

OUTLINE OF BENEFITS
College of the North Atlantic
Student Health and Dental Plan

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact the Green Shield Customer Service Centre at 1-888-711-1119 or the National Student Health Network at 1-800-468-0668 to determine benefit eligibility and coverage details. Inquiries can also be emailed to Green Shield at cservice@greenshield.ca.

Students who wish to waive benefits must provide proof of alternate coverage, and students who wish to purchase family coverage must remit the appropriate premium. Waiver and family coverage forms are available at the student services office.

Dependents include common-law/same sex spouses with whom the student has been living in a conjugal relationship for a period of 12 months. Dependent children are eligible for coverage up to the end of the benefit year in which they turn age 21 or 25 if enrolled and in full-time attendance at an accredited college, university or educational institute.

DRUG

- **A co-payment of 20% applies to each prescription (i.e. you are responsible for 20% of the purchase)**
- **Your overall Drug maximum is \$2,000.00 per benefit year**

Benefits include drugs legally requiring a prescription by law, needles and syringes, limited access and life-sustaining over-the-counter drugs. **Benefits do not include anti-obesity, smoking cessation products and fertility drugs. Serums and vitamins are also ineligible unless injected.**

HEALTH SERVICES

- **Your overall Health deductible is nil**
- **Your co-insurance for Health Services is 100%**

EMERGENCY TRANSPORTATION

- **Ambulance Transportation**, for land or air ambulance to the nearest hospital equipped to provide the required treatment.

ACCIDENTAL DENTAL BENEFITS

Accidental Dental benefits for treatment by a dentist. A dental accident report form must be submitted immediately following the accident.

ACCOMMODATION

SEMI-PRIVATE

- **Semi-Private Room in a public general hospital**

MEDICAL ITEMS

Prosthetic Appliances and Durable Medical Equipment as well as replacements, repairs, fittings and adjustments of such devices. Contact the Customer Service Centre to verify eligibility of a particular benefit.

PARAMEDICAL SERVICES

- **Physiotherapist, Chiropractor, Podiatrist, Speech Therapist, Registered Massage Therapist (medical referral required) or Acupuncturist (physician/surgeon or anyone licensed through the Acupuncture Foundation of Canada to perform acupuncture) - \$15.00 per visit up to a maximum of \$300.00 per benefit year per paramedical discipline.**
- **Private Duty Nursing Benefits carry a maximum of \$5,000.00 per benefit year for the services of a registered nurse (R.N.) or registered nurses assistant (R.N.A.) in the home on a full or part shift basis**

NOTE:

- **The benefit year runs from September 1 to August 31**

VISION

- **Your Vision Benefit carries a maximum of \$100.00 every 24 months for prescription eye glasses and/or contact lenses, \$200.00 every 24 months for medically necessary contact lenses or visual training up to a lifetime maximum of \$200.00 provided they are dispensed by an Optometrist, an Optician or an Ophthalmologist.**

Optometrist eye examinations performed by a licensed Optometrist limited to one exam every 24 months and subject to the Extended Health Services deductibles and co-payments.

DENTAL

- **Your deductible is nil**
- **Your overall Dental maximum is \$500.00 per benefit year**
- **Your co-insurance is 80% for Basic Services and for Comprehensive Basic Services**
- **Basic Services cover: recalls once per benefit year, other exams and full mouth x-rays every 2 years**
- **Comprehensive Basic cover denture relines once every 3 years**
- **Your eligible claims are reimbursed at the level stated above and in accordance with the Current Provincial Dental Association Fee Guide for General Practitioners**

BASIC SERVICES

- **Recalls** include exams, bitewing X-rays, cleanings and fluoride treatments.
- **Complete, general or comprehensive** oral exams, full mouth x-rays and panoramic x-rays.
- **Basic restorations**, fillings and inlays.
- **Extractions and surgical services.** General anaesthetics and intravenous sedation only when done in conjunction with eligible extraction(s) and/or oral surgery. Sleep dentistry is not eligible.

