

Health and Dental Booklet OCAD University Benefit Plan

Full and Part-time Students



September 1, 2010 – August 31, 2011

**This Booklet contains important information
and should be kept for future reference.**

WELCOME TO ALL ELIGIBLE STUDENTS

OCAD University is pleased to sponsor the Health and Dental Benefit Plan (“the Plan”), outlined in this booklet. The benefits are underwritten by Industrial Alliance Financial Group under Group Contract No. 28223, with the exception of Accidental Death and Dismemberment Insurance, which is underwritten by ACE INA Insurance Company under Group Policy No. SG10361101.

This booklet provides you with a description of the benefits to which you are entitled under the Plan, and with an explanation of the rules regarding eligibility and the procedures to follow when submitting a claim. The benefits described here may be revised from time to time or discontinued. The information contained in this booklet does not create or confer any contractual or other rights. All claims are considered, and paid, in accordance with the rules of the Plan and the insurance contracts. The Administrator and Insurance Companies has the full authority to resolve all questions related to the provisions of the Plan.

Your student identification number, name, gender, and date of birth are used by The Administrator to determine your eligibility for benefits, and are used only for this purpose while you are a member of OCAD University Benefit Plan. Without the use of this information you are still covered for benefits, however, your claims may not be adjudicated. This personal information is stored with the utmost attention to security and deployed sparingly to fulfill the requirements of the Plan and the law. For further information on the use of this information or to revoke the use of this information, contact The PBAS Group.

For reimbursement or claim enquiries submit to:

**OCAD University Administrator
The PBAS Group**
Suite 100, 61 International Blvd.
Toronto, ON, M9W 6K4
Tel: 1 (888) 404-6623 or (416) 674-2600
www.studentbenefits.ca

For more information regarding details of your Benefit Plan contact:

Kelly Faller
Health and Dental Plan Administrator
Financial Aid & Awards Office
Level 1, 51 McCaul Street
Toronto, Ontario, M5T 1W1
Tel: (416) 977-6000 ext 257 Fax: (416) 599-4958
kfaller@ocad.ca
www.ocad.ca

Deadlines

To enroll your family in this Plan: **September 30, 2010**

To exclude yourself from this Plan: **September 30, 2010**

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GENERAL INFORMATION

Am I eligible for benefits?

To be eligible for coverage you must be:

- enrolled as a full-time student at OCAD University;
- under the age of 65; and
- covered under a Provincial Health Insurance Plan or equivalent.

Eligible students are automatically enrolled in the OCAD University Health and Dental Benefit Plan when they register for classes. The cost is included in the registration fee. If you have fulfilled the requirements for eligibility, you will have a twelve (12) month term of coverage commencing September 01. Students enrolling after September 01, of each year, will be eligible for the balance of the student year.

Part-time Students are eligible for benefits if you are covered under a Provincial Health Insurance Plan and you have paid the applicable fee. You must complete the form and make the payment before the applicable deadline.

Are dependants eligible for benefits?

To be eligible for benefits, your dependants must be covered under a Provincial Health Insurance Plan and you must complete a form and paid the applicable family fee before the deadline. Your dependant becomes eligible for coverage when you become eligible.

Which dependants are eligible for benefits?

Spouse

A person who you have legally married or who you have cohabited with for at least one continuous year (same sex couples are eligible).

Dependant Children

Children either natural, legally adopted, stepchildren or other children that live with you on a full-time basis, who are over 31 days old and under the age of 21 and depend on you for support while living in a parent-child relationship.

Exceptions can be made for children under the age of 25 who are in full-time attendance at an accredited educational institution (documentation must be provided) or unmarried dependant children over the limiting age who have been identified as disabled (documentation must be provided).

How do I add my dependants to the plan?

If you choose to add eligible dependants to the Plan, you must complete the required form, online at www.studentbenefits.ca and pay the applicable fee. You must complete this process by September 30, 2010.

