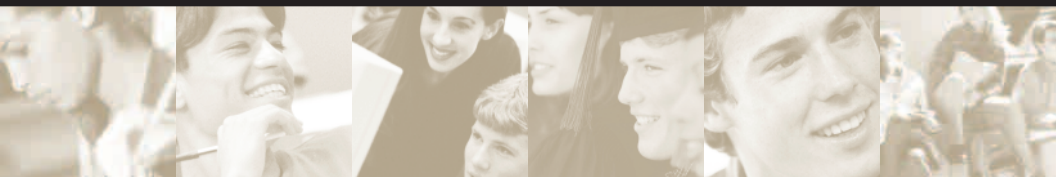




CONESTOGA
STUDENTS INC



Benefits Handbook

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Your Student Benefits Plan

The purpose of this booklet is to provide you with a brief overview of your Conestoga Students Inc. Health and Dental Plans. Please note, in the event of any discrepancy between the information herein and our contract with the insurer, the terms of the contract will apply.

<i>Health and Dental Plan Policy Number</i>	38126
<i>Health and Dental Plan Policy Underwritten by</i>	Manulife Financial
<i>Claims Mailing Address</i>	Manulife Financial - Health Plan Group Health Claims PO Box 1653 Waterloo, ON N2J 4W1
	Manulife Financial - Dental Plan Group Dental Claims PO Box 1654 Waterloo, ON N2J 4W2
	1-800-268-6195
<i>Website</i>	www.manulife.ca/groupbenefits



IMPORTANT! *Your policy number and student identification number are essential when inquiring about your benefits or submitting claims. Please familiarize yourself with these numbers and keep them handy.*

The **Student Service Co-ordinator** at the **Conestoga Students Inc. Student Health Plan Office** is fully acquainted with the details of health and dental benefits and has been selected based on their understanding of the unique needs of students along with their personal service skills. The following is a partial list of services that are available from the **Conestoga Students Inc. Student Health Plan Office** :

- pick up your Conestoga Students Inc. Care Card
- purchase coverage for your spouse and/or dependant(s)
- opt-out of the plan, with comparable coverage
- pick up forms
- inquiries

Please feel free to contact the **Student Service Co-ordinator** on any matter in which you require personal attention.

Room 2A100, Doon Campus
299 Doon Valley Drive, Kitchener, ON N2G 4M4
Phone: 519-748-5131 Ext. 30 • Fax: 519-896-1644
Email: conestoga@gallivan.ca
Website: www.gallivan.ca/studentnetworks/members/conestoga

Eligibility & Enrolment

The health and dental plans were approved by student referendum and as a result are now a requirement of your enrolment at the Conestoga College. The plans provide protection and security for eligible students minimizing the affects of injury or ailments. The cost of the plans are included in your institutional fees provided you meet the eligibility enrolment criteria:

- 1) you are a full-time student at the Conestoga College,
- 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 71.

Students Excluded from the CSI Health and Dental Plan:

- 1) students enrolled in the Trades and Development program(s) or,
- 2) students attending the Cambridge and Stratford campuses.

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

Coverage Period

For eligible students starting in the fall semester, coverage begins September 1st and ends August 31st. For eligible students starting in the winter semester, coverage begins either January 1st or February 1st and ends August 31st. For eligible students starting in the summer semester, coverage begins May 1st and ends August 31st.

Family Coverage

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 **Conestoga Students Inc. Student Health 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. If your eligibility for membership in the plan changes while you have family coverage, you should contact your **Student Service Co-ordinator**.

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.



IMPORTANT! *Remember to purchase family coverage before the applicable deadline!*

Individuals with existing Extended Health and/or Dental Coverage

Some students are fortunate enough to have additional extended health insurance coverage (NOT Provincial Health Care) and dental coverage. If you are one of these students, you may wish to know how the student plan can benefit someone in your situation.

Many types of benefits can be combined with another plan to increase the total amount that you may be reimbursed. If you have existing extended health and dental coverage please take note of the following:

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 dental coverage you may apply to waive benefits. Each student is given one opportunity to waive benefits under the health and dental plans each year. All waiver forms must be completed on-line and must be received by **2:00 pm on the last Friday of the month your program starts.**

Please follow the complete procedure of the 1 Time On-line Opt Out prior to the applicable deadline. Please visit www.gallivan.ca/studentnetworks/members/conestoga and follow the procedures on the left side menu bar.

