

Health Benefits	Coverage	
Prescription Drug	70%	Maximum of \$3,000 per benefit year. Immunizations required for programs. Based on the National Formulary with a generic rider.
Vision	100%	Combined maximum of \$100 every 24 months for one eye exam, eye glasses or contact lenses.
Paramedical Practitioners	80%	Maximum of \$30 per visit and an overall plan maximum of \$300 per practitioner per benefit year. Practitioners: Registered Massage Therapist*, Physiotherapist*, Chiropractor, Osteopath, Naturopath, Psychologist* or Social Worker*, Speech Language Pathologist* *Physician's prescription required
Dental Accident	80%	Maximum of \$1,000 per accident. Services must be performed within 12 months of accident. Pre-authorization required.
Medical Equipment & Supplies	80%	Including but not limited to: crutches, wheelchair, hospital-type bed, prosthetics, rigid and semi-rigid braces. Custom-fitted orthopedic shoes limited to \$150 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 Insurance		Tuition and Tutorial.

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	70%	Reimbursed at 70%. Limited to once per benefit year. Scaling limited to 2 units.
Minor Restorative	60%	Fillings.
Extractions	50%	Limited to 2 wisdom teeth per benefit year.
Endodontic	20%	Root canals.
Periodontic & Other Oral Surgery	20%	Excludes additional scaling.

Access additional benefits plan details at www.mystudentplan.ca/NSCC.

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 Benefits Plan 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 the individual dental office's billing practices. These claims are accessed with the myBenefits Card. You can download your myBenefits Card from www.mystudentplan.ca or pick one up from the Benefits Plan Office.

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.

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 Benefits Plan 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 plan year.** For further details regarding family coverage, visit www.mystudentplan.ca or stop by the Benefits Plan Office.

ALP Students: Please contact the Benefits Plan Office for the applicable deadline.

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 Benefits Plan 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 for 12 months. Students are responsible for renewing their opt-out each year they return to school.

ALP Students: Please contact the Benefits Plan Office for the applicable deadline.

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

Benefits Plan Office

Student Services, A Wing
5685 Leeds Street, Halifax NS B3K 2T3
Toll Free within Nova Scotia: 1.866.491.1624
Phone: 902.491.1624
nscplan@mystudentplan.ca

Policy Information

Insurer: Canada Life Assurance Company
Policy No: 157921 | Division No: Leave Blank
Identification No: Your Student ID
Plan Name: NSCC
Claims Inquiries: 1.800.957.9777

Canada Life Assurance Company
London Benefit Payments
255 Dufferin Ave, London ON N6A 4K1

www.mystudentplan.ca/NSCC