GENERAL INFORMATION

When does coverage terminate?

Coverage for you and your dependants will terminate on August 31, 2011, but not beyond the date:

- you cease to be an eligible student;
- you attain the age of 65;
- premium payments by your organization cease; or
- your plan is discontinued.

Coverage for your dependants will terminate on the date your dependants do not meet the definition of an eligible dependant.

Can I opt out of the Health and/or Dental Plan?

You may choose to opt-out of this Plan. Financial Services will credit your account and give a full refund if your account has been paid in full or if you have not paid your fees in full, the refund will be applied to outstanding fees.

However, you should know that the OCAD University Benefit Plan includes benefits specifically designed for student needs. Therefore, you may find it to your advantage to remain enrolled in both this and another benefit plan, in order to increase your total coverage by coordinating the benefits of the two plans.

If you choose to exclude yourself from the Plan, you must complete the required form, online at www.studentbenefits.ca. You must complete this process by September 30, 2010.

Once your opt out has been accepted, the opt out will remain in force for the entire student year. If your extended health care and/or dental plan terminates, you have 30 days from the loss of coverage to notify the administrator, in order to be covered under our plan. It is your responsibility to apply for benefits before the deadline. You must provide payment of the fee as well as a written copy of notice of termination.

Can I maximize my benefits with another plan?

Co-ordination of Benefits is for students who have more than one group benefit plan. If a student covered under this plan is also covered under another plan, benefits under all plans are adjusted so as to limit the combined payment to 100% of the total allowable expense.

HEALTH BENEFITS AT A GLANCE

Is there a brief description of the coverage offered by the Health Plan?

Yes, our plan offers a brief description of the coverage. Benefits at a Glance is created to assist each student with maximizing their coverage. It should be noted that this is a basic overview of your health plan; a complete description of each benefit is listed further in this booklet.

Health Benefits at a Glance	Accidental Dental	\$1,000 per injury
	Ambulance	No maximum
	Chiropractor	\$300 per student year
	Durable Equipment & Supplies *	\$3,000 per student year
	Massage Therapy *	\$300 per student year
	Naturopath	\$300 per student year
	Occupational Therapy *	\$300 per student year
	Physiotherapy *	\$300 per student year
	Podiatrist/Chiropodist	\$300 per student year
	Prescription Drugs	Covered at 90% up to \$3,000 per student year \$300 maximum for oral contraceptives
	Speech Therapy *	\$300 per student year
	Tutorial Benefit	\$15/hour, \$1,000 max per disability
X-Ray Expenses	\$25 per Student Year, per practitioner	

*Referral required

DENTAL BENEFITS AT A GLANCE

Is there a brief description of the coverage offered by the Dental Plan?

Yes, our plan offers a brief description of the coverage. Benefits at a Glance is created to assist each student with maximizing their coverage. It should be noted that this is a basic overview of your dental plan; a complete description of each benefit is listed further in this booklet.

Dental Benefits at a Glance	Benefit Maximum	\$750 per student year
	Deductible	Nil
	Diagnostic & Preventive	100%
	Minor Restorative	80%
	Extractions	10%
	Impacted Wisdom Teeth	80%
	Endodontic & Periodontic	10%
	Anaesthesia	80%

What fee guide is used?

Payments will be based on the **current** Ontario Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners.

Can work be performed by other dental practitioners?

Scaling and cleaning of the teeth can be done by a licensed dental hygienist. These procedures are eligible for reimbursement provided the charges for eligible services and the maximum amount payable is the amount shown in the fee guide for the least expensive service or supply rendered to produce a professionally adequate result.

DESCRIPTION OF HEALTH CARE BENEFITS

Is there a complete description of the coverage offered by the Health Plan?

This section of the booklet contains information pertaining to the health portion of your benefit plan. Your benefits come into effect after any Provincial Health Care annual maximums have been exhausted.

