

Health Benefits	Coverage	
Prescription Drug	80%	Maximum of \$3,000 per benefit year. Based on the BC Provincial Formulary with a generic rider.
Vision	100%	Plan covers one eye exam, eyeglasses or contact lenses to a combined maximum of \$125 in a 24 month period.
Paramedical Practitioners	80%	\$30 per visit, to an overall plan maximum of \$360 per benefit year for: Podiatrist or Chiropodist, Chiropractor, Registered Massage Therapist*, Naturopath, Osteopath, Physiotherapist*, Acupuncture, Certified Athletic Therapist* *Referral required by Physician or Nurse Practitioner.
		Overall plan maximum of \$300 per benefit year for: Speech Language Pathologist* *Referral required by Physician or Nurse Practitioner.
		\$50 per visit, to an overall plan maximum of \$500 per benefit year for: Psychologist, Social Worker or Registered Clinical Counselor
Dental Accident	80%	Maximum of \$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%	Maximum of \$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 or orthotics limited to \$150 per foot, per benefit year. Blood Glucose Monitors to a maximum of \$150 during a 5 year period. Prescription & pre-authorization may be required. Not solely for athletic use.
Emergency Travel Assistance	100%	Maximum of \$5,000,000 per lifetime.
Other Insurances & Services	-	Tutorial, Accidental Death & Dismemberment, mywellness Enhanced: includes 3-hours of counseling sessions.

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

Dental Benefits

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

Annual Maximum - \$800 per benefit year

Diagnostic & Preventative	100%	Camosun Dental Clinic: Includes one annual exam, x-rays, polishing, scaling and fluoride once per benefit year. You are encouraged, but not required, to use the Camosun Dental Clinic.
	80%	Alternative Dental Provider: Includes one annual exam, polishing and 2 units of scaling once per benefit year.
Minor Restorative	70%	Fillings.
Extractions	50%	Limited to 2 wisdom teeth per benefit year.
Endodontic & Periodontic	50%	2 additional units of scaling/root planing per benefit 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.