

Why a health & dental plan?

Costs for dental and health services are at an all time high and show no sign of reprieve. Students on fixed incomes are especially susceptible to these increases, and the last thing they want to spend these fixed monies on is an unforeseen accident, dental or medical procedure. Putting even routine procedures off can have monumental effects for students, as missing classes or study time can have disastrous consequences. Considering these points, the Camosun College Student Society (CCSS) has worked to design and implement a reasonably priced health and dental insurance plan. This plan can aid students in maintaining a quality of health, which can ensure that avoidable medical emergencies do not endanger the pursuit of their studies.

Why is the plan mandatory?

With a mandatory plan, the insurance risk is spread over a larger number of students, thereby lowering the cost per student, making the fee in a range that is affordable to students. An individual health and dental plan can cost as much as 5 times the current student fee.

Is this plan the same as my provincial health care?

No. The CCSS Student Benefits Plan is an extended health and dental plan, which supplements your existing provincial health care. It DOES NOT replace your provincial health care.

Student benefits are payable after any provincial health care benefits have been exhausted. This plan does not cover user fees.

How do I enrol for coverage?

You are automatically enrolled provided you meet the eligibility enrolment criteria:

- 1) you are a member of the CCSS,
- 2) you are in an applicable program,
- 3) you meet the full-time criteria for your program,
- 4) you are residing in Canada, and
- 5) you are under the age of 70.

If you are unsure about whether or not you qualify, you can refer to your academic calendar or check at the **CCSS Student Benefits Plan Office**.

How do I pay the fee?

The fees for the health and dental plans will be assessed automatically by the institution at registration if you meet the eligibility criteria previously listed.

When does my coverage begin and end?

For eligible students starting in the fall semester, coverage begins September 1st and ends August 31st provided there has been no change in your eligibility status from the fall to the winter semester. In cases where there has been a status change, coverage may end December 31st. For eligible students starting in the winter semester, coverage begins January 1st and ends August 31st.

How can I access my coverage once I'm at the pharmacy or dental office?

Your **CCSS Benefits Card** is available at your **CCSS Student Benefits Plan Office** (during regular office hours) at any time during your coverage year. The **Benefits Card** provides the correct information needed for **pay direct transactions** at pharmacies and processing of **electronic claims** at dental offices registered with the **insurer's direct payment system**. Simply sign your card and fill in your **applicable** student ID number in the space provided on the front of the card. Please contact your Student Service Co-ordinator at the **CCSS Student Benefits Plan Office** if you have any questions regarding your **applicable** student ID number. A BC Fair Pharmacare application **must** be completed prior to obtaining your **CCSS Benefits Card**.

Important! *New eligible students please refer to your **Benefits Handbook** or contact the **CCSS Student Benefits Plan Office** for information on your "Enrolment Period".*

Camosun College Dental Clinic

Included with your dental plan is the option to visit the Camosun College Dental Clinic which provides diagnostic & preventive services to students. Should you choose to visit the Dental Clinic, your diagnostic & preventive benefits will be covered at 100% as indicated in the Schedule of Benefits. Please contact the **CCSS Student Benefits Plan Office** for further information and booking appointments with the Dental Clinic. You can also view the information on our website at www.gallivan.ca/studentnetworks/members/Camosun.

What if I already have coverage?

Co-ordination of Benefits

Benefits under the two plans can be co-ordinated to increase your coverage up to a total of 100% of the actual expense(s) incurred. For example, following payment under this plan you can submit outstanding balances to the other plan for consideration.

Waiving the Student Benefits

If you are an eligible student and have comparable health and/or dental coverage you may apply to waive benefits. Each student is given one opportunity to waive benefits under the health and/or dental plan(s) each year. All waiver forms must be completed through the **CCSS Student Benefits Plan Office** and must be received by the **applicable deadline** for the **semester period of enrolment**.

Approval of waiver forms will result in the plan fee being credited or refunded.

There will be no exceptions or extensions for students who fail to submit their completed waiver form to the **CCSS Student Benefits Plan Office** prior to the applicable deadline.

Once your waiver has been accepted, this waiver will remain in force and will be waived each school year. If comparable coverage used to waive the student plan(s) terminates, you have 30 days from loss of coverage to notify the **CCSS Student Benefits Plan Office** in order to be covered under the health and/or dental plan(s). Confirmation of loss of coverage is also required on re-application for coverage.

If comparable coverage for your family terminates, you have 30 days from the loss of coverage to notify the **CCSS Student Benefits Plan Office** in order for your family to be covered under the health and/or dental plan(s). It is your responsibility to apply for benefits and provide payment of the family coverage fee prior to the 30-day deadline.

Only the CCSS Student Benefits Plan Office can process your waiver.

Can I add my family to the plan(s)?

Each year, you are given one opportunity to purchase family coverage for your spouse and/or dependant(s) by completing an application form at the **CCSS Student Benefits Plan Office** and paying the family coverage fee. All family add-on forms and applicable fees must be received by the **applicable deadline** for the **semester period of enrolment**. Your family can only be covered while you are a student on the plan(s).

Please note: Your optional family add-on is not automatically renewed. In order for your family add-on to continue, you must purchase the coverage each benefit year before the applicable deadline. **FAMILY ADD-ON FEES ARE NON-REFUNDABLE.**

Spouse:

Spouse means the person who is a resident of Canada, and who is married to the student, or a person of either sex who has continuously co-habitated with the student for a period of at least one year and who is publicly represented as the student's wife or husband.

