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) orthodontics (dental braces);
- c) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- d) cosmetic surgery or treatment when classified as such by the Company;
- e) 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.

ENHANCED DRUG/VISION PLAN

VISION CARE BENEFITS

If an Insured incurs expenses, the Company will pay 100% of 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 \$120.00 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 \$120.00 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.

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 that 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) treatment which is experimental or investigational in nature;
- f) broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- g) services, treatment or supplies not included in this benefit;
- h) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- i) 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 St Lawrence College.
- j) expenses, which are provided for by any Federal, Provincial or Municipal government plan, or which would have been provided for if the Insured had applied for coverage in such plan.

ENHANCED DRUG & EXTENDED HEALTH CARE/VISION PLAN

PAY DIRECT PRESCRIPTION BENEFITS

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 \$6,000.00 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, subject to a maximum of \$200.00 per Insured per policy year (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) allergy serums;
- e) NuvaRing (contraceptive), subject to a maximum of \$178.00 per Insured, per policy year;
- f) oral contraceptives, contraceptive patch (birth control), IUD's;
- g) all acne preparations, including Accutane;
- h) preventative vaccines.

Please visit our website 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, unless your physician has given written specification that the product is not to be interchanged.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the Insured.

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) 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.

ENHANCED DRUG & EXTENDED HEALTH CARE/VISION PLAN

EXTENDED HEALTH CARE BENEFITS

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.

PARAMEDICAL PRACTITIONERS

80% coverage per treatment up to a maximum of \$300.00 each policy year for each type of practitioner listed below:

- a) Combined services of a chiropractor/naturopath;
- b) services of a physiotherapist, if recommended by a physician;
- c) services of a clinical psychologist, if recommended by a physician;
- d) services of a massage therapist, if recommended by a physician.

ENHANCED DRUG & EXTENDED HEALTH CARE/VISION PLAN

VISION CARE BENEFITS

If an Insured incurs expenses, the Company will pay 100% of 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 \$160.00 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 \$160.00 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.

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 that 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) treatment which is experimental or investigational in nature;
- f) broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- g) services, treatment or supplies not included in this benefit;
- h) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- i) 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 St Lawrence College.
- j) expenses, which are provided for by any Federal, Provincial or Municipal government plan, or which would have been provided for if the Insured had applied for coverage in such plan.

ENHANCED DENTAL PLAN

PAY DIRECT PRESCRIPTION BENEFITS

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 \$2,500.00 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, subject to a maximum of \$200.00 per Insured per policy year (Pseudo Din# 910333 must be used for all diabetic supplies.);
- d) allergy serums;
- e) NuvaRing (contraceptive), subject to a maximum of \$178.00 per Insured, per policy year;
- f) oral contraceptives, contraceptive patch (birth control), IUD's;
- g) all acne preparations, including Accutane;
- h) preventative vaccines.

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Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary, unless your physician has given written specification that the product is not to be interchanged.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the Insured.

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) 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.

ENHANCED DENTAL PLAN

DENTAL BENEFITS

MAXIMUM COVERAGE

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

BASIC AND PREVENTIVE SERVICES

100% 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)

100% 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.

Please note the following information:

- **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**

EXTRACTIONS AND ORAL SURGERY

80% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year, other oral surgery is covered at 20% as noted below.

THE SERVICES LISTED BELOW ARE COVERED AT 20%

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 5 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 5 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 3 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) orthodontics (dental braces);
- c) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- d) cosmetic surgery or treatment when classified as such by the Company;
- e) 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.

ENHANCED DENTAL PLAN

VISION CARE BENEFITS

If an Insured incurs expenses, the Company will pay 80% of 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, to a maximum of \$65.00, 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 \$65.00 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 \$65.00 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.

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 that 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) treatment which is experimental or investigational in nature;
- f) broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- g) services, treatment or supplies not included in this benefit;
- h) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- i) 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 St Lawrence College.
- j) expenses, which are provided for by any Federal, Provincial or Municipal government plan, or which would have been provided for if the Insured had applied for coverage in such plan.

ACCIDENT BENEFITS

(applies to all plans)

For the purposes of the following benefits, “**Accident**” whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

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 chiropodist, 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), 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.

For complete fracture (including Greenstick type fracture)	Percentage
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%

For complete dislocation	Percentage
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%

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

Miscellaneous	Percentage
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 St. Lawrence College.

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:

- 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 or 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 St. Lawrence College;
- 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.

BENEFICIARY IN THE EVENT OF THE INSURED STUDENT'S DEATH

In the event that the Participant is a minor, all indemnities payable are payable to the parent or guardian.

