

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 BCIT Student Association 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 BCIT Student Association 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 BCIT Student Association,
- 2) you are in an applicable program,
- 3) you meet the full-time criteria for your program,
- 4) you are residing in Canada,
- 5) you are under the age of 70, and
- 6) you have paid your student fees owed to the institution in full.

If you are unsure about whether or not you qualify, you can refer to your academic calendar or check at the **BCIT Student Association 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?

Eligible students will receive coverage starting with the first day of the month your program begins. You are assessed the annual fee along with your program fees and the annual fee provides for 12 months of coverage. If you do not complete your program, it may result in coverage being adjusted to what fees you had paid. Please see your Student Service Co-ordinator for more detailed information regarding your coverage period.

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

Your BCIT Student Association Benefits Card is available at your **BCIT Student Association 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 **BCIT Student Association 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 **BCIT Student Association Benefits Card**.

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

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 **BCIT Student Association Student Benefits Plan Office** and must be received **no later than 30 days after the start date of your program**.

There will be no exceptions or extensions for students who fail to submit their completed waiver form to the BCIT Student Association 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 **BCIT Student Association 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 **BCIT Student Association 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 BCIT Student Association 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 **BCIT Student Association Student Benefits Plan Office** and paying the family coverage fee. All family add-on forms and applicable fees must be received **no later than 30 days after the start date of your program**. 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 Provincial Formulary with a generic rider	80%	\$3,000 per benefit year
Vision	100%	
Eye Exam		\$60 every 24 months for one eye exam.
Eyeglasses or Contact Lenses		\$150 every 24 months for eyeglasses or contact lenses
SUPPLEMENTARY HEALTH CARE		
Nursing (services of R.N./R.N.A./C.N.A./L.P.N)	80%	\$10,000 per benefit year
Naturopath	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 Pathologist (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Physiotherapist (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Osteopath (physician's prescription required)	80%	\$20 per visit to \$300 per benefit year
Chiropractor	80%	\$20 per visit to \$300 per benefit year
Podiatrist or Chiropodist	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
Custom-Made Orthopaedic Shoes and Orthotics (pre-authorization & physician's prescription required)	80%	Limit of \$150 per benefit year
Trusses, Crutches, Splints and Braces (pre-authorization & physician's prescription required)	80%	Braces not solely for athletic use
Medical Equipment (wheel chair rental, hospital-type bed; pre-authorization & physician's prescription required)	80%	Reasonable and customary charges
Artificial Limbs and Prosthetics (pre-authorization & physician's prescription required)	80%	Reasonable and customary charges
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%	Limit of \$250 per occurrence
Tutorial (after 15 days confinement due to injury or illness)	80%	\$15/hour limited to \$2,000 maximum
Out of Province Referral	80%	\$10,000 in a lifetime
Out of Province Emergency and Travel Assistance	100%	\$1,000,000 in a lifetime
Accidental Death & Dismemberment	100%	Up to \$5,000 for loss of life
Tuition Insurance	100%	\$10,000 in a lifetime

Dental Plan Schedule of Benefits

BENEFIT	REIMBURSEMENT	MAXIMUM BENEFIT
ANNUAL MAXIMUM		\$750 per benefit year
Diagnostic and Preventive (examination, x-rays, polishing and scaling)	80%	2 units of scaling per benefit year
Minor Restorative (fillings, space maintainers, denture repairs and re-cementation)	70%	
Extractions	50%	Limit of 2 wisdom teeth per benefit year
Endodontic, Periodontic and Oral Surgery	15%	Up to 2 units of scaling and/or root planing per benefit year.
Major Restorative (crowns and bridges)	15%	Limited to once every 5 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 BCIT Student Association Student Benefits Plan Office on any matter in which you require personal attention.

Student Association Campus Centre, Room 286
Building (SE2)
3700 Willingdon Ave.
Burnaby, BC V5G 3H2

Phone: (604) 456-8056 • Fax: (604) 434-5726

Email: studentplans@bcit.ca

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

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

- pick up your BCIT Student Association 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 330828

Group Claims Department

P.O. Box 4408

Regina, Saskatchewan S4P 3W7

1-866-289-5675

www.greatwestlife.com

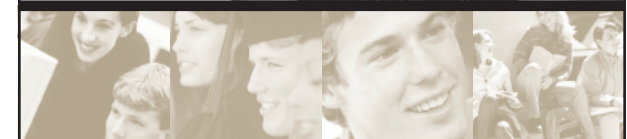


The Integrated Care Solution

BCIT Student Association is a member of
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**BCIT Student Association
Benefits Plan**