

Student Health & Dental Plan



**student
benefits**
trent central student association



Your Student Health & Dental Plan is arranged by Student VIP to the Trent Central Student Association

Quick Reference Guide

Benefit Coverage	Provider	Policy #	Identification #
Extended Health & Dental	RWAM Insurance Administrators Inc.	490018	Your Student ID
Drug	Green Shield Canada	490018	TCS{your student ID}-00
Travel	Allianz Global Assistance	490018	Your Student ID
Accident	ACE INA	SG10458105	Your Student ID

Visit or Contact your Health Plan Office at:

Peterborough Undergraduates

Trent Central Student Association
Champlain College, Suite S110
1770 West Bank Dr., Peterborough, ON
Phone: 705-748-1000
E-mail: benefits@trentcentral.ca

Graduate Students

Trent Graduate Students' Association
Traill College, Room 223
315 Dublin St., Peterborough, ON
Phone: 705-748-1011 x6423
E-mail: gradhealth@trentu.ca

Durham Campus

Trent Durham Student Association
55 Thorton Rd S, Room 122
Oshawa, ON
Phone: 905-435-5102 x5058
E-mail: admin@mytdsa.ca

Note: Graduate students may also obtain assistance through the TCSA office.

Questions about your Coverage? Contact Student VIP at:

info@studentvip.ca, or
Use the Live Chat feature at StudentVIP.ca

Trent University, the Trent Central Student Association, the Trent Graduate Students' Association & the Trent Durham Student Association are committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or exchanges in the necessary conduct of our business.

Notes:

- Canadian students who are not residents of Ontario are solely responsible for determining how they use their own home province's health insurance plan while studying at Trent University.
- In the event of any discrepancy between this document and the master policy or plan text, the applicable master policy or text will govern.

STUDENTVIP.CA
More than just a Health & Dental Plan



Trent Student Benefits Plan
September 1, 2016 - August 31, 2017



Prescription Coverage 60%-100% Coverage \$10,000 Overall EHC Maximum

Direct2U Prescriptions	100% Generic	80% Brand	\$7.00 Dispensing Fee Cap
All Other Pharmacies	80% Generic	60% brand	\$5.00 Dispensing Fee Cap

\$3,000 Overall Drug Maximum/benefit year

Drugs which legally require a prescription and are identified as eligible under the plan are covered. Mandatory generic will cover up to the cost of the lowest priced generic equivalent. When a doctor writes “no substitution” on the prescription, students will have the option of having the brand name drug dispensed and pay the difference between the brand and generic price. Brand name drugs whose patents have not expired will continue to be covered.

Also Included in the Drug Plan:

- Standard Preventative Vaccines (\$300 maximum/benefit year)
- Diabetic Supplies (Test strips & needles) (Glucometers covered under “Other EHC Coverage”)
- CNS Stimulants* (\$500/benefit year)
- Hepatitis C Medications (\$1,500/lifetime)
- Contraceptives (oral, IUD, injectable)
- Biologic Agents** (\$1,000/benefit year)

Benefits do NOT include:

- Erectile Dysfunction Drugs
- Fertility Drugs/Treatment
- Smoking Cessation Aids/Remedies
- Anti-obesity Drugs/Products
- Gardasil Vaccine

Check to see if your medication is eligible by going to www.studentvip.ca/trent and using the Eligible Drug Search tool by entering the name or Drug Identification Number (DIN) of your medication.

*CNS Stimulants are medications used to increase physical activity, mental alertness and attention span. They are often used in the treatment of Attention Deficit Disorder and/or Hyperactivity Disorders (i.e. Adderall, Concerta, Vyvanse, Ritalin and their generic versions).

**Biologic Drugs may include drugs to treat severe arthritis, MS, Crohn's, etc such as Humira.

Practitioner Coverage 80% Coverage

The following practitioner benefits (max. \$40/visit, \$300/benefit year/combined practitioner):

**Psychologist/Social Worker (MSW)/Speech Therapist	Chiropractor/Registered Massage Therapist*
Chiropodist/Podiatrist	Physiotherapist/Athletic Therapist
	Naturopath/Acupuncture/Dietician