Covered charges are reasonable and customary expenses needed for medical care, services or supplies, as described below, and received while the person is covered, for either an illness or injury that is non-occupational or related to pregnancy.

1. Accidental Death and Dismemberment - \$6,000 per life

(This benefit applies to the student only and is underwritten by ACE INA)

You are covered for Accidental Death and Dismemberment. The amount of the benefit is limited to the percentage shown in the schedule of losses. For complete details of coverage please go to www.studentbenefits.ca. You can download your copy of the Accident Death and Dismemberment Policy.

2. Ambulance – No Maximum

Charges for licensed ambulance service are covered, including air or rail, in excess of the amount payable under the covered person's Provincial Health Care Plan.

This service will transport the covered person from the place of debilitation to the nearest hospital where treatment is available, or from the first hospital to another for specialized treatment not available at the first hospital, or to a convalescent/rehabilitation hospital.

3. Contraceptives – 90% up to \$300 per student year

Contraceptives require a physician's prescription and must be dispensed by a pharmacist and contain medicinal content.

4. Dental Care for Accidental Injury - \$1,000 per injury

Charges for care or services by a licensed dentist for the repair of sound natural teeth (healthy, non-diseased and not heavily restored) are covered when required for a non-occupational accidental injury external to the mouth (and not by an object placed in or on the mouth or self-inflicted), which occurs while the person is covered. When an accident occurs to existing dentures, crowns, or bridgework, it does not qualify for accidental dental coverage because they are not natural teeth.

DESCRIPTION OF HEALTH CARE BENEFITS

4. Dental Care for Accidental Injury - \$1,000 per injury (cont'd)

Benefits shall be paid in accordance with the Ontario Dental Fee Guide for General Practitioners, in effect at the time of treatment. Treatment must commence within 90 days following the date of the accident, and the care or services must be completed within one year from such date. No amount shall be payable for charges incurred after the termination date, or after the person's coverage terminates.

The attending dentist must submit a letter indicating that the treatment is the result of an accident, and outline the course of treatment and the resulting cost.

5. Durable Medical Equipment and Supplies - \$3,000 per student year

Charges for the rental of, or purchase of, at the option of The Administrator, durable medical equipment of the type and model adequate for the covered person's medical needs based on the nature and severity of the disability, such as, but not limited to:

- hospital beds, wheelchairs, canes, crutches, walkers and trusses;
- respiratory equipment, including oxygen (\$1,500 per student year);
- kidney dialysis equipment;
- intra-uterine contraceptive devices (1 per student year);
- contact lenses/glasses following cataract surgery (1 pair per lifetime);
- splints, casts, catheters, and hypodermic needles;
- elastic stockings (2 pairs per student year);
- blood glucose monitor (\$500 per student year);
- insulin pumps (\$500 per lifetime);
- custom-made rigid or semi-rigid braces for back, neck, arm or leg and non-dental prostheses such as artificial limbs and eyes; including replacement if required because of a change in physical condition.

Excluding personal comfort, convenience, exercise, safety, self-help or environmental control items, or items which may also be used for non-medical reasons, such as, but not limited to: heating pads or lamps, communication aids, air conditioners or cleaners, and whirlpool baths or saunas.

Before incurring any major expenses you should submit details to The Administrator to determine to what extent benefits are payable. In any event, a letter will be required from a licensed doctor (M.D.) describing the nature of the disability, the type, medical need and estimated duration of any required durable medical equipment.

DESCRIPTION OF HEALTH CARE BENEFITS

6. Health Practitioners – \$300 per student year per practitioner

Charges, including one \$25 x-ray per practitioner per student year, who is registered and legally practicing within the scope of his license as a:

- chiropractor
- registered massage therapist (Referral Required)
- naturopath
- physiotherapist (Referral Required)
- podiatrist/chiropractist
- speech therapist (Referral Required)

No amount will be paid for any visit for which any amount is payable under the covered person's Provincial Health Care Plan, unless permitted by law.