Once we confirm coverage, we DO NOT retain any confirmation documentation that you provide to us.

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



There will be no exceptions or extensions for students who fail to submit their completed waiver on-line or to the Conestoga Student Inc. Student Health 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 terminates, you have 30 days from loss of coverage to notify the **Conestoga Students Inc. Student Health Plan Office** in order to be covered under the health and dental plan. You must provide payment of the fee as well as written copy of notice of termination.

If comparable coverage for your family terminates, you have 30 days from the loss of coverage to notify the **Conestoga Students Inc. Student Health Plan Office** in order for your family to be covered under the health and dental plan. It is your responsibility to apply for benefits and provide payment of the family coverage fee prior to the 30-day deadline. Confirmation of loss of family coverage is also required.

A student whose waiver of benefit application is approved, absolves the student organization, the insurance broker/representatives, the insurance company, and any other party of any liability whatsoever for any loss suffered by the student.

Only the Conestoga Students Inc. Student Health Plan Office can process your waiver.



REMEMBER! *You must apply to waive these benefits before the applicable deadline.*

Extended Health Benefits

This section contains information pertaining to the health portion of your benefits plan. Benefits provided by this plan are payable where Provincial Health Care does not provide coverage. Your health plan benefits come into effect after any Provincial Health Care annual maximums have been reached.

Health Benefit

Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed in writing by a physician or dentist and dispensed by a registered pharmacist or physician. R&C means such charges that will be considered reasonable and customary if they do not exceed the general level of charges made by other providers in the same geographical area.

Prescription Drugs

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Carrier will reimburse 80% of the reasonable and customary charges incurred, to a maximum of \$2,000.00 per Insured, per policy year, for expenses for:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets (pseudo din# 910333 must be used for all diabetic supplies);
- d) allergy serums;
- e) all acne preparations excluding Accutane;
- f) Nuva Ring, subject to a maximum of \$144.00 per Insured per policy year;
- g) oral contraceptives, the contraceptive patch (birth control).

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Ontario Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is \$8.00 Any amount charged over and above will be payable by the student.

The Ontario Formulary

The Ontario Formulary is a **specific list of drugs** that are eligible for reimbursement under your drug benefit. The Ontario Formulary was developed to ensure that prescription drugs are available on a cost-effective basis. It covers approximately 85% of the most frequently prescribed drugs.

The Ontario Formulary is reviewed regularly and as a result, updates are made on an ongoing basis. However, in the event that the drug covered by the Ontario Formulary is not effective in treating the condition, an exception process is in place through which special approval *may be* granted for a drug not on the Ontario Formulary.

Generic Substitution

The Prescription Drug Benefit favours the use of lower cost generic drugs whenever possible. Generic drugs are chemically identical versions of brand name drugs, at a lower cost than the brand name version. The maximum amount payable to an eligible brand name drug will be limited to the lowest priced item in the appropriate generic category.

Exclusions:

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male baldness treatments;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives, other than oral, the contraceptive patch and the Nuva Ring; oral vitamins; injectible vitamins;
- e) drugs, hormones, products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) preventative vaccines, including hepatitis B vaccine;
- j) Accutane.



IMPORTANT! Advise your doctor and pharmacist that you are on the Ontario Formulary and that you have a generic equivalent drug plan when having drugs prescribed.

Exception Process

In the event that the drugs covered are not effective in treating the condition, an exception process is in place. To be eligible for an exception, you must have tried one alternative drug listed on the Ontario Formulary. An exception application form is available from the **Conestoga Students Inc. Student Health Plan Office** and must be completed by your physician. Completed forms may be returned to the **Conestoga Students Inc. Student Health Plan Office** or can be mailed directly to the insurance company.

Please see the **Conestoga Students Inc. Student Health Plan Office** for more information on the Ontario Formulary.

Vision

If an Insured incurs expenses for vision care, the Carrier will pay reasonable and customary charges for:

- a) one optometric examination by an optometrist or ophthalmologist during any 24 consecutive months;
- b) standard eye glass lenses and frames (single vision or bifocal as required) when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to

a maximum of \$80.00 in any consecutive 24 months for one complete set of lenses and frames for any one Insured; or

- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$200.00 for one complete set of lenses for any Insured, in any 24 consecutive months. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames. The Carrier shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

There is also up to a 20% discount for eyewear provided through PVS (Preferred Vision Services). PVS is a network of eyewear centres. For information on participants in your area, call 1-800-668-6444 or visit their website at www.pvs.ca.

