

DOMESTIC STUDENT HEALTH & DENTAL PLAN

FLEX PLAN OPTIONS

YOUR PLAN | YOUR CHOICE



// Important Information



Online Options

The following is a partial list of services that are available online at www.wespeakstudent.com:

- Choose your plan (deadline applies)
- Chat with a live operator
- Create a Profile to submit/track your claims
- Download claim forms and plan booklet
- General inquiries

Coordination of Benefits

Benefits under two insurance plans can be co-ordinated to increase your coverage up to a total of 100%. For example, If you have other coverage in place following payment under this plan, you can submit outstanding balances to the other plan for consideration.

Family add-on

For an additional fee, you are able to add family members (spouse and/or dependents) to the plan. Visit www.wespeakstudent.com to complete the family application form by the required deadline. Please verify you have entered all information correctly, print & keep your confirmation #.

Coverage Period

- September Start Students: September 1 - August 31
- January Start Students: January 1 - August 31
- May Start Students: May 1 - August 31

// Claims Submission

How To File Your Claim

Your drug, dental, and extended health care claims are paid by ClaimSecure.

Pay Direct (drug/dental claims): The Pharmacy/Dentist can submit your claim electronically for you, limiting your out of pocket expense. You will need to give the pharmacy/dentist the following:

Group Number: 513973

Provider: ClaimSecure

Your Student ID #: M 1 0 0 _____
• (last nine digits of your student card #)

Submit Online: You are also able to submit your claim electronically by creating a profile with the insurer. You will need to provide your Group number, Student ID number and date of birth when setting up your profile. You must also set up a direct deposit account for reimbursement. Please go to www.wespeakstudent.com and select the Create a Profile button.

By Mail: Fill out the appropriate claim form (all claim forms can be downloaded from www.wespeakstudent.com), attach your original receipts and mail directly to ClaimSecure at:

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

Plan Consultants



2255 Sheppard East Atria 1, 2nd Floor Suite 202
Toronto, ON M2J 4Y1

Tel: 416-216-0296 Fax: 416-216-1179
Toll-Free: 1-800-315-1108
Website: [wespeakstudent.com](http://www.wespeakstudent.com)
Email: help@aclstudentbenefits.com

What Plan Works Best For You?

All full-time students that have paid the Health Plan fee are automatically enrolled in the Balanced Plan, if you wish to select an alternate plan you must do so prior to the deadline date!



Flex Plan Selection - Deadline Dates Apply:

- September Start Students: Last Wednesday in September Annually
- January Start Students: Last Wednesday in January Annually (new students ONLY)
- May Start Students: Last Wednesday in May Annually (new students ONLY)

FLEX PLAN OPTION 1

BALANCED PLAN (AUTO-ENROLLED)

PRESCRIPTIONS:

75% co-insurance
Maximum: \$1,000 (\$25 annual deductible)

DENTAL:

Basic and Preventative: 100%
Minor Restorative: 75%
Extractions (limit 2 wisdom teeth): 75% Major Restorative: 10%
Maximum: \$500

EXTENDED HEALTH CARE:

Vision: \$65 maximum for eye exam, \$80 for prescribed lenses and frames or contact lenses every 24 consecutive months.

Paramedical Practitioners: 80% (\$300 maximum)

FLEX PLAN OPTION 2

ENHANCED PRESCRIPTION/VISION PLAN

PRESCRIPTIONS:

80% co-insurance
Maximum: \$1,000 (No deductible)

DENTAL:

Basic and Preventative: 50%
Minor Restorative: 50%
Extractions (limit 2 wisdom teeth): 25% Maximum: \$250

EXTENDED HEALTH CARE:

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

Paramedical Practitioners: \$20 per visit (\$150 maximum)

FLEX PLAN OPTION 3

ENHANCED DENTAL/VISION PLAN

PRESCRIPTIONS:

70% co-insurance
Maximum: \$500 (\$40 annual deductible)

DENTAL:

Basic and Preventative: 100%
Minor Restorative: 80%
Extractions (limit 4 wisdom teeth): 75% Major Restorative: 10%
Maximum: \$700

EXTENDED HEALTH CARE:

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

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



LIVE HELP MESSAGING

Have a question? Chat with a live member of the WeSpeakStudent team. **Visit www.wespeakstudent.com, Student ID # is required.**



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 one of the plans, enter the required information and submit.
- 3) Print & keep your confirmation # for your records.

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