*Physician's Prescription must accompany first RMT claim

** No per visit fee cap for psychologist/social worker (MSW)/Speech Therapist claims

Other EHC Coverage 100% Coverage

- Orthotic Appliances/Orthopedic Shoes* (\$300/benefit year combined)
- Hearing Aids (\$500/5 years)
- Prosthetics, initial placement only (\$25,000/lifetime)
- Wheelchair Repair (\$250/lifetime)
- Medical Equipment, Services & Supplies** including:
 - » Rental or purchase (per insurer's determination) of manual wheelchair, non-electrical hospital bed, TENS unit, aerosol equipment, mist tent, traction apparatus, mozes detector, insulin pump, CPAP unit.
 - » Initial costs of *physician prescribed* casts, splints, braces (excluding dental braces), crutches, cervical collars;
 - » Ostomy supplies; Oxygen supply; Medically required surgical brassieres, surgical stockings, wigs; Glucometers (\$150/5 years), glucoscans; Feeding tube supplies.
- HIV Prophylaxis (100% coverage, \$6,000/lifetime)
- Ambulance to the nearest treating hospital

*Prescribed by a medical doctor, an orthopaedic surgeon or a podiatrist

**Physician's Prescription required. Reasonable & customary charges may apply.

Vision Coverage 80% Coverage

- Frames, Lenses, & Contact Lenses \$100/24 months
- Eye Examinations \$80/24 months

Claiming EHC Benefits Please refer to page 6



Dental Coverage Maximum \$1,000/benefit year/insured

Current Dental Fee Guide

<p>Examinations (80%)</p> <ul style="list-style-type: none"> • Complete oral exam (once every 5 yrs) • Limited/recall exam (once every 12 mths) • Specific exam (once every 36 mths) • Emergency exam (once every 36 mths) 	<p>Minor Restorative (80%)</p> <ul style="list-style-type: none"> • Fillings (limited to amalgam on molars) • Caries/trauma control • Retentive pins • Pre-fabricated restorations
<p>Radiographs (80%)</p> <ul style="list-style-type: none"> • Complete series - Periapical or Panoramic (once every 36 mths) • Bitewing (2 films every 12 mths) 	<p>Preventative Services (80%)</p> <ul style="list-style-type: none"> • Dental polishing (one 15 min. unit every 12 mths) • Scaling (two 15 minute units every 12 mths) • Fluoride Treatment (once every 12 mths) • Space Maintainers (for children under 12)
<p>Endodontic (50%)</p> <ul style="list-style-type: none"> • Pulpectomy • Root canal therapy • Apicectomy/apical curettage • Retrofilling 	<p>Periodontics (50%)</p> <ul style="list-style-type: none"> • Scaling in excess of 2 units in a 12 mth period (max. 8 units/benefit year) • Root Planing • Surgery to soft tissues & bone supporting the teeth
<p>Extractions (50%) <i>Limited to 2 Wisdom Teeth/benefit year</i></p> <ul style="list-style-type: none"> • Removal of erupted teeth • Removal of impacted teeth • Removal of residual roots • Surgical exposure of teeth 	<p>Anaesthesia (50%)</p> <p>If performed in conjunction with insured surgical services</p> <ul style="list-style-type: none"> • General Anaesthesia • Deep Sedation • Conscious Sedation
<p>Denture Services (15%)</p> <ul style="list-style-type: none"> • Repair, relining, rebasing 	<p>Major Restorative (40%) <i>Subject to limitations</i></p> <ul style="list-style-type: none"> • Crowns, Bridgework, Dentures

Limitations and Exclusions to the Dental Plan:

1. Dental services not shown on the list of eligible expenses.
2. Expenses incurred for procedures or supplies used in Temporomandibular Joint Dysfunction (TMJ) and treatment rendered for full mouth reconstruction for vertical dimension correction including attrition, or for prosthetic splinting.
3. Dental services covered by any government agency.
4. Dental services as a result of intentionally self-inflicted injuries (while sane or insane) or as the result of committing or attempting to commit a criminal offense.
5. Dental treatment for cosmetic purposes.
6. Charges for missed appointments, completion of claim forms, and advice by telephone.
7. Dental treatment required as a result of war (declared or not), military services, or participation in a riot, insurrection or civil commotion.
8. Expenses incurred for preformed steel or polycarbonate crowns.
9. Any dental treatment which is not yet approved by the Canadian Dental Association, or which is experimental in nature.
10. Expenses incurred for nutritional counselling, oral hygiene instruction, and dental plaque control programs.
11. Expenses incurred for the replacement of appliances that are lost, mislaid, or stolen.
12. Dental supplies intended for sport use, such as mouth guards.
13. Dental services required due to congenital malformation.
14. Dental services rendered by a relative are excluded.
15. Dental Services incurred outside of Canada.
16. Crowns - the initial installation of a crown, if the crown is necessary to restore cuspal/incisal damage replacement of an existing crown, if the crown is at least 5 years old.
17. Bridgework - construction and initial installation of a fixed bridge, (if 3 or more teeth are missing in the arch, the insurer reserves the right to base the reimbursement benefit on the lowest cost of alternative treatment required to adequately correct the condition, regardless of the insured's choice of treatment); and replacement of fixed bridgework, if the existing appliance is at least 5 years old and cannot be made serviceable.
18. Dentures - construction and installation of an initial permanent partial or complete denture; and replacement of an existing partial or complete denture with a permanent denture, if the existing denture is at least 5 years old and cannot be made serviceable.

Pre-Authorization & Claiming Dental Benefits Please refer to page 6

Trent Student Benefits Plan September 1, 2016 - August 31, 2017



Travel Coverage

365 Days per benefit year up to \$5,000,000 maximum

Accessing your Coverage

In the event of a medical emergency, please contact the appropriate number below to ensure that your expenses are eligible (numbers are also available on the back of the Drug & Dental Plan card):

In Canada (not your home province) & the USA: 1-866-520-8829

Anywhere else in the world Call Collect: 519-742-4196

If you have a claim that you must submit, please submit the Travel Claim Form to Allianz using the instructions on the form.

Travel coverage includes (but is not limited to):

- Emergency Medical Assistance
- Repatriation of mortal remains (\$7,500)
- Airfare in the event of:
 - » Missed return flight due to illness of you or travelling companion;
 - » Medically required attendant to accompany insured home;
 - » Cost of airfare for spouse or close relative if confined outside province for at least 7 days plus \$150/day for meals & accommodation for up to 5 days;
 - » Cost of airfare to return unsupervised children under the age of 15 home when only available supervising guardian is hospitalized;
- Cost of return of patients vehicle when patient or family is unable to do so (maximum \$1,000);
- Costs incurred by family (when patient is detained in hospital) for meals and accommodation (maximum \$150/days up to 10 days);
- Trip Cancellation (\$1,000 Maximum)
- Lost Luggage Coverage (\$250 Maximum)
- International Students will have 30 days of coverage in their home country for emergency services if their provincial or equivalent coverage is extended as well.

Exclusion:

- Expenses incurred for injuries and/or illness as a result of the insured's reckless behavior while on a trip, including international non-compliance with a prescribed treatment or therapy, or intentional misuse of medication or reckless disregard for their own health or safety while engaging in activities or treatment thereof, or accidents relating thereto.

Full details can be found in the Travel Assist brochure at www.studentvip.ca/trent

Provincial Coverage & Travel

Note that provincial health coverage must be in force while travelling. Extensions of this coverage must be arranged with the Ministry of Health for trips longer than 6 months (7 months for Ontario residents).

The Student VIP Travel coverage is dependent upon the provincial health plan coverage being in force at the time of claim, ensure extensions are arranged by contacting the Ontario Health Insurance Plan office prior to trip departure.

Claiming Travel Benefits

Please refer to page 6



What is an Accident?

An Accident means an occurrence due to external, violent, sudden, fortuitous causes beyond the Insured's control, which must occur while the student is insured under this policy.

Accidental Medical Expense

If as a result of injury, and within 30 days from the date of the accident causing such injury, an Injured who obtains medical treatment in Canada, shall be reimbursed from the Insurer for the following reasonable and necessary expenses to the specified maximum per Insured for all injuries resulting from any one accident:

1. Fees for private duty nursing by a licensed graduate nurse (R.N.) payable up to \$50 per hour to a maximum of \$5,000;
2. Transportation costs, provided by a professional ambulance service, to the nearest approved Hospital (\$5,000 maximum);
3. Hospital charges for the difference between the public ward allowance under the government health insurance plan and the accommodation charge for a semi-private Hospital room (\$5,000 maximum);
4. Fees for rental of a wheelchair, not to exceed the purchase price prevailing at the time rental became necessary;
5. Fees for services of a licensed physiotherapist (\$500 maximum), chiropractor (\$300);
6. Cost of prescription drugs and medicines (except in the Province of Quebec)
7. Expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof.