Supplementary Health Care

The following benefits are included in the Supplementary Health Care portion of your plan.

A general description of the extended health benefits are listed below. For specific benefit details, please refer to the Schedule of Benefits.

Health Practitioners

The services of the following practitioners:

- physiotherapist
- registered massage therapist
- speech therapist
- clinical psychologist
- chiropractor*, including 1 x-ray examination per benefit year
- naturopath*

**physician's prescription not required*

Student benefits are payable after any Provincial Health Care benefits have been exhausted. This plan does not cover user fees.

Ambulance

Licensed ground ambulance or emergency air service that transports the patient to the nearest hospital equipped to provide the required treatment when the physical condition of the patient prevents the use of another means of transportation. If the patient requires the services of a registered nurse during the flight, the services and return airfare for a registered nurse are covered.

Orthopaedic Supplies

Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200.00, if recommended by a physician, podiatrist or chi-

ropodist; Orthopedic supplies as noted above must be dispensed by one of the following providers:

- othotist, pedorthist, podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

Prosthetic Appliances

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Charges for casts, splints, trusses, braces or crutches, including replacements when medically necessary;
- d) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year.

Medical Supplies

Charges for vaccines (excluding Hepatitis B), compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

Equipment Rental

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Carrier, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

Other Eligible Expenses

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

Limitations and Exclusions to Extended Health Benefits

No benefit is payable for any expense which is directly or indirectly related to:

- a) illness or injury arising out of or in the course of employment when the person is insured by or is eligible for coverage by workers' compensation;
- b) illness or injury for which benefits are payable under any government plan or legally mandated program;
- c) self-inflicted injuries or illnesses, whether the person is sane or insane;
- d) war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion;
- e) the committing of or the attempt to commit an assault or criminal offence;
- f) injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury;
- g) charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms;
- h) charges for services or supplies:
 - i) when there would have been no charge at all in the absence of insurance;
 - ii) reimbursement would have been made under a government-sponsored plan in the absence of insurance;
 - iii) which are received from a medical or dental department maintained by an policyholder, association or trade union;
 - iv) which are required for recreation or sports but which are not medically necessary for regular activities;
 - v) which would have been payable by the Provincial Plan if proper application had been made;
 - vi) which are performed or provided by the insured person, an Immediate Family Member or a person who lives with the insured person;
 - vii) which are provided while confined in a Hospital on an in-patient basis;
 - viii) which are not specified as a Covered Expense under this Benefit;
- i) medical or surgical care which is cosmetic, except for Sclerotherapy; or
- j) medical treatment which is not usual and customary, or which is Experimental or Investigational in nature.

Dental Benefits

Payment of dental benefits are based upon the General Practitioners Dental Association suggested fee guide in the province where the services are rendered. Eligible expenses are the reasonable and customary charges for the following items of expense, provided they are medically necessary for the treatment of disease or injury, prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. R&C means such charges that will be considered reasonable and customary if they do not exceed the general level of charges made by other providers in the same geographical area.

Alternate Benefit

When there are 2 or more courses of treatment available to adequately correct a dental condition, reimbursement may be based on the cost of the least expensive treatment, which provides adequate care to the Insured. This Alternate Benefit Clause is in no way an attempt to change a treatment plan. The choice of treatment is a matter of agreement solely between the Insured and the dentist.

Diagnostic & Preventive

- 100% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

Eligible exams

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

Eligible X-rays

- a) full mouth series, minimum of 16 films in any 36 consecutive months
 - b) panorex (one in any 36 consecutive months)
 - c) periapical (no more than 16 films in any 36 consecutive months)
 - d) bitewing (no more than 4 films in 12 consecutive months)
 - e) occlusal (no more than 4 films in 12 consecutive months)
- 100% of one cleaning and one unit of polishing; includes up to 4 units of scaling (above the gum line).
 - Fluoride treatments will be limited to one per policy year.

Minor Restorative

- 75% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers.

Please note the following information:

- space maintainers only applicable to dependents under 15 years of age

-
- tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration
 - multiple restorations on a common surface placed on the same service date will be considered a single restoration
 - maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting

Oral Surgery

- 75% coverage of extractions and residual root removal, limited to two wisdom teeth in any policy year, other oral surgery is covered at 10% as noted below.

Endodontic

Includes, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontic

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than 4 units in any policy year)

Dental Specialist

Coverage is provided for the specialty services of an oral surgeon, endodontist, or periodontist when such specialty services are identified as eligible (based on plan design).