7. Prescription Drugs - 90% up to \$3,000 per student year

Coverage is limited to the cost of the lowest priced equivalent item in the applicable generic category that can be legally used to fill your prescription. Our plan covers up to a 34 day supply of therapeutic (acute) drugs and up to a 100 day supply for maintenance drugs unless prior approval is obtained from The Administrator.

Our Plan covers a list of prescription drugs, professionally compiled to address the needs of students. The "Student Managed Drug Formulary" is designed to help reduce the cost of the Plan while maintaining comprehensive quality care and benefits.

Eligible drugs including those within the following general categories

- eligible drugs which by law require a prescription for purchase
- compound mixtures where one of the ingredients is an eligible item.

It should be noted that drugs are only considered eligible if they were referred by a licensed doctor (M.D.) or licensed dentist or another professional, authorized by provincial legislation to prescribe drugs, and dispensed by a registered pharmacist or licensed doctor (M.D.).

You may search for a particular drug online at www.studentbenefits.ca, Select your student organization and follow the link to My Plan Services and then link to Drug Coverage Search. You must enter the Drug Identification Number (DIN) or Drug Name in order to see if your drug is eligible.

DESCRIPTION OF HEALTH CARE BENEFITS

Prescription Drugs - 90% up to \$3,000 per student year

The only drugs not legally requiring a prescription which will be reimbursed if accompanied by an official prescription receipt from the pharmacist are:

- vaccines/serums (required for course of study, authorization required);
- insulin;
- diabetic supplies:
 - insulin syringes and needles;
 - diagnostic reagents for the diagnosis and monitoring of diabetes;
 - lancets;

Specifically excluded from coverage, whether legally requiring a prescription or not, are:

- all smoking cessation products;
- fertility drugs;
- prescription mouthwashes;
- hair loss and hair growth agents;
- vitamins (other than injectible);
- dietary foods / supplements;
- household products such as, but not limited to, soap and toothpaste;
- oral drugs for the treatment of erectile dysfunction.

8. Tutorial Expenses - \$15 per hour up to \$1,000 per disability

(This benefit applies to the student only and is underwritten by ACE INA)

If you become disabled while covered and are confined at home or in a hospital for a minimum of 15 consecutive school days, you are eligible for the private tutorial services by a qualified teacher, up to the Benefit Maximum. The teacher must be approved by The Student Union, in advance. Disabilities due to the same or related cause will be treated as one disability. If the disability is the result of an accident, confinement must occur no later than 100 days after the accident. Disabled means that you cannot, because of illness or injury, engage in most of the normal activities a person of the same age or sex.

9. Health Care Benefits Limitations

No amount will be paid for care, services or supplies:

- if the payment is prohibited by law;
- if the benefit is covered under any governmental plan or law;
- where no charge would have occurred in the absence of this coverage; or
- for dental work, excluding Dental Care For Accidental Injury.

No amount will be paid for any charge incurred that results from:

- war, whether declared or not;
- insurrection, rebellion or participation in a riot or civil commotion;
- purposely self-inflicted injury; or
- the covered person's commission of, or attempt to commit, an assault or a criminal offence.

DESCRIPTION OF DENTAL BENEFITS

Is there a complete description of the coverage offered by the Dental Plan?

This section of the booklet contains information pertaining to the dental portion of your benefits plan. Covered dental care charges are paid when they are incurred while the person is insured and service is provided by a licensed dentist, dental hygienist, anesthetist or specialist. The term “dentist” in this provision intends to include all of the above. If treatment is given by a specialist, the amount paid will be limited to the amount stated for that treatment in the Ontario Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners as described below.

