

Health Benefits	Coverage	
Prescription Drug	80%	Overall maximum of \$3,000 per benefit year and a maximum Dispensing Fee of \$9.45. Based on the NASA Formulary with generic rider.
Vision	100%	Eye exams up to \$70 every 2 benefit years. Glasses/Contact Lenses up to \$100 every 24 months. Laser eye surgery in lieu of lenses and frames will also be covered, up to the Benefit Maximum.
Paramedical Practitioners	100%	\$40 per visit, to an overall plan maximum of \$500 for all practitioners combined, per benefit year. Practitioners: Acupuncturist, Registered Massage Therapist*, Physiotherapist*, Speech Therapist, Naturopath, Chiropractor, Osteopath, Occupational Therapist, Licensed Dietician (no per visit maximum), Podiatrist or Chiroprapist. *Physician's prescription required, must be current and will be valid for one year.*
Counselling	100%	\$750 per benefit year combined for the following providers: Licensed Psychologist, Social Worker or Psychotherapist.
Medical Equipment & Supplies	80%	Overall maximum \$1,000 Including but not limited to: crutches, splints, braces, wheelchair, hospital-type bed, walkers, hearing aid. Orthopaedic Shoes and Custom-Made Orthotics are covered at 50% limited to a combined \$200 per benefit year. Prescription and pre-authorization may be required. Not solely for athletic use.
Dental Accident	80%	Overall maximum of \$1500. Services must be performed within 12 months of the accident. Pre-authorization required.
Ambulance	80%	Based on reasonable and customary charges.
Emergency Travel Assistance	100%	\$5,000,000 per insured person per coverage period.
Other Insurances	-	Accidental Death, Dismemberment and Tutorial.

Access all benefits coverage details at www.purplecare.ca

Dental Benefits

Please submit an estimate/pre-authorization prior to specialist services and any dental treatment plan exceeding \$500.

Annual Maximum - \$750 per benefit year

Diagnostic & Preventative	80%	Exams, X-rays. Recall exams once per benefit year. Up to 1 unit of polishing per benefit year, and 2 units of scaling twice per benefit year.
Oral Surgery	50%	Services associated with surgical extractions, including: Extractions of impacted teeth and/or residual roots.
	10%	Services of minor surgical procedures, simple extractions and post surgical care.
Minor Restorative	80%	Services associated with dental health restoration, including: Amalgam, silicate and composite fillings; tooth-coloured fillings.
Anesthesia	80%	Anesthesia covered at 80%.
Periodontic	10%	Periodontal scaling and/or root planing upto a combined maximums of 16 units per benefit year (excluding light scaling covered at 80%).
Endodontic	10%	Root canal therapy.

*Payment of dental benefits is based on the General Practitioners Dental Association suggested fee guide minus one year. In the event of any discrepancy between the information herein and our contract with the insurer, the terms of the contract will apply. All benefits payable through the student plan are based on reasonable and customary charges.

How to Enrol for Coverage

Fees for the student plan are assessed automatically by the institution at registration. You are also enrolled automatically should you meet the eligibility criteria for the plan. If you are unsure about whether or not you are eligible, contact the USC Health & Dental Plan Administrator. You can use your myBenefits Card (prescription drug card) to submit claims at the pharmacy, dental office and many practitioners.

You can download your myBenefits Card through www.purplecare.ca

Accessing Coverage

myBenefits Card: Pay-direct claims allow for direct billing of eligible costs between your pharmacy and/or dental office and the insurance company. Pharmacy claims are processed immediately so that students are not out of pocket the full expense at the time of purchase. Dental claims are processed based the individual dental office's billing practices.

Online & Mobile Claims: To access all claim features, register for Groupnet at <https://my.canadalife.com/sign-in>, or download the app through your device app store.

Manual Claims: To submit a manual claim, complete an insurance claim form, attach the original receipts and documents, and mail to the insurer. Remember to keep a copy of all original documents for your records. You can download claim forms from www.purplecare.ca.

Coordinating Multiple Plans

If you are an eligible student and have comparable coverage you may wish to coordinate your plans. Benefits under the two plans can be coordinated to increase your coverage up to 100% of the actual expense(s) incurred. For example, following payment under this plan you can submit outstanding balances to the other plan for their consideration.

Adding Family Coverage

Each year, you are given one opportunity to purchase family coverage for your spouse and/or dependent(s) by completing an application form online through <https://www.westernusc.store/health-plan-family-add/> and paying the family coverage fee. All family add-on forms and fees must be received prior to the applicable deadline. Your family can only be covered while you are on the plan(s). Family coverage must be renewed by each benefit plan year.

Mental Health & Wellness Program

mywellness is a student mental health and wellness program that is included as part of your benefits plan. Through mywellness you can access support resources, a toolbox full of helpful solutions and a free mental health assessment. **Visit www.mywellnessplan.ca to take the first step towards better mental health!**

Opting Out of Coverage

Eligible students who have comparable health and/or dental coverage you may apply to opt-out of the plan(s). Each student is given one opportunity to opt-out of the health and/or dental plan(s) each year. All opt-out forms must be completed on-line and must be received by the applicable deadline. If you have used your health and dental plan, you will not be able to opt-out. You will not be able to opt-out of coverage at any other point during the school year.

No exceptions will be made if the deadline is missed. It is the student's responsibility to pay the plan fees, should they miss the applicable opt-out deadline.

Loss of Comparable Coverage. If comparable coverage used to opt-out of the student health plan terminates, or coverage provided to cover eligible dependents terminates, students have 30 days from loss of coverage to notify the USC Health & Dental Plan Administrator in order to opt in and be covered under the student plan. Confirmation of loss of coverage is required on re-application.

For More Information

USC Health & Dental Plan Administrator
Room 316, UCC Building
Email: nina.joyce@westernusc.ca

Policy Information

Insurer: Canada Life Assurance Company
Policy No: 177890 | Division No: Leave Blank
Identification No: Your Student ID
Plan Name: University Students' Council
of Western University

Claims Inquiries: 1. 800. 957 9777

Canada Life Assurance Company
Winnipeg Benefit Payments
PO Box 3050 Station
Main Winnipeg MB R3C 0E6

Emergency Out of Province Coverage and Assistance is provided by RSA Travel Insurance under policy: 1170790

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