

## 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 Keyano College Students' 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 KCSA 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 KCSA,
- 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 with the **Office of the Registrar**.

## 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 12 months of coverage. If you do not complete your program, it may result in coverage being adjusted to what fee you had paid. Please contact the Office of the Registrar for more detailed information regarding your coverage period.

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

Your **KCSA Care Card** can be downloaded from [www.gallivan.ca/studentnetworks/members/keyano](http://www.gallivan.ca/studentnetworks/members/keyano) or picked up from the **Office of the Registrar** (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 the **Office of the Registrar** if you have any questions regarding your **applicable** student ID number.

**Important!** *New eligible students please refer to your **Benefits Handbook** or contact the **Office of the Registrar** 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 **Office of the Registrar** and must be received **within the first 2 weeks of the program's official start date**.

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

**There will be no exceptions or extensions for students who fail to submit their completed waiver form to the Office of the Registrar 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 **Office of the Registrar** 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 **Office of the Registrar** 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 Office of the Registrar 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 from the **Office of the Registrar** and paying the family coverage fee. All family add-on forms and applicable fees must be received **within the first 2 weeks of the program's official start date**. 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                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Drug</b> - Based on the National Formulary with a generic rider                                                                 | 80%           | \$3,000 per benefit year                                                                                                                                 |
| <b>Vision</b>                                                                                                                      | 100%          | Up to a maximum of \$80 every 24 months for one eye exam. Up to a maximum of \$100 every 24 months for eyeglasses or contact lenses.                     |
| <b>SUPPLEMENTARY HEALTH CARE</b>                                                                                                   |               |                                                                                                                                                          |
| <b>Physiotherapist</b> (physician's prescription required)                                                                         | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Registered Massage Therapist</b> (physician's prescription required)                                                            | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Speech Language Pathologist</b> (physician's prescription required)                                                             | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Psychologist or Social Worker</b> (physician's prescription required)                                                           | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Chiropractor</b> (including one x-ray examination per benefit year)                                                             | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Osteopath</b> (including one x-ray examination per benefit year)                                                                | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Naturopath</b>                                                                                                                  | 80%           | \$20 per visit to \$300 per benefit year                                                                                                                 |
| <b>Dental Accident</b>                                                                                                             | 80%           | Of eligible expenses and reasonable and customary charges. Services must be performed within 12 months of the accident. Limited to \$1,000 per accident. |
| <b>Ambulance</b>                                                                                                                   | 80%           | Limited to \$250 per occurrence                                                                                                                          |
| <b>Custom-Made Orthopaedic Shoes</b> (pre-authorization & physician's prescription required)                                       | 80%           | \$150 per benefit year, provided they are not solely for athletic use.                                                                                   |
| <b>Trusses, Crutches, Splints and Braces</b> (pre-authorization & physician's prescription required)                               | 80%           | Braces not solely for athletic use                                                                                                                       |
| <b>Artificial Limbs and Prosthetics</b> (pre-authorization & physician's prescription required)                                    | 80%           | Reasonable and customary charges                                                                                                                         |
| <b>Medical Equipment</b> (wheel chairs, hospital-type beds & traction kits; pre-authorization & physician's prescription required) | 80%           | Reasonable and customary charges. Wheel chair repairs limited to lifetime maximum of \$250                                                               |
| <b>Tutorial</b> - after 15 days confinement due to injury or illness                                                               | 80%           | \$15/hour to \$2,000 per benefit year                                                                                                                    |
| <b>Out of Province Emergency and Travel Assistance</b>                                                                             | 100%          | \$1,000,000 in a lifetime                                                                                                                                |
| <b>Accidental Death &amp; Dismemberment</b>                                                                                        |               | \$5,000                                                                                                                                                  |
| <b>Tuition Insurance</b>                                                                                                           | 100%          | \$10,000 in a lifetime                                                                                                                                   |
| <b>Critical Illness</b>                                                                                                            |               | \$5,000<br>(limited to students under age 65)                                                                                                            |

## Dental Plan Schedule of Benefits

| BENEFIT                                                                                                                                                                                                                                                                                    | REIMBURSEMENT | MAXIMUM BENEFIT                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------|
| <b>ANNUAL MAXIMUM</b>                                                                                                                                                                                                                                                                      |               | \$750 per benefit year                                  |
| Services are covered at rates outlined in the 1997 Alberta Dental Association Fee Guide for General Practitioners, plus inflationary adjustments as determined by the insurance carrier. Should your dentist charge fees in excess of the fee guide, the additional costs are not covered. |               |                                                         |
| <b>Diagnostic &amp; Preventive</b> (exam, diagnosis, bitewing x-rays, polishing, scaling)                                                                                                                                                                                                  | 90%           | Limited to once per benefit year. Scaling up to 2 units |
| <b>Minor Restorative</b> (fillings, not crowns)                                                                                                                                                                                                                                            | 90%           |                                                         |
| <b>Oral Surgery</b> (extractions)                                                                                                                                                                                                                                                          | 75%           | Up to 2 wisdom teeth per benefit year                   |
| <b>Endodontic</b> (root canals)                                                                                                                                                                                                                                                            | 20%           |                                                         |
| <b>Periodontic</b>                                                                                                                                                                                                                                                                         | 50%           |                                                         |



**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 Office of the Registrar on any matter in which you require personal attention.

**KCSA Student Benefits Plan**  
 Room 167, 8115 Franklin Avenue  
 Fort McMurray, Alberta T9H 2H7  
 Phone: (780) 791-4801  
 Fax: (780) 791-4952  
 Email: [benefits.kcsa@keyano.ca](mailto:benefits.kcsa@keyano.ca)

Website: [www.gallivan.ca/studentnetworks/members/keyano](http://www.gallivan.ca/studentnetworks/members/keyano)

The following is a partial list of services that are available from the Office of the Registrar:

- pick up your KCSA Care Card
- pick up forms
- 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 330759**  
 Group Claims Department  
 P.O. Box 4408  
 Regina, Saskatchewan S4P 3W7  
 1-866-289-5675  
[www.greatwestlife.com](http://www.greatwestlife.com)



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KCSAB-001-2008



**Keyano College**  
**Students' Association**  
**Benefits Plan**