1. Diagnostic and Preventive

These are procedures used to treat or help prevent basic dental problems. Some of the procedures are examinations and x-rays

Examinations

- Initial or Complete Examinations (1 exam per student year)
- Recall Examinations (1 every 6 months)
- Specific Examinations
- Emergency Examinations

X-rays

- Full Mouth Series X-rays (1 time in a 3 year period for dependants age 12 or older)
- Periapical X-rays (total of 16 films in a 3 year period)
- Bitewing X-rays (total of 4 films in a student year)
- Panoramic X-rays (1 time in a 3 year period)

Cavity Prevention

- Polishing or Cleaning Teeth (2 units per student year)
- Recall Scaling (4 units per student year)
- Fluoride (1 time in a student year for dependants age 16 or younger)
- Oral Hygiene Instruction (covered 1 time only)
- Pit and Fissure Sealants (1 time in a 3 year period for dependants age 16 or younger)

Space Maintainers (1 per space for dependants age 14 or younger)

DESCRIPTION OF DENTAL BENEFITS

2. Minor Restorative

These procedures may include local anesthesia, removal of decay, pulp protection and bite adjustment.

Fillings - 80%

- Sedative Fillings
- Silver Fillings
- White Fillings
- Retentive Pins

Endodontic - 10%

- Pulpotomy
- Root Canal (1 time per tooth)

Periodontic - 10%

- Oral Disease
- Desensitization
- Gingival Curettage
- Gingivectomy
- Flap Surgery
- Tissue Graft
- Root Planing

3. Oral Surgery

These procedures may include local anesthesia, appropriate x-rays, surgery and follow-up care.

Minor - 10%

- Extractions
- Residual Root Removal

DESCRIPTION OF DENTAL BENEFITS

Major - 10%

- Extractions (Impacted wisdom teeth covered at 80%)
- Alveoloplasty, Gingivoplasty, Stomatoplasty, Vestibuloplasty
- Surgical Excision
- Surgical Incision
- Fractures
- Frenectomy
- Post Surgical Care

4. Anesthesia - 80%

- General Anesthesia
- Deep Sedation
- Inhalation Technique
- Intravenous Sedation

5. Dental Care Benefit Limitations

No amount will be reimbursed for the following expenses:

- dental charges that could be claimed under Workers' Compensation
- dental charges not included in the current provincial Fee Guide.
- cosmetic procedures, experimental treatment or testing
- charges for appointments that are not kept
- charges for the completion of claim forms
- treatment to correct temporomandibular joint dysfunction (Jaw)
- endodontic treatment that started before the effective date of coverage
- the replacement of dental appliances that are lost, misplaced or stolen
- any orthognathic surgery (remodeling or reconstruction of your jaw)
- procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth)
- implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth
- crowns, bridges, dentures, major restorative, orthodontic services.

SUBMITTING A CLAIM

How long do I have to submit a claim?

All claims must be submitted to the Administrator within **6 months** after the date of loss, provided the coverage has not terminated.

If coverage has terminated, claims must be submitted within **3 months** from the date coverage terminated. Legal action to recover benefits under this plan must begin within 2 years of the date of loss.

The Administrator has the right and opportunity to examine any person whose injury or illness is the basis of a claim, when and as often as it may reasonably require during the pendency and payment period of any such claim.

Do I have pay direct benefits?

Eligible students can purchase prescription drugs and dental services using pay-direct. Your personalized Benefits Card can be printed, at your convenience, from our website, www.studentbenefits.ca.

The card should be presented to your pharmacist (along with your prescription) and/or dental office, in order to access the pay direct system. Your claim is processed immediately without the need for you to mail in a paper claim form. For prescription drugs students will have to pay 10% of the drug cost.

If the pharmacist or dental office is not participating in the network, or you are purchasing prescription drugs or dental services without a Benefits Card, the student should submit the claim as described below.

How do I submit a claim?

All benefits other than Prescription Drugs and dental services are paid on a reimbursement basis. To make a claim, complete a claim form (one can be printed online at www.studentbenefits.ca or can be picked up from the health and dental administrator) and submit it along with original receipts to the Administrator.

