

Health Benefits	Coverage	
Prescription Drug	80%	Reimbursed at 80%, to a maximum of \$3,000 per benefit year. Based on the BC Provincial Formulary with a generic rider.
Vision	100%	Maximum of one eye exam every 24 months from the date of service. Glasses and/or contact lenses to a maximum of \$200 every 24 months from date of purchase. Based on reasonable and customary amounts.
Paramedical Practitioners	80%	Maximum of \$300 per practitioner per benefit year. Practitioners: Registered Massage Therapist*, Physiotherapist*, Chiropractor, Naturopath, Podiatrist/ Chiropodist, Osteopath, Speech Language Pathologist*, Psychologist* or Social Worker* *Physician's prescription required.
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 limited to \$150 per foot, per benefit year. Prescription & pre-authorization may be required. Not solely for athletic use.
Emergency Travel Assistance	100%	Maximum of \$2,000,000 in a lifetime.
Other Insurances & Services	-	Tutorial Services, Tuition Insurance, Accidental Death & Dismemberment, mywellness, mylegalplan

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

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	90%	Limited to once per benefit year. Scaling limited to 2 units.
Minor Restorative	80%	Fillings.
Extractions	50%	Limited to 2 wisdom teeth per benefit year.
Endodontic & Periodontic	50%	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 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 VSAOC 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 plan(s) without disruption by using their current myBenefits Card or by submitting claims directly to the insurance 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 individual dental office's billing practices. These claims are accessed with a myBenefits Card.

A BC Fair Pharmacare and card application must be completed prior to obtaining your myBenefits Card.

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 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 can submit outstanding balances to the other plan.

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 VSAOC Office and paying the family coverage fee. All family add-on forms and fees must be received within 30 days from the start of your program. 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 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/okanagan**

Legal Program

mylegalplan is a resource that provides students access to legal assistance, lawyers, and documents through an on online portal, phone hotline, and national legal network. **Visit www.mylegalplan.ca to learn more!**

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 VSAOC 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 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 VSAOC Office in order to opt in and be covered under the student plan. Confirmation of loss of coverage is required on re-application.

Revised: September, 2023

For More Information

Benefits Plan Office

7000 College Way Vernon, BC V1B2N5
Phone 250.545.7291 Ext. 2213
ereist@okanagan.bc.ca Twitter: @okanaganplan

Policy Information

Insurer: Canada Life **Policy No: 330755**
Division No: Leave Blank
Identification No: Your Student ID
Plan Name: Vernon Students' Association
Okanagan College

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

All benefits coverage details at

www.mystudentplan.ca/okanagan

