

**Dental Accident Benefit** – Coverage for the services of a dental surgeon including dental prosthesis required for the treatment of a fractured jaw or the treatment of accidental injuries to natural teeth if the fracture or injury was caused by external, violent and accidental means, provided the services are performed within 12 months of the accident.

**Ambulance Benefit** – Coverage for licensed ground or emergency air ambulance to and from the nearest hospital qualified to render the necessary medical services.

## Travel:

Travel period maximum 180 days.

## Annual Health Care Rates:

**Single** – \$215.64      **Family** - \$444.48

## Dental Benefits

Please contact the St. Thomas Business Office by the date outlined in this brochure to opt out of dental program.

The following benefits are reimbursed according to the current Dental Society Fee Guide for general practitioners in the student's province of residence.

**Basic & Preventative** – program pays 50% of the eligible expense

**Endodontic & Periodontic** – program pays 25% of the eligible expense

Basic dental benefits including diagnostics (clinical oral examination, radiographs and tests and laboratory examinations), preventive services (polishing, scaling and fluoride treatment) and basic restorative services (caries, trauma and pain control).

Endodontic services including treatment of pulp chamber, root canal therapy and periapical services.

Periodontal services including certain non-surgical services, surgical services and adjunctive general services.

No Overall Plan Maximum

## Annual Dental Care Rates:

**Single** – \$98.88      **Family** - \$229.20

## HOW TO CLAIM

### Prescription Drugs

Each student covered under the program will be issued a Pay Direct Medavie Blue Cross Health Card. When presented to the pharmacist along with the prescription, the student will be required to pay a \$15 co-payment and the remaining cost of the prescription will be charged directly to Medavie Blue Cross.

### Other Health Claims

All other benefits may be claimed by completing the necessary claim form and presenting it, together with the original receipt, at the Medavie Blue Cross QuickPay office located at:

Medavie Blue Cross  
1055 Prospect Street, Unit 2  
Fredericton, New Brunswick E3B 5B9  
Tel. 1-800-667-4511

Any eligible claims incurred prior to receiving your identification card should be held and presented at the Medavie Blue Cross QuickPay office for immediate reimbursement when you do receive your identification card.

The information contained in this brochure is a summary only and does not constitute an agreement. The exact terms and conditions are described in the master contract held by St. Thomas University. For additional information and benefit limitations, please contact your nearest Medavie Blue Cross office.

Students must be covered by a Provincial Medical program or comparable program in order to be covered under this supplementary program.

This plan has been negotiated by Morneau Sobeco on behalf of St. Thomas University.

**MORNEAU  
SOBECO**

622-080 07/08

Your  
Student  
Health  
Plan



St. Thomas University  
LEADERS IN LIBERAL ARTS

[http://w3.stu.ca/stu/current\\_students/financial/fees.aspx](http://w3.stu.ca/stu/current_students/financial/fees.aspx)



Administered By:



Policy Number 502

2009-2010

## Important Date to Remember:

**October 15<sup>th</sup>, 2009**

- Last day to opt out of health program
- Last day to opt out of dental program
- Last day to add family coverage

**If application is made for the health program after October 15<sup>th</sup>, 2009 coverage may be denied or satisfactory medical evidence may be requested from your family members. The dental program will not be available after the October 15<sup>th</sup> cut-off date for those choosing to opt-out.**

## Health Care

As a full-time student you will automatically be included in the St. Thomas enrolment for Health Care Benefits. It is your responsibility to submit a completed waiver form, with proof of duplicate coverage, to the Business Office no later than October 15<sup>th</sup> if you do not require coverage under this program.

Keep in mind that Coordination of Benefits is available under most insurer programs. As an example, the \$15 co-payment required for each prescription drug under the St. Thomas program could be coordinated through your other program, which may result in a 100% reimbursement for the prescription drug purchased. There may be advantages for you to be covered under two medical programs. For more information on coordination of benefits, please contact your local Medavie Blue Cross office.

