

Health Benefits	Coverage	
Prescription Drug	80%	Maximum of \$3,000 per benefit year. Based on the BC Provincial Formulary with a generic rider.
Private Duty Nursing	80%	Services of R.N./R.N.A/C.N.A/L.P.N. Maximum of \$10,000 per benefit year. Prescription and pre-authorization required.
Vision	100%	\$60 every 24 months for one eye exam, \$150 for eye glasses or contact lenses every 24 months.
Paramedical Practitioners	80%	Overall plan maximum of \$400 per practitioner per benefit year. Practitioners: Registered Massage Therapist*, Physiotherapist*, Naturopath, Chiropractor, Osteopath*, Podiatrist or Chiroprapist, Psychologist, Social Worker or Registered Clinical Counselor, Speech Language Pathologist* *Physician's prescription required.
Dental Accident	80%	Limited to \$1,000 per accident. Services must be performed within 12 months of accident. If treatment is scheduled to occur more than 90 days after the impact, a treatment plan must be submitted before the end of the 90-day period. Pre-authorization required.
Ambulance	80%	Limited to \$250 per occurrence.
Medical Equipment & Supplies	80%	Including but not limited to: crutches, wheelchair, hospital-type bed, prosthetics, rigid and semi-rigid braces. Custom-made orthopedic shoes and orthotics limited to \$150 per benefit year. Prescription and pre-authorization may be required. Not solely for athletic use.
Emergency Travel Assistance	100%	Global Travel Insurance by AIG, maximum of \$5,000,000 per benefit year.
Out of Province Referral	80%	Maximum of \$10,000 in a lifetime.
Other Insurances & Services	-	Tutorial, Tuition, Accidental Death & Dismemberment, mywellness

Access all benefits coverage details at www.mystudentplan.ca/bcit.

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%	Limited to once per benefit year, scaling limited to 2 units.
Minor Restorative	70%	Fillings.
Extractions	50%	Limit of 2 wisdom teeth per benefit year.
Endodontic & Periodontic	15%	2 additional units of scaling/root planing per benefit year.
Major Restorative	15%	Crowns and bridges. Limited to once every 5 benefit years.

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, please contact the Health and Dental Plan Office.

New eligible students will be added to the plan(s) within 45-60 days of the start date of your program. Please keep your receipts for eligible expenses incurred during this time period to submit to the insurer once the enrolment process is complete. Returning eligible students may continue to access the plan(s) without disruption.

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 paying out of pocket the full expense at the time of purchase. Dental claims are processed based the individual dental office's billing practices. These claims are accessed with the myBenefits Card. You can register for your myBenefits Card from www.mystudentplan.ca.

Submit Claims Online: 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.mystudentplan.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 could submit outstanding balances to the other plan for their consideration.

Opt-Out of Coverage

If you are an eligible student and 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 online or through the Health and Dental Plan Office and must be received within 30 days from the start of your program. 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. Approval of your opt-out will result in the plan fee being credited. Once opt-out has been accepted, it will remain in force as long as you remain an eligible student.

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, online counselling, a toolbox full of helpful wellness solutions, and a free mental health assessment. **Take the first step towards better mental health by visiting www.mywellnessplan.ca**

Adding Family Coverage

Each year, you are given an opportunity to purchase family coverage for your spouse and/or dependent(s) by completing an application form online or through the Health and Dental Plan Office and paying the family coverage fee. All family add-on forms and fees must be received by the appropriate deadline. Your family can only be covered while you are on the plan(s). **Family coverage must be renewed by the student each benefit plan year.**

Loss of Comparable Coverage

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

BCITSA Health & Dental Plan Office

Room 286, Building SE2
3700 Willingdon Avenue
P: 604.456.8056
E: healthplan@bcitsa.ca

Policy Information

Insurer: Canada Life Assurance Company
Policy No: 330828 | Division No: Leave Blank
Identification No: Your Student ID (A changes to 0)
Plan Name: BCIT Student Association
Claims Inquiries: 1.800.957.9777

Canada Life Assurance Company
Group Claims Department
P.O. Box 4408 Regina SK S4P 3W7

**Travel Insurance provided by AIG Insurance,
visit website for policy and information.**