For services provided by a dental specialist, payment is based upon the General Practitioners Dental Association suggested fee guide in the province where the services are rendered.

Pre-determination/Pre-authorization

Please submit a pre-determination/pre-authorization to the insurance carrier **prior** to treatment of specialist services and any treatment plan exceeding \$500. This process will determine the portion of the claim payable by the insurance carrier and the dollar amount that the student will be responsible for.

The insurance carrier will provide a written response to the student and dentist/specialist outlining eligible benefits. Pre-determinations are valid for a period of 90 days from date of issue.

If you go ahead with treatment without a pre-determination being approved, you are doing so at the risk of the expenses being yours.

Limitations and Exclusions for Dental Benefits

No benefit is payable for any expense which is directly or indirectly related to:

- a) a charge, or a portion of a charge, which is eligible for reimbursement under any other part of this Policy, or through a government plan or legally mandated program;
- b) self-inflicted injuries or illnesses, whether the person is sane or insane;
- c) war, insurrection, the hostile action of any armed forces or participation in a riot or civil commotion;
- d) the committing of or the attempt to commit an assault or criminal offence;
- e) injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the insured person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury;
- f) charges for broken appointments, third party examinations, travel to and from appointments, or completion of claim forms;
- g) charges for services or supplies:
 - i) when there would have been no charge at all in the absence of insurance;
 - ii) which are received from a medical or dental department maintained by a policyholder, association or trade union; or
 - iii) which are performed or provided by the insured person, an Immediate Family Member or a person who lives with the insured person;
 - iv) which are not specified as a Covered Expense under this Benefit;
- h) treatment rendered for a full mouth reconstruction, for a vertical dimension, or for a correction of temporomandibular joint dysfunction;
- i) cosmetic treatment, unless this is needed because of an accidental injury which occurred while the person was insured under this Policy;
- j) implants, or any services rendered in conjunction with implants;
- k) anti-snoring or sleep apnea devices;
- l) treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition;
- m) the replacement of removable appliances which are lost, mislaid or stolen; or
- n) laboratory fees which exceed Reasonable and Customary charges, as determined by the insurance carrier.

Claims

Extended Health Benefit

Enrolment Period:

New eligible students will be added to the health plan during the first 45 days of each semester. Please keep your receipts for eligible expenses incurred during this time period for submission to the insurance carrier upon completion of the enrolment process.

Returning eligible students may continue to access the health plan without disruption by using their current Conestoga Students Inc. Care Card or by submitting reimbursement claims directly to the insurance carrier.

Prescription Drug Claims

The prescription drug benefit is provided on a pay direct basis. The **Conestoga Students Inc. Care Card** provides the correct information needed for pay direct transactions at pharmacies. **New eligible students** are able to download a printable version of the Care Card at www.gallivan.ca/studentnetworks/members/conestoga or pick one up at the **Conestoga Students Inc. Student Health Plan Office** to use upon completion of their enrolment process. 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 **Conestoga Students Inc. Student Health Plan Office** if you have any questions regarding your **applicable** student ID number. Once you have your **Care Card**, you can continue to use the card until you are no longer eligible for the benefits. In the event you purchase a prescription without your **Care Card**, you may make a claim for reimbursement as described in the next section.

Returning eligible students needing a new **Care Card** or those who have lost their card can simply download a new one from the web address above or pick up another one at your **Conestoga Students Inc. Student Health Plan Office**.

Reimbursement Claims

Extended Health benefits are paid on a reimbursement basis. To make a claim, complete an insurance claim form (available from the **Conestoga Students Inc. Student Health Plan Office**), attach the original receipts and documents, and mail to the insurer at the address on the form or drop off at the Conestoga Students Inc. Student Health Plan Office. **Remember to keep a copy of all original documents for your records.**

You can submit receipts for eligible expenses incurred during your coverage period. Your reimbursement cheque will be mailed directly to you from the insurance carrier. If you have co-ordination of benefits, you must submit original receipts to your primary carrier first. Once your claims have been processed, you will receive along with your reimbursement, a statement of claim from your primary carrier. In order to co-ordinate both plans, you will need to send this statement of claim to the secondary carrier along with your claim form to receive your co-ordinated reimbursement.