If the Participant is married, insurance payable in the event of the loss of life of a Participant is payable to the Spouse, unless otherwise designated in writing and on file with the Policyholder. If the Participant is not a minor and is unmarried, insurance payable in the event of the loss of life of a Participant is payable to the parent, unless otherwise designated in writing and on file with the Policyholder. If there is no such beneficiary designation, nor is there a parent, such indemnity is payable to the estate of the Participant. All other indemnities, including those payable for the insured Spouse and/or insured Dependent Children, are payable to the Participant, with the exception of indemnities payable under the Repatriation Benefit.

DRUG/DENTAL/VISION/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, extended health, and vision care claims for the 2024-2025 policy year must be RECEIVED by ClaimSecure no later than November 30, 2025 to be eligible for reimbursement.

How do I make a drug/dental/ehc/vision claim?

All that is required to use the Pay Direct method, is for the student to present their St. Lawrence College student ID card to the pharmacist or dentist.

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 is 513983
- Provider: ClaimSecure (formerly RxPlus/Merx Health Corporation)
- Your Certificate/Student ID # I _____ (10 digit alpha numeric number)

I.E. If your student ID # is 7 digits,
the correct Certificate/Student ID # would be I007654321

I.E. If your student ID # is 8 digits,
the correct Certificate/Student ID # would be I087654321

At this point you will be required to pay the deductible amount of your claim if necessary.

Please note a pharmacy/dental office may charge more than the standard drug cost or dental fee guide, which will require you to be responsible for any additional costs.

For all non-accidental, extended health or vision care claims, you must obtain and complete a ClaimSecure vision care claim form from the Health Centre or Customer Service Centre or on-line at www.wespeakstudent.com and include all written referrals and original receipts. **You will submit all information to the address indicated on the claim for reimbursement within 90 days of the incurred claim.** When so requested by the Company, the student shall secure any further statements from his or her physician within 90 days of the date of the incurred claim.

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 or dental office that are not related to the above descriptions, please call WeSpeakStudent at 1-800-315 1108 for help.

I have been unable to locate a ClaimSecure participating pharmacy/dental office.

What do I do?

It will be necessary for you to pay cash for the claim, keeping official receipts(s), which will identify the total amount(s) paid. Please use the manual reimbursement system as noted below.

How do I use the manual reimbursement system?

Prescription, drug, dental, extended health and vision care claim forms are available at the Health Centre or Customer Services Centre or on-line at 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 receipts directly to ClaimSecure at PO Box 6500 Station A, Sudbury, ON, P3A 5N5. It will take approximately 4-6 weeks, depending on mail service, to receive your reimbursement.

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

YES. Once registered, plan members/dependents can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependent 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/dependent has to do is register online by visiting www.wespeakstudent.com. CLICK on the “create your profile” key located at the bottom of the webpage.

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 from the Health Centre or Customer Services Centre. Claim form must be signed by an authorized authority at the Health Centre or Customer Services Centre.
- 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, Extended Health or Vision care benefits as these plans only allow for Canadian dentists and practitioners.

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 an Enhanced Plan. To choose a plan other than the Balanced plan please go to our website www.wespeakstudent.com

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

Registered full-time students are automatically enrolled in the health plan at the beginning of the semester they start classes. Fall students are effective September 1/24, Winter students are effective January 1/25 and Summer student are effective May 1/25.

Family Opt-In.

(Please note there is no family dental, extended health or vision coverage available at this time. If you have chosen to move to an enhanced plan and purchase family coverage, the dependents will be added to the health plan coverage noted on the enhanced plan you have chosen.)

Eligible students may obtain health coverage for their spouse and/or dependant children by purchasing family health coverage benefits.

Opt-in dates are as follows, September 1-30, 2024 at 4:00 pm for fall start students, or January 1-31, 2025 at 4:00 pm for the new winter start students and May 1-31, 2025 at 4:00 pm for new summer start students, paying the appropriate fee indicated on the form. Money order or certified cheque in the exact amount with the form should be forwarded to WeSpeakStudent you may also apply for dependant coverage on-line using VISA or MASTERCARD only by going to www.wespeakstudent.com prior to the deadline dates noted above.

“SPOUSE” means the legal spouse of the Insured Student, residing in Canada, 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 St. Lawrence’s records for insurance purposes, and is covered under the provincial health insurance plan.

“DEPENDENT 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, is covered under the provincial health insurance plan and is a resident of Canada.

Opt-Out if you are already covered

Students can Opt-out of all insurance plan coverage between September 1-30, 2024 at 4:00 pm if you are enrolled in the fall semester, January 1-31, 2025 at 4:00 pm if you are a new winter intake student or May 1-31, 2025 at 4:00 pm if you are a new summer intake student. You must provide proof of similar coverage elsewhere (i.e. as a dependant under your parent's or spouse's insurance). Proof of similar coverage elsewhere for the vision care benefit is not required to opt-out of this benefit. Go to www.wespeakstudent.com and fill out the on-line opt out form. Please note that you will not be able to opt-out of this plan should you miss the deadline date at any other point during the school year. (i.e. if you are a September start student you will not be able to opt out of the plan in January) No paper opt outs will be accepted.

