

YOUR HEALTH YOUR COVERAGE

What you need to know

For Domestic Students

2021 | 2022 STUDENT INSURANCE PLAN
Policy No. 100011685 | Group No. 513981



ESTABLISHED BY STUDENTS FOR STUDENTS

» WHAT YOU NEED TO KNOW

www.wespeakstudent.com

- Changing your plan does not cost any extra
- Create a profile online to view full details of each plan
- Speak to a live agent about any issue or problem with the plan

» WHAT FEES DO I PAY?

Fall Semester - September start students
\$249.21 (taxes included)

Winter Semester - January start students
\$227.55 (taxes included)

Summer Semester - May start students
\$123.00 (taxes included)

» WHAT IF I AM ALREADY COVERED ?

You may decline coverage should you have other coverage by submitting an on-line opt-out form at www.wespeakstudent.com

The on-line opt-out form opens for the following days:

- Fall Semester: September 1, 2021 to October 1, 2021 for Fall Start Students Only
- Winter Semester: January 1, 2022 to February 4, 2022 for Winter Start Students Only
- Summer Semester: May 1, 2022 to June 3, 2022 for Summer Start Students Only

If you opt out of any benefit, you automatically opt-out of that benefit for the policy year and cannot access that benefit at all during that time period. An opt-out application is only applicable to those students who remain in the Balance Plan and the opt-out application will apply for the policy year.

Opt-outs will not be accepted after each deadline date stated above. The opt out application is only applicable to those students who remain in the Balance Plan and the opt-out application will apply for the policy year.

» FAMILY ADD-ON

Students can only add family members in their starting semester (i.e. September start students can only add family in the Fall semester, by the deadline dictated on the website and brochure). The family benefits form is available from your local Seneca Student Federation office. The cost of adding family members are in addition to the student Health & Dental fee and is paid once, at the time you enroll your dependents.

Family dependents can only be offered to member families who are enrolled in the Health & Dental plan. You may also apply for dependent coverage online using Visa or Mastercard by going to wespeakstudent.com. Family coverage remains active for same time period the member is active during the policy year. Once the member becomes inactive, family coverage also becomes inactive.

» HOW TO FILE YOUR CLAIM

Your drug, dental, and extended health care claims are paid by ClaimSecure. When making a pay direct drug/dental claim, the pharmacy/dentist will need to know the following:

- Your Group Number is 513981
- Provider: ClaimSecure
- Your Student ID #: N_ _____ (10 digit alpha numeric number)

Example: If your student ID # is 9 digits, the correct ID # would be N987654321.

All Dental Inquiries, call toll-free at 1-888-513-4464.

* If you are mailing your claim, please mail your prescription drug/dental/extended health care claim directly to ClaimSecure at: **ClaimSecure Inc., P.O. Box 6500, Station A, Sudbury, ON, P3A 5N5.**

» COVERAGE BEGIN AND END DATES

Policy Year: September 1 - August 31

Students will have 12 months of coverage (if they are starting in the Fall and return in Winter)

- A student that is enrolled in the Fall semester is covered from Sept 1 to Aug 31.
- A student that enrolls in the Winter semester is covered for from Jan 1 to Aug 31.
- A student that enrolls in the Summer is covered for the May 1 to Aug 31.

» PLAN CONSULTANTS



1 Yonge Street, Suite 2000, Toronto, ON, M5E 1E5
Tel: 416-216-0296
Fax: 416-216-1179
Toll-Free: 1-800-315-1108
Website: wespeakstudent.com
Email: help@aclstudentbenefits.com

MY PLAN DESIGN OPTIONS

Should you wish to move to an enhanced plan you need to make this choice each policy year prior to the deadline date of the start of your semester.

DEADLINES TO APPLY:

September Start Students: October 1, 2021
January Start Students: February 4, 2022
Summer Start Students: June 3, 2022

Please refer to the student insurance booklet available at wespeakstudent.com for plan details such as eligible providers, required referrals, exclusions etc.

» FLEX PLAN OPTION 1 BALANCED PLAN (Auto-Enrolled)

Drugs:
80% co-insurance
Maximum: \$1,000

Dental:
Maximum: \$500
Exam & Consultation: 80% (100% at a Network Dentist)
Basic & Preventative: 80% (100% at a Network Dentist)
Minor Restorative: 60% (80% at a Network Dentist)
Extractions & Oral Surgery: 70% (90% at a Network Dentist)
Major Restorative: 10% (30% at a Network Dentist)

Extended Health Care:
Eye exams: one eye exam every 24 consecutive months
Lenses, Frames, & Contacts: \$100 every 24 consecutive months

Paramedical Practitioners:
80%, \$300 maximum

Orthopedics:
80%, \$200 maximum

» FLEX PLAN OPTION 2 ENHANCED DRUG PLAN

Drugs:
90% co-insurance
Maximum: \$2,000

Dental:
Maximum: \$400
Exam & Consultation: 60% (80% at a Network Dentist)
Basic & Preventative: 60% (80% at a Network Dentist)
Minor Restorative: 50% (70% at a Network Dentist)
Extractions & Oral Surgery: 50% (70% at a Network Dentist)
Major Restorative: 10% (30% at a Network Dentist)

Extended Health Care:
Eye exams: one eye exam every 24 consecutive months
Lenses, Frames, & Contacts: \$80 every 24 consecutive months

Paramedical Practitioners:
80%, \$300 maximum

Orthopedics:
80%, \$200 maximum

» FLEX PLAN OPTION 3 ENHANCED DENTAL PLAN

Drugs:
70% co-insurance
Maximum: \$1,000

Dental:
Maximum: \$800
Exam & Consultation: 90% (100% at a Network Dentist)
Basic & Preventative: 90% (100% at a Network Dentist)
Minor Restorative: 85% (100% at a Network Dentist)
Extractions & Oral Surgery: 90% (100% at a Network Dentist)
Major Restorative: 20% (40% at a Network Dentist)

Extended Health Care:
Eye exams: one eye exam every 24 consecutive months
Lenses, Frames, & Contacts: \$80 every 24 consecutive months

Paramedical Practitioners:
\$20/visit, \$300 maximum

Orthopedics:
80%, \$200 maximum

» FLEX PLAN OPTION 4 ENHANCED EXTENDED HEALTH CARE PLAN

Drugs:
70% co-insurance
Maximum: \$1,000

Dental:
Maximum: \$500
Exam & Consultation: 80% (100% at a Network Dentist)
Basic & Preventative: 80% (100% at a Network Dentist)
Minor Restorative: 60% (80% at a Network Dentist)
Extractions & Oral Surgery: 70% (90% at a Network Dentist)
Major Restorative: 10% (30% at a Network Dentist)

Extended Health Care:
Eye exams: one eye exam every 24 consecutive months
Lenses, Frames, & Contacts: \$150 every 24 consecutive months

Paramedical Practitioners:
90%, \$400 maximum (including massage)

Orthopedics:
80%, \$200 maximum

Choose a plan that suits you by visiting us at www.wespeakstudent.com for plan details and options

LIVE HELP MESSAGING

Have a question? Chat with a live member of the WeSpeakStudent team.

Visit www.wespeakstudent.com & have your student ID readily available.

