mystudentplan



Health Benefits	Coverage	
Prescription Drug	70%	Maximum of \$3,000 per benefit year. Based on the National Formulary with a generic rider.
Vision	100%	Eye exams up to \$100 every 24 months. Glasses/lenses/contacts up to \$100 every 24 months.
Paramedical Practitioners	90%	The services of the following practitioners to a maximum of \$500 per practitioner per year based on reasonable and customary charges. Practitioners: Registered Massage Therapist*, Physiotherapist*, Speech Language Pathologist*, Chiropractor, Osteopath, Naturopath *Physician's prescription required
Psychologist/Social Worker	90%	Combined annual plan maximum of \$500.
Dental Accident	80%	Maximum of \$1,000 per accident. Services must be performed within 12 months of accident. 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-fitted orthopedic shoes limited to \$150 per benefit year. Prescription & pre-authorization may be required. Not solely for athletic use.
Tutorial	80%	Limited to \$15 per hour to a maximum of \$2,000 per benefit year (after 15 days confinement due to injury or illness).
Travel	100%	Travel Insurance by AIG, maximum of \$5,000,000 per benefit year.
Other Services	-	mywellness, myvirtualdoctor

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

Dental Benefits

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

Annual Maximum - \$900 per benefit year

Diagnostic & Preventative	80%	Limited to once per benefit year. Scaling limited to 2 units.
Minor Restorative	60%	Fillings.
Extractions	50%	Limited to 2 wisdom teeth per benefit year.
Endodontic	20%	Root canals.
Periodontic & Other Oral Surgery	20%	Excludes additional scaling.

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 mandatory 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 visit or contact the Student Benefits Plan Office.

New eligible students will be added to the plan(s) within 45 days of the start date of your program. Please keep your receipts for eligible expenses incurred during this time period for submission to the insurance carrier upon completion of the enrolment process.

Returning eligible students may continue to access the plans without disruption by using their current myBenefits Card or by submitting claims directly to the carrier.

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 on the dental office's billing practices. These claims are accessed with the myBenefits Card. You can download your plan card from mystudentplan.ca.

Submit Claims Online: To access all claim features, register for Groupnet at **https://my.canadalife.com/sign-in**, or download the app from 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 mystudentplan.ca or pick one up from the Benefits Plan Office.

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 consideration.

Opting 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 Student Benefits Plan Office and must be received by the applicable deadline date. 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 your opt-out has been accepted, it will remain in force as long as you remain an eligible student.

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 Student Benefits Plan Office in order to opt in and be covered under the student plan. Confirmation of loss of coverage is required upon re-application.

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 mental health support resources, online video counselling, a helpful toolbox, and a free mental health assessment.

Visit mywellnessplan.ca

Virtual Health Care

myvirtualdoctor is a virtual health care service provided to students on the Health Plan. Powered by Telus Health, this service provides unlimited 24/7 access to doctors, nurse practitioners, and other health experts.

Visit www.myvirtualdoctor.ca to learn more!

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 through the Student Benefits Plan Office and paying the family coverage fee. All family add-on forms and fees must be received by the applicable deadline date. Your family can only be covered while you are a student on the plan(s).

Family Coverage MUST be renewed by the Student each benefit plan year. For further details regarding family coverage, visit mystudentplan.ca or stop by the Student Benefits Plan Office.

I am an International Student. Does this plan apply to me?

Yes, the plan is mandatory for all full time students. Visit the following web link for more information: www.nbcc.ca/student-services/health-dental-insurance

Revised: September, 2023

For More Information



Benefits Plan Office

Student Union - A1102 1234 Mountain Road Moncton NB E1C 8H9 Phone: 506.858.7873 Toll Free: 1.855.867.6821 nbccplan@mystudentplan.ca

The NBCC student health and dental plan is administered exclusively by the SU and any involvement by the New Brunswick Community College, either actual or implied, is limited only to collection of the student fee on behalf of the SU. NBCC assumes no liability for the administration of the plan whatsoever including, but not limited to, the placement and/or extent of coverage, and processing and/or adjustment of claims.

Travel Insurance provided by AIG Insurance,All benefits coverage details at

www.mystudentplan.ca/NBCC