## Family Coverage

You may enrol your spouse, your partner (of either sex) who is publicly represented as your spouse, and dependent children (under age 21 or under age 25 if attending school) by paying the additional family coverage fee. To do so you must sign up at the Business Office no later than **October 15<sup>th</sup>, 2009**.

## Dental Care

You will automatically be enrolled in the dental program. You must complete an opt-out document in order to waive these benefits. Please contact the Business Office to apply for these benefits. Enrolment documentation will not be accepted after **October 15<sup>th</sup>, 2009**.

## Prescription Drugs

Coverage for drugs that legally require a prescription, as provided under the Medavie Blue Cross *HealthWise* plan. Upon presentation of the Pay Direct drug card to the pharmacist, the student will pay a \$15 co-payment and the remaining cost of the prescription will be billed directly to Medavie Blue Cross. Includes prescriptions such as diabetic supplies and certain over-the-counter items. Excludes erectile dysfunction medications.

### Special Authorization Prescription Drugs

Certain prescriptions may not be automatically covered and may require Special Authorization before coverage is extended. The majority of these medications are listed on the Special Authorization Prescription Drug List, included in your *HealthWise* Prescription Drug Brochure (available upon request). Special Authorization forms are available from the Business Office or Medavie Blue Cross.

## Extended Health Benefits

**Out-of-Canada Travel Benefit** – Includes travel outside of province of residence – Overall maximum \$1,000,000. Excludes country of origin for International Students.

International Students are not covered for Out-of-Canada travel Benefits.

**Vision Care** – lenses, frames, eye exams reimbursed to a maximum of \$150 every 24 months for adults and once every 12 months for dependents under 21.

**Diagnostic Lab** – charges for lab tests done in commercial lab for diagnosis of an illness, excluding physician's office or pharmacy.

**Equipment Rental** – wheelchairs, walkers, hospital beds, traction kits, which are rented temporarily for therapeutic use, when prescribed by physician. If, due to illness or disability, equipment is required for long-term use, insurer may approve the purchase of these items. Lifetime maximum for repair of wheelchair \$250. Once equipment purchase has been approved, purchase or rental of similar equipment will be limited to once every five years.

**Prosthetic Appliance** – charges for the following remedial prosthetic appliances:

**Artificial limbs** – one to each limb per lifetime  
**Breasts** – limited to one left and one right prosthesis every calendar year to a maximum of \$200 each.

Replacement of these items will not be a benefit unless replacement is due to a pathological change or physiological change.

**Eyes** – limited to one left and one right per lifetime  
Internal maximums apply to the following benefits. Please contact Medavie Blue Cross for confirmation of coverage.

**Orthopedic shoe supplies** – including molded arch supports, to a maximum of \$200 in a calendar year.

**Custom-made orthopedic shoes**

**Crutches**

**Splints**

**Casts**

**Trusses** – one per five consecutive years

**Braces** – one cervical collar per year – all other braces are limited to one per lifetime

**Cane** – limited to one per lifetime

**Hair** – when loss of hair is due to underlying pathology or treatment – maximum \$300 per lifetime. Hair replacement therapy and other procedures for physiological hair loss are excluded.

**X-rays** – charges for treatment or an illness by the use of radiotherapy or coagulotherapy.

**Oxygen** – charges for oxygen.

**Medical Supplies** – charges for vaccines, compound serums, colostomy supplies, injectible drugs (when administered by physician – but excluding administration charges) and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered or prescribed by a physician or dentist and dispensed by a licensed pharmacist.

**Blood Glucose Monitor** – \$150 Maximum.

**Physiotherapy, Chiropractor, Massage Therapy, Naturopath, Speech Therapy, Psychologist that includes social worker.** Maximum reimbursement is \$20 per practitioner per visit with an overall combined maximum of \$350 for **ALL** practitioners. All practitioners require a referral from a physician.

**Tutorial Benefit** – Private tutorial services of a qualified teacher up to \$15 per hour, limited to \$1,000 per disability. Benefit is payable if the disease or injury causes the student to be confined to home or hospital for 15 consecutive school days and with a prescription from a physician. Total Disability as a result of an accident, confinement must occur no later than 100 days after accident. Coverage is for the student only; dependents are excluded.