

# 2017-18 GCSU HEALTH & DENTAL PLAN GREENSHIELD *GREENSHIELD.CA/STUDENTCENTRE*

## Health and Dental Plan Information

Included below is a summary of the benefits available to you through the extended Health and Dental Plans of the Grenfell Campus Student Union. For detailed descriptions or to determine benefit eligibility, please contact Green Shield Customer Service Centre at 1-888-711-1119 or [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre).

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. The plan described here will be in effect from September 1, 2017-August 31, 2018.

## Eligibility

You are eligible if you are a full-time member of the Grenfell Campus Student Union or are in an applicable program and reside in Canada. Students who wish to upgrade to family coverage must contact [jbelbin@grenfell.mun.ca](mailto:jbelbin@grenfell.mun.ca).

International Students who have a valid MCP Card are eligible. Please contact [jbelbin@grenfell.mun.ca](mailto:jbelbin@grenfell.mun.ca) for details.

**Spouse** means persons of the same or opposite sex who are married to each other, or are:

- Living together in a conjugal relationship continuously for at least one (1) year; or
- Living in a relationship of some permanence and are the natural or adoptive parents of a child.
- Only one (1) spouse may be covered at the same time.

**Dependent Children** include your unmarried children, stepchildren and legally adopted children who reside with you and are dependent upon you for support and are:

- Younger than age 21;
- Age 21 but younger than age 25 and in full-time attendance at an accredited institute of learning and dependent on you for support; or
- Twenty-one (21) years or older and mentally or physically disabled and incapable of self-sustaining employment who was insured under this policy as a dependent on the day prior to his or her 21st birthday and remains dependent on you for support.

## Benefits at a Glance

<b><i>DRUG BENEFIT</i></b>	<b><i>% REIMBURSED</i></b>	<b><i>BENEFIT YEAR* MAXIMUM</i></b>
Prescription Drugs	70% Generic Rider	\$2,000 overall maximum
<b><i>HEALTH SERVICES</i></b>	<b><i>85%</i></b>	<b><i>BENEFIT YEAR* MAXIMUM</i></b>

Chiropractor	\$300
Naturopath	\$300
Psychologist (medical referral required)	\$300
Podiatrist/Chiropodist	\$300
Speech Therapist (medical referral required)	\$300
Osteopath	\$300
Physiotherapist	\$300
Registered Massage Therapist (medical referral required)	\$300
Ambulance transportation	Reasonable & Customary
Accidental Dental	Reasonable & Customary
Prosthetic Appliances	Reasonable & Customary
Durable Medical Equipment	Reasonable & Customary
Eye Exams	1 per 24 months up to \$40
Vision Care (glasses, contact lenses)	\$65/24 months
Orthopedic Shoes	\$150
Hearing Aids	\$500 per 5 years
Tutorial Benefit	Private tutorial services of a qualified teacher @ \$15/hr. up to \$1,000 per disability (plan member only)

*\*Benefit Year runs from September 1, 2017 to August 31, 2018*

*“Co-payment” means the amount that you are required to pay.*

*“Co-insurance “means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.*

**DENTAL BENEFIT                    % REIMBURSED    BENEFIT YEAR\*MAXIMUM**  
80% Reimbursement

Current Provincial Dental Association Fee Guide for General Practitioners.....	\$1000
Recall exams, bitewing x-rays, cleaning.....	Limited to once per every 9 months
Scaling, Fillings, Endodontic (root canal therapy) .....	Once per year
Periodontal Treatment.....	10 time units every 12 months

*\*Benefit Year runs from September 1, 2017 to August 31, 2018*

*“Co-payment” means the amount that you are required to pay.*

*“Co-insurance” means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.*

## **Medical and Drug Benefits**

### ***DRUG***

A co-payment of 30% applies to each prescription.

Your overall drug maximum is \$2,000.00 per benefit year (September 1 - August 31).

