

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 Northern Alberta Institute of Technology Students' Association (NAITSA) 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 NAITSA 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 NAITSA,
- 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 **NAITSA 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.

Activating your coverage

In order to ensure your coverage is activated with the insurance carrier, you **MUST** come to the **NAITSA Student Benefits Plan Office** and supply us with your correct **Student ID Number** and your **date of birth**.

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

Your **NAITSA Care Card** can be downloaded from www.gallivan.ca/studentnetworks/members/NAIT or picked up at your **NAITSA Student Benefits Plan Office** (during regular office hours) at any time during your coverage year. The **Care 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 **NAITSA Student Benefits Plan Office** if you have any questions regarding your **applicable student ID number**.

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

The dental benefits provided under the **Select Dental Provider** option are provided through a specific network of dental centres. If you choose one of the **Select Dental Providers**, your diagnostic & preventive dental benefits will be reimbursed at the level indicated in the Schedule of Benefits. Please contact the **NAITSA Student Benefits Plan Office** for a list of **Select Dental Providers*** where services can be received or you can also view the information on our website at www.gallivan.ca/studentnetworks/members/NAIT.

If you choose an **Alternate Dental Provider** (a dentist or dental centre not on the Select Dental Provider list) your diagnostic & preventive dental benefits will be reimbursed at the level indicated in the Schedule of Benefits.

All other dental services (excluding diagnostic & preventative) will be reimbursed at the levels indicated on the Schedule of Benefits.

*Please note: the list of Select Dental Providers may be subject to change.

Important! If you need to cancel your dental appointment, **24 hours notice** is expected. If you do not give **24 hours notice**, the dental office may charge a fee which is not covered under the plan.

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 **NAITSA 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 NAITSA Student Benefits Plan Office prior to the applicable deadline.

Once your waiver has been accepted, this waiver will remain in force as long as you are an eligible student. If comparable coverage used to waive the student plan(s) terminates, you have 30 days from loss of coverage to notify the **NAITSA 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 **NAITSA 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 NAITSA 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 **NAITSA 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	REIMBURSEMENT	MAXIMUM BENEFIT
Drug - Based on the National Formulary with a generic rider (Smoking Cessation Products are included under this benefit up to a lifetime maximum of \$500)	80%	\$3,000 per benefit year
Vision	100%	Limit of 1 eye exam every 24 months. Eyeglasses or contact lenses – limit of \$80 every 24 months
SUPPLEMENTARY HEALTH CARE		
Physiotherapist (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Registered Massage Therapist (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Speech Language Pathologist (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Psychologist or Social Worker (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Chiropractor (including one x-ray examination per benefit year)	80%	\$20 per visit to \$300 per benefit year
Osteopath (including one x-ray examination per benefit year)	80%	\$20 per visit to \$300 per benefit year
Naturopath	80%	\$20 per visit to \$300 per benefit year
Podiatrist or Chiropodist (including one x-ray examination per benefit year)	80%	\$20 per visit to \$300 per benefit year
Dental Accident	80%	Of eligible expenses and reasonable and customary charges. Services must be performed within 12 months of the accident. Limit of \$1,000 per accident.
Ambulance	80%	Limited to \$250 per occurrence
Custom-Made Orthopaedic Shoes (pre-authorization & physician's prescription required)	80%	\$150 per foot, per benefit year, provided they are not solely for athletic use.
Trusses, Crutches, Splints and Braces (pre-authorization & physician's prescription required)	80%	Braces not solely for athletic use
Artificial Limbs and Prosthetics (pre-authorization & physician's prescription required)	80%	Reasonable and customary charges
Blood Glucose Monitors	80%	Limit of \$150 for eligible expenses incurred during a 5 year period
Medical Equipment (wheel chairs, hospital-type beds; pre-authorization & physician's prescription required)	80%	Reasonable and customary charges. Wheel chair repairs limited to lifetime maximum of \$250
Tutorial (after 15 days confinement due to injury or illness)	80%	\$15 per hour to \$2,000 per benefit year
Out of Province Emergency and Travel Assistance	100%	\$1,000,000 in a lifetime
Accidental Death & Dismemberment		\$5,000

Dental Plan Schedule of Benefits

BENEFIT	REIMBURSEMENT	MAXIMUM BENEFIT
ANNUAL MAXIMUM		\$750 per benefit year
Select Dental Provider - Diagnostic & Preventive (annual exam)	100%	Includes polishing, two units of scaling and necessary x-rays (must be performed during check-up) once per benefit year. Fluoride for dependant children up to age 18, once per benefit year.
Alternate Dental Provider - Diagnostic & Preventive (annual exam)	70%	Includes polishing, two units of scaling and necessary x-rays (must be performed during check-up) once per benefit year. Fluoride for dependant children up to age 18, once per benefit year.
Minor Restorative (space maintainers, fillings, re-cementation, denture repairs, relining, rebasing, tissue conditioning and pit and fissure sealants)	80%	
Oral Surgery (extractions)	50%	Limited to 2 wisdom teeth per patient per benefit year
Endodontic (root canal)	50%	
Periodontic	50%	Up to 2 additional units of scaling/root planing per benefit year
Major Restorative (crowns, bridges and dentures)	15%	Limited to once every 5 benefit years



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: 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 **NAITSA Student Benefits Plan Office** on any matter in which you require personal attention.

Room E125

11762 – 106 Street NW

Edmonton, Alberta T5G 3H4

Phone: (780) 471-7730

Fax: (780) 491-3058

Email: studentplans@nait.ca

Website: www.gallivan.ca/studentnetworks/members/NAIT

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

- pick up your NAITSA Care Card
- pick up forms
- provide your Student ID and date of birth for activation of coverage
- purchase coverage for your spouse and/or dependant(s)
- opt-out of the plan(s), with comparable coverage
- inquiries

Where do I send my claims?

The Great-West Life Assurance Company

Policy Number 330823

Group Claims Department

P.O. Box 4408

Regina, Saskatchewan S4P 3W7

1-866-289-5675

www.greatwestlife.com

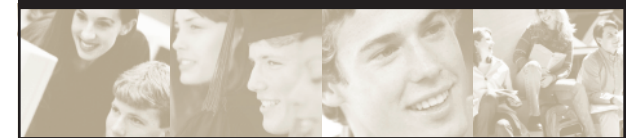


The Integrated Care Solution

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www.gallivan.ca

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**Northern Alberta
Institute of Technology
Students' Association
Benefits Plan**