<table>
<thead>
<tr>
<th>Health Benefits</th>
<th>Coverage</th>
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</table>
| Prescription Drug                                   | 100%  
  Maximum of $5,000 per benefit year.  
  Based on the National Formulary with a generic rider.  
  Dispensing fees are not covered.                      |
| Vision                                              | 100%  
  Combined maximum of $120 every 24 months for one eye exam, glasses and/or contact lenses. |
| Chiropractor, Naturopath and Physiotherapist* Practitioners | 80%  
  Combined maximum of $500 per benefit year.  
  *Physician’s prescription required.                   |
| Psychologist, Social Worker and/or Registered Psychotherapist | 80%  
  Combined maximum of $750 per benefit year.            |
| Ambulance                                           | 100%  
  Based on reasonable and customary charges.             |
| Custom-Made Orthotics                               | 80%  
  Maximum of $300 every 24 months  
  *Prescription required. Prescription can be prescribed by a Physician, Podiatrist, or Chiropodist. |
| Dental Accident                                     | 100%  
  Maximum of $1,000 per benefit year.  
  Services must be performed within 12 months of accident.  
  Pre-authorization required.                           |
| Diaphragms, IUD’s, Cervical Caps                    | 100%  
  Excludes insertion fee.                                |
| Prosthetics                                         | 100%  
  Based on reasonable and customary charges.             |
| Trusses, Crutches, Splints & Braces                 | 80%  
  Limited to $450 per benefit year.  
  Prescription & pre-authorization may be required. Not solely for athletic use. |
| Tutorial                                            | 100%  
  Limited to $15 per hour to a maximum of $1,000 per disability (after 15 days confinement due to injury or illness). |
| Wigs and Hairpieces                                 | 100%  
  Limited to $500 every 24 months.  
  As a result of Alopecia Universalis, Chemotherapy, or Radiation therapy. |

Dental Benefits  
Please submit an estimate/pre-authorization prior to specialist services and any dental treatment plan exceeding $500.  
Annual Maximum - $500 per benefit year  

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| Diagnostic & Preventative            | 100%  
  Limited to once per benefit year. Scaling up to 2 units.                |
| Minor Restorative                    | 75%  
  Fillings.                                                                |
| Oral Surgery                         | 75%  
  Extractions.                                                             |

Access all benefits coverage details at www.mystudentplan.ca/uofguelph.  
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 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 insurance carrier (CanadaLife).

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 on the individual dental office’s billing practices. You can download your myBenefits Card from mystudentplan.ca or pick one up from the plan office.

Online & Mobile Claims: https://gwl.greatwestlife.com or the Groupnet App available through your device app store.

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 consideration.

Adding Family Coverage

Each year, you are given one opportunity to purchase family coverage for your spouse and/or dependent(s) by completing the online application form www.mystudentplan.ca/uofguelph 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. For further details regarding family coverage, visit mystudentplan.ca or stop by the Benefits Plan Office.

Student Mental Health & Wellness

FeelingBetterNow® is a student mental health and wellness program that is included as part of your benefits plan. Through FeelingBetterNow® you can access support resources, online counselling, a toolbox full of helpful solutions, and a free mental health assessment.

Opting Out of Coverage

If you are an eligible student and have comparable dental coverage you may apply to opt-out of the dental plan. Each student is given one opportunity to opt-out of the dental plan each year. All opt-out forms must be completed online www.mystudentplan.ca/uofguelph 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. Once your opt-out has been accepted, it will remain in force until an opt in request is made through your Student Benefits Plan Office (regardless of a change in your student status, i.e. Undergraduate to Graduate, or taking a year off and returning).

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 Student 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.

CSA & GSA Benefits Plan Office

Level 1, University Centre, Room 108A
519.824.4120 ext. 54798
guelphplan@mystudentplan.ca

Policy Information

Insurer: Canada Life
Health Plan No: 330820 | Dental Plan No: 157994
Division No: Leave Blank
Identification No: Your Student ID
Plan Name: University of Guelph CSA & GSA
Claims Inquiries: 1.800.957.9777

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

www.mystudentplan.ca/uofguelph

Document Date: September 1, 2020