Generic equivalent drug substitution applies.

Benefits include drugs legally requiring a prescription by law, diabetic needles and syringes.

Benefits do not include smoking cessation products and medication for the treatment of obesity, hair loss/growth, erectile dysfunction and infertility. Serums and vitamins are also ineligible unless injected and medically necessary.

### ***HEALTH SERVICES***

Your overall health deductible is nil.

Your co-insurance for health services is 85%.

Co-insurance applies to emergency transportation, audio, medical items, paramedical services and dental accident.

### ***EMERGENCY TRANSPORTATION***

**Ambulance Transportation:** for land or air ambulance to the nearest hospital equipped to provide the required treatment.

### ***ACCIDENTAL DENTAL BENEFITS***

**Accidental Dental** benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

### ***AUDIO***

Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of \$500.00 once every 5 years.

### ***MEDICAL ITEMS***

Reimbursement for reasonable and customary charges for Prosthetic Appliances and Durable Medical Equipment as well as replacements, repairs, fittings and adjustments of such devices are covered. Contact the Customer Service Centre at 1-888-711-1119 or [www.greenshield.ca/StudentCentre](http://www.greenshield.ca/StudentCentre) to verify eligibility of a particular benefit.

### ***PARAMEDICAL SERVICES***

Chiropractor, Naturopath, Psychologist\*, Podiatrist/Chiropodist, Speech Therapist\*,

Osteopath, Physiotherapist, Registered Massage Therapist\* are covered up to \$300 per benefit year per practitioner. \* Physician's referral required

**Note:** Paramedical services are not eligible until the provincial healthcare maximum has been exhausted. Paramedical services are only eligible when the practitioner rendering the service is licensed by their provincial association and that association is recognized by Green Shield Canada. Please contact the Green Shield Customer Service Centre at 1-888-711-1119 or [greenshield.ca/StudentCentre](http://greenshield.ca/StudentCentre) to confirm eligibility.

### ***VISION***

Your Vision Benefit carries a maximum of \$100.00 every 24 months for prescription eye glasses and/or contact lenses and/or laser eye surgery or \$65.00 every 24 months for medically necessary contact lenses provided they are dispensed by a licensed Optometrist, Optician or Ophthalmologist.

Eye examinations performed by a registered, licensed optometrist or physician limited to one exam every 24 months, up to a maximum of \$40.00 and subject to the Extended Health Services co-insurance.

Commencement of your benefit period is based on the initial date you receive vision benefits. This service date is the actual pick-up date of the eyewear.

As a Green Shield subscriber, you have access to our national preferred provider vision network arrangement where you are eligible to receive a discount on eyewear and laser eye surgery.

Features of this great value-added service:

Offer applies to any Green Shield subscriber, regardless of whether you have Green Shield vision benefits or not; direct billing to Green Shield by the provider; the subscriber just pays any portion not covered; trustworthy retail chains with convenient locations; discount offer applies to everything such as coatings, upgrades and accessories; hundreds of the latest frame styles to choose from plus latest lens and coating technology; and opticians to assist in selecting products. Offer applies to non disposable contact lenses. Visit our website at [www.greenshield.ca/StudentCentre](http://www.greenshield.ca/StudentCentre) or call 1-888-711-1119 for information on the vision providers.

### **Claiming Information**

Present your Green Shield identification card as proof of being a Green Shield subscriber. The vision provider will apply the appropriate discount(s) to your claim and submit the claim directly to Green Shield for payment. You pay your vision provider any balance not covered under your vision benefit.

If no vision benefits exist, you pay your provider the full balance owing after the applicable discounts have been applied.