COMPREHENSIVE BASIC SERVICES

- **Periodontal** treatment including scaling (8 units every 12 months) and/or root planing.
- **Standard denture services** including relining and rebasing of dentures after 6 months from installation

TRAVEL BENEFITS

- **Travel Benefits** are eligible within the first 60 days per trip
- **Your maximum is \$1,000,000.00 per calendar year for Emergency Services; and \$50,000.00 per calendar year for Referral Services.**
- **Hospital and medical services are eligible only if your provincial government health plan provides payment toward the cost of the services received.**

Green Shield must be contacted by phone within 48 hours of commencement of treatment. Green Shield, through consultation with the Assistance Medical Team, reserves the right to repatriate the patient for treatment upon medical verification of the tolerance for travel. Carry your Green Shield identification card with you when travelling.

- **Hospital services and accommodation** up to a standard ward rate in a public general hospital.
- **Medical/surgical services**
- **Land ambulance** to the nearest qualified medical facility.
- **Emergency Air ambulance** to your province of residence (including a medical attendant when necessary)
- **Services of a Registered Private Nurse** up to a maximum of \$5,000.00
- **Diagnostic laboratory tests and x-rays.**
- **Drugs**, serums and injectibles which require a prescription by law.
- **Medical appliances** including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair
- **Treatment by a dentist** due to a direct accidental blow to the mouth up to a maximum of \$2,000.00 for treatments within 90 days of the accident.
- **Coming Home:**
 - For one way economy airfare, plus a stretcher, to return you to your province of residence.
 - For a medical attendant who is not your relative to accompany you home.

- **For returning your vehicle**, up to a maximum of \$1,000.00.
- **Meals and accommodation** up to \$1,500.00 (\$150.00 per day for 10 days) for commercial accommodation and meals when the trip is delayed or interrupted due to an illness or accident to a travelling companion.
- **Transportation to the bedside** for one round trip economy airfare, for one spouse, parent, child, brother or sister, up to \$150.00 per day for five days to:
 - be with a covered person confined in hospital for more than 7 days
 - identify deceased prior to release of the body.
- **Return of Vehicle** if your private vehicle is stolen or rendered inoperable due to an accident, and for one way economy airfare home.
- **Return of deceased** up to a maximum of \$5,000.00 for preparation (including cremation) and homeward transportation of a deceased covered person.

GREEN SHIELD CANADA TRAVEL ASSISTANCE SERVICE

Available 24 hours per day, 7 days per week through Green Shield's international medical service organization. Some services include:

- Verification of insurance coverage for entry and admissions into hospitals and other medical care providers
- Arrangement of emergency medical transportation and evacuation
- Knowledgeable legal referral assistance
- Assistance in replacing lost or stolen travel documents
- Emergency and payment assistance for major health expenses over \$200.00 Canadian.

HOW GREEN SHIELD CANADA'S TRAVEL ASSISTANCE SERVICE WORKS

As soon as you have a medical emergency:

1. The patient must contact Green Shield within 48 hours of commencement of treatment by dialling **1-800-936-6226** within Canada or USA or call **collect 0 519-742-3556**. Failure to call within 48 hours or refusal to be repatriated may result in benefits not being covered beyond 48 hours.
2. Quote your group number and patient number, found on your Green Shield Identification Card, and explain your medical emergency. You must also be able to provide your Provincial Health Insurance Plan number.
3. Our physicians will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in constant communication with your family physician and your family, depending on the severity of your condition.

Please Note:

- As we are not able to guarantee assistance services in areas of political or civil unrest, please contact Green Shield for pre-travel or claims inquiries.
- Referral services are only eligible if the required medical treatment is not readily available in your province of residence.

*You must receive pre-authorization from your provincial government health plan and Green Shield **prior to the commencement of any referral treatment**. Your Provincial Government Health Plan may cover this referral benefit entirely. You must provide Green Shield with a letter from your attending physician stating the reason for the referral, and a letter from your provincial government health plan outlining their liability. Failure to comply in obtaining pre-authorization may result in non-payment.

