

» **ASSISTANCE IS AVAILABLE AT
WWW.WESPEAKSTUDENT.COM**

- using their online chat window
- email: help@aclstudentbenefits.com
- ClaimSecure 1-888-513-4464 for dental claims
- 1-800-315-1108 regarding prescription, extended health and/or accident claims

» **OPTING OUT**

Prior to the applicable deadline and upon providing proof of alternate coverage, students may “opt-out” of the Health Plan at www.wespeakstudent.com.

Mandatory Accidental Death & Dismemberment component (\$5.00) is non-refundable

Please note: if you opt out of the student health plan, you are still able to access services within the College Health Service Department.

» **COORDINATION OF BENEFITS**

Students with existing health plan coverage can coordinate their benefits for 100% coverage but claims must be submitted to the student’s health plan first and the outstanding balance then claimed through alternate means. Failure to do so, will result in the claim being disallowed by our Insurers.

» **DEADLINE DATES**

- Sept 20, 2019
health plan fee paid in Fall term enrollment
- Jan 24, 2020
health plan fee paid in Winter term enrollment
- May 22, 2020
health plan fee paid in Spring term enrollment

Please note: If your enrollment dates fall before or after the dates listed above, please contact your Health Plan Administrator within the first 15 business days of your program start.

» **FAMILY ADD-ON**

For an additional fee, family members (spouse and/or dependents) may be added to your plan. Visit www.wespeakstudent.com to complete the family application form by the required deadline.

» **HOW TO FILE YOUR CLAIM**

Group Number: 515647

Provider: ClaimSecure

Certificate Number: (ten characters in length)

#00 _____ F (insert 7 digit student #)

or

#0 _____ F (insert 8 digit student #)

Submit Online: We greatly encourage students to set up an online account at www.wespeakstudent.com. This will enable them to easily obtain pre-populated forms, follow the progress of their claims, view claim history and submit claims electronically to be paid by direct deposit.

Pay Direct: Your claim can be processed electronically by your providing your Pharmacy/Dentist with your Group #, Provider and Certificate Number (above).

By Mail: Fill out the appropriate claim form (available at www.wespeakstudent.com), attach your original receipts and mail directly to

ClaimSecure Inc.
P.O. Box 6500, Station A
Sudbury, ON P3A 5N5

» **COVERAGE PERIOD**

All Health Plan coverage expires August 31st and claims must be submitted and received by ClaimSecure prior to November 30, 2019.

Visit www.wespeakstudent.com for more detailed information about your Health & Dental Plan coverage.



2019-2020

Your Student Administrative Council (SAC) administers the Student Health Plan.

All students enrolled in full-time programs are automatically covered in the Student Health Plan.

The fee is paid once per academic year and is included in your tuition fees.

**WE SPEAK
STUDENT**

MY PLAN DESIGN OPTIONS

Three separate plans are available to choose from; all equal in value and offering alternative combinations of prescription, dental and vision coverage. If you wish to select an alternative to the default Standard Plan, you must do so prior to the deadline date.

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» FLEX PLAN OPTION 1 STANDARD PLAN

(Auto-Enrolled)

PRESCRIPTIONS:

70% co-insurance

Maximum: \$1,000

Vaccine coverage to a maximum of \$400

DENTAL:

Basic and Preventative: 80%

Minor Restorative: 80%

Extractions (limit 2 wisdom teeth): 50%

Major Restorative: 10%

Maximum: \$700

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$40 per visit
(\$400 maximum)

» FLEX PLAN OPTION 2 ENHANCED PRESCRIPTION & VISION PLAN

PRESCRIPTIONS:

85% co-insurance

Maximum: \$1,000

No vaccine coverage

DENTAL:

Basic and Preventative: 60%

Minor Restorative: 50%

Extractions (limit 2 wisdom teeth): 25%

Major Restorative: 10%

Maximum: \$350

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$20 per visit
(\$200 maximum)

Vision: \$50 maximum for eye exam, \$50 for prescribed lenses and frames or contact lenses every 24 consecutive months.

» FLEX PLAN OPTION 3 ENHANCED DENTAL & VISION PLAN

PRESCRIPTIONS:

65% co-insurance

Maximum: \$500

No vaccine coverage

DENTAL:

Basic and Preventative: 100%

Minor Restorative: 75%

Extractions (limit 2 wisdom teeth): 40%

Major Restorative: 10%

Maximum: \$700

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$20 per visit
(\$200 maximum)

Vision: \$65 maximum for eye exam, \$120 for prescribed lenses and frames or contact lenses every 24 consecutive months.

Please refer to the student insurance booklet available at wespeakstudent.com for plan details such as eligible providers, required referrals, exclusions etc.

» HOW DO I CHOOSE ONE OF THE ENHANCED PLANS?

- 1) Please visit www.wespeakstudent.com before the deadline date.
- 2) Click on the Choose Your Plan option, select an alternate plan, enter the required information and submit.
- 3) Retain receipt # for your records.

LIVE HELP MESSAGING

Have a question? Chat with live member of the WeSpeakStudent team.

Visit www.wespeakstudent.com. Student ID # is required.

**WE SPEAK
STUDENT**