

Health Benefits	Coverage	
Prescription Drug	80%	Maximum of \$3,000 per benefit year. \$500 in a lifetime for Smoking Cessation products legally requiring a prescription. Based on National Formulary with a generic rider. Includes some vaccines.
Vision Care	100%	Limit of one eye exam every 24 months based on reasonable & customary charges. Maximum of \$80 every 24 months for eye glasses or contact lenses.
Paramedical Practitioners	80%	Maximum of \$20 per visit and an overall plan maximum of \$300 per practitioner per benefit year. Practitioners: Registered Massage Therapist*, Physiotherapist*, Osteopath, Naturopath, Chiropractor, Podiatrist or Chiroprapist, Speech Language Pathologist* *Physician's prescription required.
Psychologist, Social Worker	80%	Maximum of \$500 per benefit year.
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%	\$5 million per insured person per coverage period.
Other Insurances	-	Tutorial, Accidental Death & Dismemberment.

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	100%	Select Dental Provider Limited to once per benefit year, scaling limited to 2 units.
	70%	Alternative Dental Provider 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%	2 additional units of scaling/root planing per benefit year.
Major Restorative	15%	Crowns, bridges, dentures. Limited to once every 5 benefit years.

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

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 NAITSA Service Hub.

New eligible students will be added to the plans during the first 45 days of each semester. 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 the individual dental office's billing practices. These claims are accessed with the myBenefits Card. You can download your myBenefits Card at www.mystudentplan.ca.

Submit Claims Online: <https://gwl.greatwestlife.com>

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 for their consideration.

Adding Family Coverage

Each year, you are given one opportunity to purchase family coverage for your spouse and/or dependent(s) by completing an online application form through mystudentplan.ca/nait and paying the family coverage fee. All family add-on forms and fees must be received by the specified deadline. 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.**

www.mystudentplan.ca/nait

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, online counselling, and a mental health assessment. **Take the first step towards better mental health at www.mywellnessplan.ca**

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 submitted online at mystudentplan.ca/nait and must be received by the applicable deadline. 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 NAITSA Service Hub in order to opt in and be covered under the student plan. Confirmation of loss of coverage is required on re-application.

NAITSA Service Hub

Room O108
780.471.7730
studentplans@nait.ca
Twitter: @naitplan

Policy Information

Insurer: Canada Life Assurance Company
Policy No: 330823 | Division No: Leave Blank
Identification No: Your Student ID
Plan Name: NAIT Students' Association
Claims Inquiries: 1.800.957.9777

Canada Life Assurance Company
Group Claims Department
P.O. Box 4408, Regina SK S4P 3W7

Emergency Out of Province Coverage and Assistance is provided by RSA Travel Insurance under policy: 1170109