## **Out of Province/Country Travel Medical Emergency Insurance**

**Policy Number**        **28556323**  
Administrator        ETFS Insurance Services Inc.  
Underwriter        Royal & Sun Alliance Insurance Company of Canada

### **Benefit Summary**

Coverage Maximum        \$5,000,000 per Coverage Period per Insured Person  
Coverage Period        180 Days per Trip

#### ***BENEFIT***

#### ***LIMIT***

Hospital Accommodation	Reasonable & Customary Costs
Physician Charges	Reasonable & Customary Costs
Diagnostic Services	Reasonable & Customary Costs
Prescription Drugs	30-day supply per Prescription
Ambulance Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Private Duty Nurse	Up to \$5,000

Emergency Air Transportation (air ambulance, emergency travel arrangements and medical attendants)

**Note: Excludes Emergency air transportation and evacuation from the ocean, sea and other bodies of water**

Reasonable & Customary Costs	
Transportation to Bedside	Economy Round-trip Airfare plus \$150 per day to \$3,000
Return of Travelling Companion	One-way Airfare
Treatment of Dental Accidents	Up to \$2,000
Meals and Accommodation	Up to \$150 per day, to \$3,000 per Trip
Vehicle Return	Up to \$5,000
Return of Deceased	Up to \$5,000
Incidental Expenses	Up to \$250

***NOTE:*** Coverage maximum and limits are expressed in Canadian dollars. Certain conditions and limitations apply. The actual wording of the master policy governs all situations.

## **Claiming Information**

**To avail of your out of province/country travel insurance benefits, you MUST contact Global Excel prior to receiving any medical treatment.**

In the event of an emergency, call:

From Canada and USA                      1-866-870-1898  
Collect from anywhere                      + (819) 566-1898

The following toll-free numbers are subject to change at any time without notice.

*From*

Australia                                      1-800-554-365  
Dominican Republic                      1-888-751-4335  
France    0-800-913-330  
Germany                                      0800-181-6871  
Ireland                                        1-800-550-570  
Italy    800-871-706  
Mexico                                        00-1-800-514-1518  
United Kingdom                          0-800-917-8832

For a wallet-sized quick reference guide to your travel insurance, check out the Grenfell Campus Student Union section at [www.greenshield.ca/StudentCentre](http://www.greenshield.ca/StudentCentre).

## **Dental Benefits**

Your deductible is nil.

Your overall dental maximum is \$1000.00 per benefit year.

Stated maximums are based on paid dollars.

Your co-insurance which is applied to the eligible allowed amount is 80% for basic and comprehensive basic services.

Basic services cover: recalls once every nine months, other exams and full mouth x-rays every 2 years.

Comprehensive basic services cover denture relines once every 3 years.

Applicable lab, drug and other expenses are eligible to a maximum of 40% of the allowable professional fee. Any applicable co-payment is then applied. Your eligible claims are reimbursed at the level stated above and in accordance with the current Provincial Dental Association Fee Guide for General Practitioners. In provinces with more than one fee guide, Green Shield will reimburse according to the least expensive standard fee (or fee range).

## ***BASIC SERVICES***

Recalls include exams, bitewing x-rays, preventive cleanings and fluoride treatments. Complete, general or comprehensive oral exams, full mouth x-rays and panoramic x-rays; basic restorations, fillings and inlays; extractions and surgical services; and general anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery. Sleep dentistry is not eligible.

## ***COMPREHENSIVE BASIC SERVICES***

Endodontic treatment including standard root canal therapy, excluding retreatments;  
Periodontal treatment including scaling and/or root planning;  
Standard denture services including relining and rebasing of dentures after 6 months from installation.

## **Tutorial Benefits**

Your maximum is \$1,000.00 per disability.

Private tutorial service of a qualified teacher up to \$15.00 per hour is covered if an accident or illness causes you to be disabled and confined to home or hospital for 15 consecutive school days.

**Note: Your dependents are not eligible for this benefit.**

## **General Information**

### ***GREEN SHIELD'S COMMITMENT TO PRIVACY***

The Green Shield Canada Privacy Code balances the privacy rights of our group and benefit plan participants, and our employees, with the legitimate information requirements to provide customer service and to meet our human resource requirements. It consists of the following key principles:

#### **1. We ask for your personal information for the following purposes:**

To establish your identification;

To provide you and/or your dependents with the applicable benefit coverage;

To protect you and us from error and fraud; and

To provide ongoing services.