Reimbursement shall only be made provided that expenses are: incurred in Canada, incurred within 52 weeks of the date of the accident causing injury, incurred only for therapeutic and not elective treatment, and supported by original receipts submitted to the Insurer as proof of claim, limited to a maximum of \$10,000.

Accidental Dental Expense

If the Insured suffers injury to whole and sound teeth, and within 30 days from the date of the accident obtains treatment in Canada from a qualified dentist, the Insurer will reimburse the Insured based on the fee schedule of the prevailing dental association.

Reimbursement shall only be made provided that expenses are: incurred in Canada, incurred within 52 weeks of the date of the accident causing injury, incurred only for therapeutic and not elective or aesthetic treatment, and supported by an original standard dental claim form submitted to the Insurer as proof of claim, subject to a maximum of \$1,000.

Accidental Death & Dismemberment

Payment of a stipulated sum for loss of life or limb through accidental means provided such Loss occurs within 365 days after the date of accident causing such Loss. The maximum benefit payable for Accidental Death is \$7,500.

Accidental Tutorial Expense

If an Insured suffers injury resulting in hospitalization or medically necessary home bed rest, as determined by a Physician, and is confined for at least 20 consecutive school days, the Insurer will pay for the private tutorial services of a qualified teacher at a rate of \$20 per hour up to an overall maximum of \$2,000.

Repatriation Expense

If an Insured suffers injury causing Loss of Life occurring more than 50 kilometers from his or her permanent city of residence and within 365 days of the date of the accident causing the injury, the Insurer shall pay the actual expenses incurred for preparing the deceased Insured for burial or cremation and shipment of the body to the city of residence of the deceased Insured, subject to a maximum of \$10,000.

Claiming Accident Benefits Please refer to page 6

Trent Student Benefits Plan September 1, 2016 - August 31, 2017

Direct Deposit

Save time and paper! Students are encouraged to apply for Direct Deposit of benefit payments to your personal bank account.

The Application for Direct Deposit form can be downloaded on-line at www.studentvip.ca/trent. Otherwise reimbursements will be paid by cheque.

Claiming EHC Benefits

For EHC claims requiring reimbursement, the Health Claim form may be downloaded or completed online at www.studentvip.ca/trent.

To avoid delays in processing your EHC claim, you must ensure that you attach ALL paid-in-full receipts and that the claim form is fully completed including your Student I.D.#, signed and dated.

Claiming Dental Benefits

In most cases, your dentist can send your dental claim **electronically (EDI)**. This convenient method is offered by many dentists and is a service supported by RWAM. Present your Drug & Dental Benefit Card with your Student I.D. and RWAM Group numbers on it. You may also be asked for a Carrier ID or BIN number, which is #610616 and is printed on your card.

If EDI service is not provided by your dentist and you are claiming manually, download a Dental Claim form at www.studentvip.ca/trent to be completed, or ask your dental provider for a completed Standard Dental Claim form. (Note: the top right hand box of the form "I hereby assign..." is only to be signed if you wish to have your claim reimbursement sent directly to your dental office.)

Students who will be having expensive dental procedures should obtain pre-authorization prior to their procedure to ensure no unexpected costs arise. Please submit pre-authorizations using one of the methods below.

Claiming Accident Benefits

Complete the Accident Claim form found online at www.studentvip.ca/trent and submit it to RWAM. You are advised to submit this with a Student VIP Health Claim form if claiming for benefits that overlap between your Health Coverage & the Accident plan.

Once your Health plan coverage is exhausted, you must submit Accident Claim forms for any further claims on the Accident coverage (i.e. physiotherapy)

Claims must be submitted within 30 days of the date of the accident.

Submitting EHC, Dental & Accident Claim Forms

EHC & Dental Claim forms may be submitted Online on the RWAM Member Portal website, or by e-mail, fax or mail.

Online	E-mail	Fax	Mail
RWAM Member Portal	web-groupclaims@rwam.com	519-669-1923	RWAM Insurance Administrators 49 Industrial Dr. Elmira, ON N3B 3B1

Travel & Accident Claim forms may be submitted by e-mail, fax or mail to the information on the claim form.