Dependant(s):

Dependant means an unmarried child who is a resident of Canada, and entirely dependent on the student for maintenance and support, and who is:

- 1) under 21 years of age,
- 2) under 25 years of age and attending a college or university full-time, or
- 3) physically or mentally incapable of self-support and became incapable to that extent while entirely dependent on the student for maintenance and support and while eligible under 1) or 2) above.

Health Plan Schedule of Benefits

BENEFIT	MAXIMUM BENEFIT
Prescription Drug - Based on the Provincial Formulary with a generic rider	Reimbursed at 80% to a maximum of \$3,000 per benefit year.
Vision	Reimbursed at 100%. Combined maximum of \$100 every 24 months for one eye exam, eyeglasses or contact lenses.
SUPPLEMENTARY HEALTH CARE	
Physiotherapist	Each of the listed services are reimbursed at 80% to a maximum of \$25 per visit. Each service has an overall plan maximum of \$300 per benefit year.
Registered Massage Therapist	
Certified Athletic Therapist <small>(physician's prescription required for each of the above services)</small>	
Speech Language Pathologist <small>(physician's prescription required)</small>	Reimbursed at 80% to an overall plan maximum of \$300 per benefit year.
Psychologist or Social Worker <small>(physician's prescription required)</small>	Reimbursed at 80%. There is a per visit limit of \$35 and an overall plan maximum of \$300 per benefit year.
Chiropractor (including one x-ray examination per benefit year)	Each of the listed services are reimbursed at 80% to a maximum of \$25 per visit. Each service has an overall plan maximum of \$300 per benefit year.
Osteopath (including one x-ray examination per benefit year)	
Podiatrist or Chiropracist (including one x-ray examination per benefit year)	
Acupuncture	
Naturopath	
Dental Accident (services must be performed within 12 months of accident; pre-authorization required)	Reimbursed at 80% to a maximum of \$1,000 per accident.
Ambulance	Reimbursed at 80% to a maximum of \$250 per occurrence.
Custom-Made Orthopaedic Shoes and Orthotics <small>(provided they are not solely for athletic use; prescription & pre-authorization required)</small>	Reimbursed at 80% to a maximum of \$150 per foot per benefit year.
Trusses, Crutches, Splints & Braces <small>(braces not solely for athletic use; prescription & pre-authorization required)</small>	Reimbursed at 80%.
Artificial Limbs & Prosthetics <small>(prescription & pre-authorization required)</small>	Reimbursed at 80%.
Blood Glucose Monitors <small>(prescription & pre-authorization required)</small>	Reimbursed at 80% to a maximum of \$150 during a 5 year period.
Medical Equipment <small>(wheelchairs, hospital-type beds & traction kits; prescription & pre-authorization required)</small>	Reimbursed at 80%. Wheelchair repairs limited to lifetime maximum of \$250.
Tutorial <small>(after 15 days of confinement due to injury or illness)</small>	Reimbursed at 80% to a maximum of \$20 per hour. There is an overall plan maximum of \$2,000 per benefit year.
Out of Province Emergency & Travel Assistance	Reimbursed at 100% to a lifetime maximum of \$1,000,000.
Accidental Death & Dismemberment	Reimbursed at 100% to a maximum of \$5,000 for loss of life.

Dental Plan Schedule of Benefits

BENEFIT	REIMBURSEMENT	MAXIMUM BENEFIT
ANNUAL MAXIMUM		\$750 per benefit year
Camosun College Dental Clinic	100%	One annual exam per benefit year, x-rays, polishing, scaling and fluoride (the above services are only eligible when visiting the Camosun College Dental Clinic)
Diagnostic & Preventive (annual exam) <small>Note: you are encouraged but not required to use the Camosun dental clinic.</small>		
All other Dental Providers-Diagnostic & Preventive	80%	One annual exam per benefit year, x-rays, polishing and 2 units of scaling
Restorative (fillings, re-cementations, denture repairs, retining, rebasing and tissue conditioning)	70%	
Extractions	50%	Limited to 2 wisdom teeth per patient, per benefit year
Endodontic (root canal)	50%	
Periodontic (oral surgery, occlusal adjustments and appliances)	50%	Occlusal adjustment/equilibration limited to 4 units per benefit year. Up to 2 additional units of scaling/root planing per benefit year.



IMPORTANT! Please submit a pre-determination/pre-authorization to the insurance carrier prior to treatment of specialist services and any dental treatment plan exceeding \$500.

NOTE: Reasonable & customary charges apply as determined by the insurance carrier. In the event of any discrepancy between the information herein and our contract with the insurer, the terms of the contract will apply.

Where do I go for help?

Please feel free to contact the Student Service Co-ordinator at the CCSS Student Benefits Plan Office on any matter in which you require personal attention.

101 Richmond House

3100 Foul Bay Road

Victoria, BC V8P 5J2

Phone: (250) 370-1614 • Fax: (250) 370-1533

Email: ccssplan@camosun.bc.ca

Website:

www.gallivan.ca/studentnetworks/members/Camosun

Interurban Benefits Plan Office

Room 117, Campus Centre

Phone: 250-479-5578

Email: interurbanplan@camosun.bc.ca

The following is a partial list of services that are available from the CCSS Student Benefits Plan Office:

- pick up your CCSS Benefits Card
- pick up forms
- purchase coverage for your spouse and/or dependant(s)
- opt-out of the plan(s), with comparable coverage
- inquiries
- pick up your Fair PharmaCare Registration Form for completion

Where do I send my claims?

The Great-West Life Assurance Company

Policy Number 330758

Group Claims Department

P.O. Box 4408

Regina, Saskatchewan S4P 3W7

1-866-289-5675

www.greatwestlife.com



The Integrated Care Solution

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**Camosun College
Student Society
Benefits Plan**