What is the process for claiming if I have more than one plan?

In the case of a claim for you, the student, this plan is the first payer and the dependant coverage available through your spouse's plan is the second payer. In the case of a spouse's claim, our plan is the second payer if they have their own plan.

For dependant children, claims are submitted first to the benefit plan for the parent whose birthday (month and day) occurs earlier in the calendar year, regardless of age.

Following the reimbursement from the first payer, copies of the receipts and the explanation of benefits must be submitted to the other plan so that the balance can be considered for payment.

SUBMITTING A CLAIM

Can my dentist submit the claim electronically?

Yes, Eligible students can purchase dental services using pay-direct. Your personalized Benefits Card can be printed, at your convenience, from our website, www.studentbenefits.ca.

The card should be presented to or dental office, in order to access the pay direct system. Your claim is processed immediately without the need for you to mail in a paper claim form.

If the dental office is not participating in the network, or you are purchasing dental services without a Benefits Card, the student should submit the claim as described above.

Can I assign my benefits?

Yes, your plan allows you to assign your dental and other benefits to the provider. Remember that when you assign your benefits, the explanation of benefits is mailed to the provider only. The assignment of benefits must be signed and submitted when the services have been rendered.

Can I submit my claims online?

On-Line Claims Submission is now available for the submission of your health and dental claims. The online claims submission is a valuable addition to your plan. Your claim can be uploaded, at your convenience to our website, www.studentbenefits.ca.

Students are responsible for retaining original claim receipt(s) for 12 months following the date of your online claim submission(s). The administrator may request the original receipts at anytime within the 12 months following your submission.

When will I receive my Benefits Card?

Your personalized Benefits Card can be printed, at your convenience, from our website, www.studentbenefits.ca. The card should be presented to your pharmacist (along with your prescription) and/or dental office, in order to access the pay direct system. Your claim is processed immediately without the need for you to mail in a paper claim form.

How do I know a certain drug is covered under this plan?

You may search for a particular drug online at www.studentbenefits.ca, Select your student organization and follow the link to My Plan Services and then link to Drug Coverage Search. You must enter the Drug Identification Number (DIN) or Drug Name in order to see if your drug is eligible.

SUBMITTING A CLAIM

What is the Blackout Period?

Please be advised that every student year has a “Blackout Period”. This means pay direct access is suspended until the eligibility for the new student year is determined and uploaded. This usually happens after opt-outs are done and processed. You should purchase prescription drugs required during the Blackout Period and submit the claim to the Administrator either on-line or by mail.

Can I avoid the Blackout Period?

If you require access to your pay direct benefits before the Blackout Period ends, please visit www.studentbenefits.ca and complete the “Avoid Blackout Period” form in full. If you choose this option, you waive the right to opt out of the Plan for that student year.

Can I register for direct deposit?

If you currently receive your cheques by mail and you want to take advantage of direct deposit, you must complete the required form, online at www.studentbenefits.ca. We can usually begin your direct deposit payments the week after you submit your request.

To make this process even simpler, have a blank cheque on hand when you register, as all the information we need is on your cheque. Your payments can be deposited into a chequing or savings account. If you have another kind of account, please call your financial institution to find out what accounts you can use for direct deposit.

We do not charge you service fees for the direct deposit service. However, some financial institutions may charge you fees. Please contact your bank or financial institution for more details.

Can I cancel direct deposit?

To cancel your direct deposit and have the cheque sent to you by mail, you must send us a letter indicating your wish to cancel the direct deposit service. It can take up to three weeks to process your request. It is suggested that you keep your old bank account open until you start receiving your benefits by cheque. Your payments will continue to be deposited directly to the same account unless you change your banking information with us.

What if I don't receive a payment?

If your payment has not been deposited within five banking days after the payment was supposed to go into your account, you should check with your financial institution. If you still have not determined why your payment was not deposited into your account, please feel free to contact the Administrator.