Dental Benefit

Enrolment Period:

New eligible students will be added to the dental plan during the first 45 days of each semester. As your coverage is not in effect at the insurance carrier until the completion of the enrolment process, your dental office will be unable to submit any electronic claim submissions during this time period. Please keep your receipts for eligible expenses incurred during this time period for submission to the insurance carrier upon completion of the enrolment process.

Returning eligible students may continue to access the dental plan without disruption.

The handling of payment associated with dental services is dependent upon the policies of the dental centre where treatment is provided. Be sure to find out what the policies associated with payment for services are at the dental centre where you choose to receive treatment before treatment commences.

Electronic Processing

Your **Conestoga Students Inc. Care Card** with your **applicable** student ID number also provides all the information needed for electronic processing of your claims at dental centres **registered with the insurer's direct payment system.**

If the dental centre is registered with the insurer's direct payment system, then payment from the insurer may be made in one of two ways:

- 1) if payment is made directly to the dental centre, the student will only be required to provide payment for the uninsured portion of the claim
- 2) if payment is made directly to the student, then the student will be required to pay 100% up front to the dental centre

Reimbursement Claims

If the dental centre is NOT registered with the insurer's direct payment system then the student will be required to pay 100% up front. The student should then submit a Standard Dental Association claim available from the dentist's/specialist's office, along with any original documents and mail to the insurance carrier or drop off at the Conestoga Students Inc. Student Health Plan Office. The reimbursement will be sent directly to the student. **Remember to keep a copy of ALL original documents for your records.**



IMPORTANT! *Claims must be submitted no more than 3 months after the benefit year has ended.*

This booklet is intended to give you general information only on your health and dental plan. The specifics of coverage and what is eligible for reimbursement under the plans are available from your Student Service Co-ordinator at the Conestoga Students Inc. Student Health Plan Office.

Health Plan Schedule of Benefits

BENEFIT	REIMBURSEMENT	MAXIMUM BENEFIT
Prescription Drugs Based on the Ontario Formulary with a generic rider	80%	\$2000 per benefit year (\$8.00 dispensing fee maximum)
Vision	100%	One eye exam every 24 months. Reasonable & customary charges. Combined maximum of \$80 every 24 months for eye glasses or contact lenses.
SUPPLEMENTARY HEALTH CARE		
Physiotherapist (physician's referral required)	80%	\$500 per benefit year
Chiropractor or Naturopath	80%	\$500 per benefit year
Clinical Psychologist or Speech Therapist (physician's referral required)	80%	\$300 per benefit year
Registered Massage Therapist (physician's referral required)	80%	\$300 per benefit year
Orthopaedic Supplies (physicians, podiatrist or chiroprapist referral required)	80%	\$200 per benefit year
Breast Prosthesis	80%	\$200 per benefit year
Artificial Limbs	80%	
Artificial Eyes	80%	
Ambulance	80%	

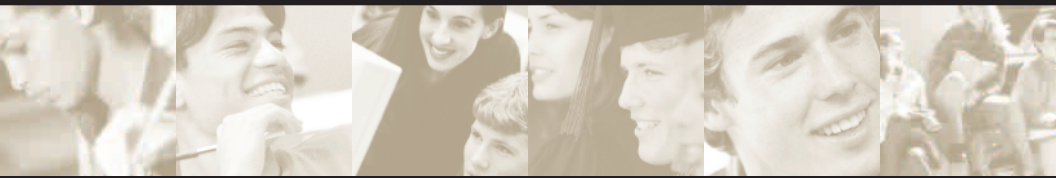
Dental Plan Schedule of Benefits

BENEFIT	REIMBURSEMENT	MAXIMUM BENEFIT
ANNUAL MAXIMUM		\$500 per benefit year
Diagnostic & Preventive (exam, diagnosis, x-rays, polishing, scaling)	100%	Limited to once per benefit year. Scaling up to 4 units & 1 unit of polishing.
Minor Restorative (fillings and child space maintainers,)	75%	
Extractions	75%	Limited to 2 wisdom teeth per benefit year
Endodontic (root canals)	10%	
Periodontal and Other Oral Surgery	10%	Excluding additional scaling
Major Restorative (crowns, bridges & dentures)	10%	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 \$300.

NOTE: In the event of any discrepancy between the information herein and our contract with the insurer, the terms of the contract will apply.



Our job is to serve you. Health and Dental benefits are not exciting . . . until you need them. We have designed a program keeping in mind the unique requirements of you, our member.

Your comments and suggestions are always welcome.



The Integrated Care Solution