

# your STUDENT INSURANCE PLAN

( Full-time Students Only )

Designed for the students of  
**ST. LAWRENCE COLLEGE**



## 2021-2022

- POLICY # 10001722
- GROUP # 513983

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

### » OPTING OUT

Upon providing proof of alternate coverage, students may "opt out" of the Health and Dental prior to the deadline date and a refund will be issued by cheque or direct deposit. Opt Out online at [www.wespeakstudent.com](http://www.wespeakstudent.com) by clicking the Opt Out tab and completing the opt out application.

### » DEADLINE DATES

Fall semester start students: **September 30, 2021 at 4pm**  
Winter semester start students: **January 31, 2022 at 4pm**  
Summer semester start students: **May 31, 2022 at 4pm**

### » ONLINE OPTIONS

The following is a partial list of services that are available online at [www.wespeakstudent.com](http://www.wespeakstudent.com):

- Choose your plan (deadline applies)
- Chat with a live operator
- Purchase coverage for your spouse and/or dependent(s) before the deadline date
- Find practitioners
- Create a Profile to submit/track your claims
- Download claim forms and plan booklet
- General inquiries
- Get information on your Out of Province/Canada Medical Emergency Insurance

### » COORDINATION OF BENEFITS

Benefits under two insurance plans can be co-ordinated to increase your coverage up to a total of 100%. For example, if you have other coverage in place following payment under this plan, you can submit outstanding balances to the other plan for consideration.

### » FAMILY ADD-ON

For an additional fee, you are able to add family members (spouse and/or dependents) to the plan. Visit [www.wespeakstudent.com](http://www.wespeakstudent.com) to complete the family application form by the required deadline. Please verify you have entered all information correctly, print & keep your confirmation #.

### » STUDENT ASSISTANCE PROGRAM

The WeConnect Student Assistance Program (SAP) provides eligible students and their dependents with short-term therapy, lifestyle counselling, courses, tools and events to improve mental and physical health.

- Access is available 24/7 by phone or virtual resources, worldwide.
- Care is immediate by connecting with the intake team and there is no level of payment required.

Call/text **1-888-377-0002** or find more information through [www.wespeakstudent.com](http://www.wespeakstudent.com).

### » HOW TO FILE YOUR CLAIM

Your drug, dental, and extended health care claims are paid by ClaimSecure.

**Pay Direct (drug/dental claims):** The Pharmacy/Dentist can submit your claim electronically for you, limiting your out of pocket expense. You will need to give the pharmacy/dentist the following:

- 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

**All Dental Inquiries, call toll-free at 1-888-513-4464.**

**Submit Online:** You are also able to submit your claim electronically by creating a profile with the insurer. You will need to provide your Group number, Student ID number and date of birth when setting up your profile. You must also set up a direct deposit account for reimbursement. Please go to [www.wespeakstudent.com](http://www.wespeakstudent.com) and select the Create a Profile button.

**By Mail:** Fill out the appropriate claim form. All claim forms can be downloaded from [www.wespeakstudent.com](http://www.wespeakstudent.com), attach your original receipts and mail directly to ClaimSecure at: **ClaimSecure Inc. P.O. Box 6500, Station A Sudbury, ON P3A 5N5**

### » COVERAGE BEGIN AND END DATES

**September Start Students:** September 1 - August 31  
**January Start Students:** January 1 - August 31  
**May Start Students:** May 1 - August 31

### » PLAN CONSULTANTS

1 Yonge Street, Suite 2000 Toronto, ON, M5E 1E5  
Tel: 416-216-0296  
Fax: 416-216-1179  
Toll-Free: 1-800-315-1108  
Website: [www.wespeakstudent.com](http://www.wespeakstudent.com)  
Email: [help@aclstudentbenefits.com](mailto:help@aclstudentbenefits.com)

## WHAT PLAN WORKS BEST FOR YOU?

All full-time students that have paid the Health Plan fee are **automatically enrolled** in the **Balanced Plan**, if you wish to select an alternate plan you must do so prior to the deadline date at **NO ADDITIONAL COST!**

### FLEX PLAN SELECTION - DEADLINE DATES APPLY:

**September Start Students:** September 30, 2021 at 4pm  
**January Start Students:** January 31, 2022 at 4pm (new students ONLY)  
**May Start Students:** May 31, 2022 at 4pm (new students ONLY)

#### » FLEX PLAN OPTION 1 BALANCED PLAN (Auto-Enrolled)

##### PRESCRIPTIONS:

80% co-insurance  
\$8.00 Dispensing Fee Max  
**Maximum:** \$5,000

##### DENTAL:

Basic and Preventative: 100%  
Minor Restorative: 75%  
Extractions (limit 2 wisdom teeth): 75%  
Major Restorative: 10%  
**Maximum:** \$500

##### EXTENDED HEALTH CARE:

Vision: 100% coverage to a maximum of \$65 for a general eye exam and \$80 for prescribed lenses and frames and/or contact lenses every 24 consecutive months.

**AD&D Coverage Included**

#### » FLEX PLAN OPTION 2 ENHANCED DRUG/VISION PLAN

##### PRESCRIPTIONS:

90% co-insurance  
\$8.00 Dispensing Fee Max  
**Maximum:** \$6,500

##### DENTAL:

Basic and Preventative: 80%  
Minor Restorative: 50%  
Extractions (does not include wisdom teeth): 50%  
Major Restorative: 10%  
**Maximum:** \$350

##### EXTENDED HEALTH CARE:

Vision: 100% coverage for a general eye exam and \$120 for prescribed lenses and frames and/or contact lenses every 24 consecutive months.

**AD&D Coverage Included**

#### » FLEX PLAN OPTION 3 ENHANCED DRUG & EXTENDED HEALTH CARE/VISION PLAN

##### PRESCRIPTIONS:

90% co-insurance  
\$8.00 Dispensing Fee Max  
**Maximum:** \$6,000

##### EXTENDED HEALTH CARE:

Paramedical Practitioners:  
80% coverage to a maximum of \$300 per year for: massage\*, physiotherapist\*, clinical psychologist\* and naturopath/chiropractor.

\*physician referral required

Vision: 100% coverage for a general eye exam and \$160 for prescribed lenses and frames and/or contact lenses every 24 consecutive months.

**AD&D Coverage Included**

#### » FLEX PLAN OPTION 4 ENHANCED DENTAL PLAN

##### PRESCRIPTIONS:

65% co-insurance  
\$8.00 Dispensing Fee Max  
**Maximum:** \$2,500

##### DENTAL:

Basic and Preventative: 100%  
Minor Restorative: 80%  
Extractions (limit 2 wisdom teeth): 80%  
Major Restorative: 20%  
**Maximum:** \$750

##### EXTENDED HEALTH CARE:

Vision: 80% coverage to a maximum of \$65 for a general eye exam and \$65 for prescribed lenses and frames or contact lenses every 24 consecutive months.

**AD&D Coverage Included**

### » HOW DO I CHOOSE ONE OF THE ENHANCED PLANS?

- 1) Please visit [www.wespeakstudent.com](http://www.wespeakstudent.com) before the deadline date.
- 2) Click on the Choose Your Plan option, select an alternate plan, enter the required information and submit.
- 3) Print & keep your confirmation # for your records.

#### LIVE HELP MESSAGING

Have a question? Chat with a live member of the WeSpeakStudent team. Visit [www.wespeakstudent.com](http://www.wespeakstudent.com) & have your student ID readily available.

**WE SPEAK  
STUDENT**