Travel benefits do not include:

1. Treatment or service required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the recommendation of a physician.
2. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy.

TUTORIAL BENEFITS

- **Your co-insurance for Tutorial Services is 100%**
- **Your maximum is \$300.00 per disability**

Private tutorial service of a qualified teacher up to \$10.00 per hour, if an accident or illness causes you to be disabled and confined to home or hospital for 30 consecutive school days. NOTE: **Your dependants are not eligible for this benefit.**

GENERAL INFORMATION

LIMITED BENEFIT CLAUSE

Green Shield will determine the amount of benefits payable, giving consideration to limited procedures, services, or courses of treatment that may be performed to accomplish the desired result. The attending physician/dentist and the patient have the option of which procedure to use, although payment for the procedure may be based on the "limited treatment" principle. The Limited Benefit Clause is a financial limitation and not intended as a comment regarding any treatment recommended or performed by a physician/dentist.

PREDETERMINATION

If the cost of any proposed treatment is expected to exceed \$300.00, submit to Green Shield a detailed treatment plan from your provider **before your treatment begins**. If a description of the procedures to be performed and an estimate of the charges **are not submitted in advance**, Green Shield reserves the right to make a determination of benefits payable, taking into account alternate procedures, services or course of treatment, based on accepted standards of medical/dental practice.

GENERAL OVERALL EXCLUSIONS

Eligible Services do not include and reimbursement will not be made when we are aware of or have been apprised of:

1. Services or supplies received as a result of disease, illness or injury due to any of:
 - intentionally self-inflicted injury while sane or insane
 - an act of war, declared or undeclared
 - participation in a riot or civil commotion
 - committing a criminal offence
2. Failure to keep a scheduled appointment with a licensed medical/dental practitioner.
3. Services or supplies which are cosmetic in nature.
4. The completion of any claim forms and/or insurance reports.
5. Services or supplies which do not meet accepted standards of medical/dental/ophthalmic practice, including charges for services or supplies which are experimental in nature.
6. Services or supplies normally paid through any provincial government health plan, Workplace Safety & Insurance Board, the Assistive Devices Program or any other Government Agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made.
7. Services or supplies from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body.
8. Services or supplies which are not recommended or approved by the attending physician/dentist.
9. Services or supplies that you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage.
10. Services or supplies which are legally prohibited by the government from coverage.
11. The replacement of lost, missing or stolen items, or items which are damaged due to negligence.
12. Any eligible service that relates to treatment of injuries arising out of a motor vehicle accident.

CO-ORDINATION OF BENEFITS (COB)

Where you or your dependents have coverage with more than one carrier, claims shall be co-ordinated so that reimbursement from all coverages shall not exceed 100% of the actual claim. Ask for our COB brochure for information on how your family can receive this service.

SUBROGATION

Green Shield retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

GROUP CONVERSION PACKAGE

Any student who will be terminating coverage where there is an active Green Shield group benefits program in force and who will lose their group benefits may enroll in the Green Shield Group Conversion Program.

Dependent children who are no longer eligible for benefits under their parents Green Shield group benefits program may also enroll in the Green Shield Group Conversion Program.

Call toll-free at 1 800 667-0429 or (416) 601-0429 in the Toronto area for an information package. You must apply within 60 days of termination of your benefits from your Green Shield group program.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

ACE INA Insurance **Policy SGC 10 30 35 23**

The Basic Accidental Death and Dismemberment plan covers you 24 hours a day, anywhere in the world, for specified accidental losses. If you suffer any of the eligible losses listed in the policy as the result of an accidental injury which results directly and independently of all over causes and the loss occurs within 365 days of the date of the accident, the benefits indicated in the policy will be paid.

Who is Covered?

Class 1: All active full-time Students of the Policyholder under the age of 70 whose names are on file with the Policyholder.

Amount of Insurance (Principle Sum): \$10,000

For details regarding the schedule of losses and information on other benefits under the AD&D policy, please contact your health plan administrator.