ONLY CLAIMS INCURRED IN CANADA ARE ELIGIBLE UNDER EHC, DENTAL & ACCIDENT COVERAGE

Claiming Travel Benefits

Call "Travel Assist" within 48 hours of the emergency using the "Travel Assist" numbers provided on your Drug & Dental Benefit Card.

Advise the Travel Assist you are a member of RWAM and quote your student ID Number. It is also suggested that you carry your Provincial Health Plan number (or equivalent plan).

If needed, a paper claim can be submitted to Allianz when you return. Please go to www.studentvip.ca/trent and download the form under the "Make a Claim" section and submit using the instructions on the form.

Claim Deadline All claims for expenses incurred must be submitted to RWAM no later than 90 days after the date your Student coverage terminates or more than one year.

Who is eligible for coverage?

All TCSA students registered in 2.0 credits or more, graduate students, Trent Durham students, George Brown Nursing students & ESL students, under the age of 70, at Trent University are automatically enrolled and covered under this Plan, provided they have appropriate provincial health plan, or have an OHIP equivalent plan.

Students with disabilities, those registered in less than 2 credits and year abroad students should contact the TCSA Health Plan office to determine if they are eligible, **these students are not automatically enrolled** but may be eligible to opt-in.

Students may enroll dependents for an additional cost during the Opt-In Period from **September 1 - September 30, 2016**.

Eligible Dependents include:

Eligible Dependent Spouse as used herein means a person who is a resident of Canada and to whom the insured student is lawfully married provided there is no legal separation in effect, or a person with whom the insured student has cohabited for a period of at least 12 consecutive months and who has been publicly represented as the student's common law spouse or partner.

Eligible Dependent Child(ren) as used herein means any unmarried, natural child, stepchild or legally adopted child of the insured student; any unmarried child of the student's common law spouse who is domiciled with the student for at least 12 consecutive months; and any unmarried child for whom the student is legally and financially responsible. A child must be under age 21 and be a resident of Canada to be an eligible dependent. However, a child who is age 21 or over and under age 25, may be eligible as a dependent if they are in full time attendance at an accredited university, college, or similar institution in Canada, and they are not engaged in full time employment. Any child (regardless of age) who is proven to be suffering from a mental or physical infirmity and as a result of such infirmity is wholly financially dependent on an insured student can be considered an eligible dependent.

When does coverage start and end?

September 1, 2016 - August 31, 2017

How do I obtain my Drug & Dental Benefit card?

Your Drug & Dental Benefit Card is in printable format at www.studentvip.ca/trent. You must indicate on the card your Student ID# in the space provided. You may also pick up a card from the Health Plan office on your campus.

If I opt-out, can I opt back in if I lose my alternative coverage?

Yes, students who have opted out of the plan, but lose their coverage, may opt back into the plan as long as they apply within 30 days of the loss of their other coverage. Students must complete a Loss of Coverage Enrollment Form and submit it with payment to the TCSA Student Health Benefits office to be added back onto the plan.

Do I have benefits after I graduate?

Students that are on the TCSA Student Benefits Plan may sign up for Graduating Student Coverage. This is a plan similar to the TCSA plan but students pay monthly. Private plans cost more money and require medical evidence. The Graduating Student Plan does not require this. This plan is perfect for those with preexisting medical conditions who may otherwise be declined for this type of coverage.

Information is available on the Student VIP website under "My Benefits">"Graduating Student Coverage". Here you can find the brochure of what is covered, the application and prices by province. Students must sign up before October 31st. If you have questions, please contact Becky Ambrose at C&C Insurance Consultants at 1-888-918-5056 or e-mail info@studentvip.ca

What if I already have coverage?

Students who already have comparable Health & Dental coverage through work, or their parents, may be eligible to opt-out of the plan and be refunded the fee. Please note you can have both your parents and your school plan by Coordinating your Benefits, contact Student VIP for more information.

What is the Opt-Out process?

To Opt-Out students must follow the instructions below **BEFORE** the Opt-Out deadline of September 26:

1. Register or Login to www.studentvip.ca/tcsa
2. Complete the Opt-Out form with comparable coverage information.

Note:

There are no exceptions or extensions to the Opt-Out deadline.

If you submit a claim that has been processed before opting-out your opt-out application will be declined and your fee will not be reimbursed.