What is the termination date of my coverage?

In accordance with the outline described above, your benefits will terminate August 31/2025. 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:

- a) 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
- b) 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.

STUDENT GOVERNMENTS 2024-2025

KINGSTON - STUDENT ASSOCIATION

Operational Staff

Beth Insley Executive Director	saed@sl.on.ca
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Ashley Goodwins Services and Design Manager	copycentre@sl.on.ca
Daniel Pelletier Human Resources Manager	sahr@sl.on.ca
Maddie Cucman Office Coordinator	mcucman@sl.on.ca

SA Services

Room Bookings	https://sl.mywconline.com
Student Spaces	https://saslc.ca/student-spaces
Copy Centre	https://saslc.ca/copy-centre
Student Clubs	https://saslc.ca/clubs
Student Life	saengage@sl.on.ca
Locker Rentals	https://saslc.ca/lockers
Off-Campus Housing	bdunn@sl.on.ca

www.saslc.ca

STUDENT GOVERNMENTS 2024-2025

CORNWALL - STUDENT UNION

Cornwall Student Union Executives

Ana Mikee Daag – President – Office A117A ext. 2204 Email: supresc@sl.on.ca

Haneefa Noori – VP of Student Life – Office A117 ext. 2104 Email: suvpstlc@sl.on.ca

Vishnu Dali – VP of Communications – Office A117 ext. 2592 Email: suvpcommcsc@sl.on.ca

Cornwall Student Union Staff

Craig Madlin – Executive Director - Office A118 613-933-6080 x 2718 Email: cmadlin@sl.on.ca

General Services of the Student Union

Shark Tank..... Open Monday-Friday 9:00 a.m. - 4:30 p.m.

ConsolesPS5, X-Box Series X & Nintendo Switch



Transit Passes City Bus passes

Locker RentalsSee Executive Director

Student Advocacy Including Student Appeals

Clubs Want to form a club? We'll help!

Cornwall Student Union

 (613)-937-1518
 cornwallstudentunion.ca

2 St. Lawrence Drive
Cornwall, ON, K6H 4Z1



STUDENT GOVERNMENTS 2024-2025

BROCKVILLE - STUDENT ADMINISTRATIVE COUNCIL

Jaden Blasdell (President) jaden.blasdell@sl.on.ca 613-345-0060 x3261

Georgina Cabrol (Executive VP) georgina.cabrol3@sl.on.ca 613-345-0660 x3281

Madison King (VP of Student Life)Madison.king3@sl.on.ca 613-345-0660 x3257

Miren De Los Reyes (VP of Finance)miren.delosreyes@sl.on.ca 613-345-0660 x3243

Annette Reuvers areuvers@sl.on.ca

General Services of SAC

Locker Rentals \$50 for Fall and Winter Terms

City of Brockville Transit Passes Available in the SAC office

Clubs Stop in the SAC office for information

Game Rentals Games available with proof of Student ID

EventsAll events advertised on the URSLC app

Navigator sgvpexeb@sl.on.ca

SAC office Open Monday – Friday 9:30am-4:00 pm

Follow us on Instagram, Facebook, URSLC app, and www.brockvillesac.com



Student Administrative Council
2288 Parkdale Avenue
Brockville, ON, K6V 5X3
613-345-0660 x3217

Your Drug, Dental and Vision 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 513983**
- **Provider: ClaimSecure (formerly RxPlus/Merx Health Corporation)**
- **Your Student ID # I _____**
(10 digit alpha numeric number)

i.e. If your student ID # is 7 digits, the correct Certificate/Student ID # would be I007654321

i.e. If your student ID # is 8 digits, the correct Certificate/Student ID # would be I087654321

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

All Drug, Accident and Vision Care Inquiries call WeSpeakStudent Toll Free 1-800-315-1108

*If mailing your claim please mail your prescription drug/dental claim/vision claim directly to ClaimSecure at PO Box 6500 Station A, Sudbury, ON, P3A SNS

Plan Consultants:

WE SPEAK STUDENT

Powered by People Corporation o/a ACL Student Benefits

2255 Sheppard East, Atria 1, 2nd Floor Suite 202
Toronto, ON M2J 4Y1

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

Website: www.wespeakstudent.com

Email: help@aclstudentbenefits.com

**All Drug, Accident and Vision Care Inquiries call
WeSpeakStudent Toll Free 1-800-315-1108**

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

Special Markets Solutions
515 Consumers Road, Suite 400
Toronto ON M2J 4Z2