#### **2. Consent**

When you enrolled in your group benefit plan as a plan participant, your personal information was obtained and used only with your consent. We obtain your consent before we:

Provide benefit coverage; offer you other Green Shield Canada services; obtain, use or disclose to other persons, information about you unless we were obliged to do so by law or to protect our interests; and/or use your personal information in any way we did not

tell you about previously; Your consent can be either express or implied. Express consent can be verbal or written. Consent can be implied or inferred from certain actions. For our existing group and benefit plan participants, we will continue to use and disclose your personal information previously collected in accordance with our current privacy code, unless you inform us otherwise and will infer that consent has been obtained by your continued use.

### **3. Withdrawal of Consent**

You can withdraw your consent any time after you've given it to us, provided there are no legal or regulatory requirements to prevent this.

If you don't consent to certain uses of personal information or if you withdraw your consent, we will no longer be able to administer your benefit coverage. If so, we will explain the situation to you to help you with your decision.

For further information on our privacy policies and procedures, please refer to the Green Shield Canada web site at [www.greenshield.ca/StudentCentre](http://www.greenshield.ca/StudentCentre).

### ***LIMITED BENEFIT CLAUSE***

Green Shield will determine the amount of benefits payable, giving consideration to limited procedures, services, or courses of treatment. The attending physician/dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "limited treatment" principle. The Limited Benefit Clause is a financial limitation and not intended as a comment regarding any treatment recommended or performed by a physician/dentist.

### ***PREDETERMINATION***

If the cost of any proposed treatment is expected to exceed \$300.00, submit to Green Shield a detailed treatment plan from your provider before your treatment begins. If a description of the procedures to be performed and an estimate of the charges are not submitted in advance, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of medical/dental practice.

### ***GENERAL OVERALL EXCLUSIONS***

Eligible Services do not include and reimbursement will not be made when we are aware of or have been apprised of:

1. Services or supplies received as a result of disease, illness or injury due to any of:

Intentionally self-inflicted injury while sane or insane;

An act of war, declared or undeclared;

Participation in a riot or civil commotion; and/or

Committing a criminal offence.

2. Failure to keep a scheduled appointment with a licensed medical/dental practitioner.



3. Services or supplies which are cosmetic in nature.
4. The completion of any claim forms and/or insurance reports.
5. Services or supplies which do not meet accepted standards of medical/dental/ ophthalmic practice, including charges for services or supplies which are experimental in nature.
6. Services or supplies normally paid through any provincial government health plan, Workplace Safety & Insurance Board, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made.
7. Services or supplies from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body.
8. Services or supplies which are not recommended or approved by the attending physician/dentist.
9. Services or supplies that you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage.
10. Services or supplies which are legally prohibited by the government from coverage.
11. The replacement of lost, missing or stolen items, or items which are damaged due to negligence.
12. Any eligible service that relates to treatment of injuries arising out of a motor vehicle accident.

### ***CO-ORDINATION OF BENEFITS (COB)***

Where you or your dependents have coverage with more than one carrier, claims shall be coordinated so that reimbursement from all coverage shall not exceed 100% of the actual claim. Ask for our COB brochure for information on how your family can receive this service.

### ***SUBROGATION***

Green Shield retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

### ***CONVERSION-PRISM CONTINUUM PROGRAM***

The PRISM CONTINUUM Program offers three plans that are focused on providing coverage for you if you are leaving the Green Shield plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost Green Shield benefits within the last 60 days and are looking for guaranteed coverage.

Call (416) 601-0429 in the Toronto area or toll-free at 1-800-667-0429 for an information package. You must apply within 60 days of termination of your benefits from your Green Shield group program.