



Health & Dental Booklet

2021/2022

Saitsa*
SAIT Students'
Association



Southern Alberta Institute of Technology Students' Association

2021/2022

Southern Alberta Institute of Technology Students' Association is pleased to sponsor the Extended Health and Dental Benefit Plan (the "Saitsa Plan"), outlined in this booklet. All benefits are reimbursed directly from The Campus Trust, unless otherwise noted. This booklet provides you with a description of the benefits to which you are entitled, an explanation of the rules regarding eligibility and the procedures to follow when submitting a claim. The benefits described here may be revised from time to time or discontinued.

The information contained in this booklet does not create or confer any contractual or other rights. All claims are considered, and paid, in accordance with the rules of the Saitsa Plan and the insurance contracts. The Campus Trust, Student Benefits and/or insurance companies have the full authority to resolve all questions related to the provisions of the Saitsa Plan. Student Benefits has the right and opportunity to examine any person whose injury or illness is the basis of a claim, when and as often as it may reasonably require during the pendency and payment period of any such claim.

Your student identification number, name, and date of birth are used by Student Benefits to determine your eligibility for benefits while you are a member of the Saitsa Plan. Without the use of this information you are still covered for benefits, however, your claims may not be adjudicated. Your personal information is used only for this purpose and stored with the utmost attention to security and deployed sparingly to fulfill the requirements of the Saitsa Plan and the law. For further information on the use of this information or to revoke the use of this information, contact Student Benefits.

For Benefit Plan details, reimbursement and claim enquiries contact:

Student Benefits

203-61 International Blvd. Toronto, ON M9W
6K4

Tel: 1 (833) 674-2600

ask.ab@pbas.ca

[Saitsa.com/Benefits](https://saitsa.com/Benefits)

For information regarding eligibility and rates, contact the Wellness Coordinator:

Saitsa Resource Centre

MC107 Stan Grad Centre

1301-16th Avenue NW

Calgary, AB T2M 4W7

Tel: 1 (403) 284-8610

Saitsa.benefits@edu.sait.ca [Saitsa.com/
Benefits](https://saitsa.com/Benefits)

Important Deadlines

The deadline to **Opt Out** or to **Add Dependents** depends on the date your course begins. If your course begins in:

- **September 2021** the deadline for both, is **September 24, 2021**;
- **January 2022** the deadline for both, is **January 21, 2022**;
- **May 2022** the deadline for both, is **May 20, 2022**.

Table of Contents

Eligibility	3
Am I eligible for benefits?	3
Are my spouse and/or dependant children eligible for benefits?	3
How do I add my spouse and dependant children to the plan?	4
When does coverage terminate?	4
Can I opt out of the Extended Health and/or Dental Plan?	4
Is there a reason why I should keep the Saitsa Plan if I am covered elsewhere?	4
When will I receive my refund if I choose to opt out of the Saitsa Benefit Plan?	4
Health Benefits at a Glance	5
Description of Health Care Benefits	6
Limitations to the Health Care Benefit Plan	10
BEACON	11
Dental Benefits at a Glance	12
Description of Dental Benefits	13
Limitations to the Dental Care Benefit Plan	13
Register for Online Services	15
Will I receive a benefit card?	15
Can I submit a claim online?	16
How do I register for direct deposit?	16
Can I view my claims and payments on the website?	16
How do I know when my benefit maximums have been reached?	16
Submitting a Claim	17
How long do I have to submit a claim?	17
Can claims be paid directly to my provider?	17
How do I submit a claim?	17
What if I have more than one plan?	17
Online Solutions	18
Why choose the mobile app?	18



Eligibility

Am I eligible for benefits?

To be eligible for coverage you must be:

- Enrolled as a full-time student at the Southern Alberta Institute of Technology *;
- Under the age of 70; and,
- Covered under a Provincial Health Care Plan or equivalent.

Full-time students are automatically enrolled in the Saitsa Health and Dental Benefit Plan when they register for classes. The health and dental fee is automatically applied to your Student Fees Account. If you have fulfilled the requirements for eligibility, you will have a twelve (12) month term of coverage commencing on the first day of the month your school year begins.

*Exceptions exist. See your Wellness Coordinator to inquire about your eligibility.

Did you know?

The benefit maximums listed in this booklet apply to each dependant individually, unless otherwise noted.

Are my spouse and/or dependant children eligible for benefits?

Yes, your spouse and dependant children can be covered for benefits. In order to be eligible, your dependants must be covered under a Provincial Health Care Plan, under age 70, and you must pay the applicable fee before the deadline. Your spouse and dependant children become eligible when you become eligible.

Spouse

A person, either opposite or same sex, to whom you are legally married or whom you cohabit with on a permanent and ongoing basis for at least one continuous year, is publicly recognized as your spouse, and is under the age of 70.

Dependant Children

Children either natural, legally adopted, stepchildren or other children that live with you on a full-time basis, who are under the age of 21 and depend on you for support while living in a parent-child relationship.

Unmarried dependant children who have been identified as disabled and are over the age of 21, or; children under the age of 25 who are in full-time attendance at an accredited educational institution, are eligible for coverage, with the submission of documentation yearly.

How do I add my spouse and dependant children to the Saitsa Plan?

If you choose to add your eligible spouse and/or dependant children to the Saitsa Plan, you must complete the required form each year, online at **studentbenefits.ca**. The deadline can be found on the first page of this booklet.

The applicable fee will be charged to your Student Fees Account. Due to processing, this fee will appear on your Student Fees Account within 30 days.

When does coverage terminate?

Coverage for you and your dependants will terminate after 12 months, unless:

- You cease to be an eligible student;
- You attain the age of 70;
- Premium payments by the Southern Alberta Institute of Technology Students' Association cease; or,
- Your plan is discontinued.

Coverage for your dependants will terminate on the date your dependants no longer meet the definition of an eligible dependant.

Can I opt out of the Extended Health and/or Dental Plan?

In order to opt out of the Saitsa Plan, you must be enrolled in another extended health and/or dental plan. Proof of coverage for health is required before you are able to opt out. You must complete this process by the deadline, found on the first page of this booklet.

If you choose to exclude yourself from the Saitsa Plan, you must complete the required form online each year, at **studentbenefits.ca**.

When your opt out request has been approved, it will remain in force for the entire student year, unless your alternate extended health and/or dental plan terminates. You have 30 days from the loss of coverage to notify Student Benefits in order to be covered under the Saitsa Plan for the remainder of the student year. You must provide a copy of your notice of termination and pay the applicable fees.

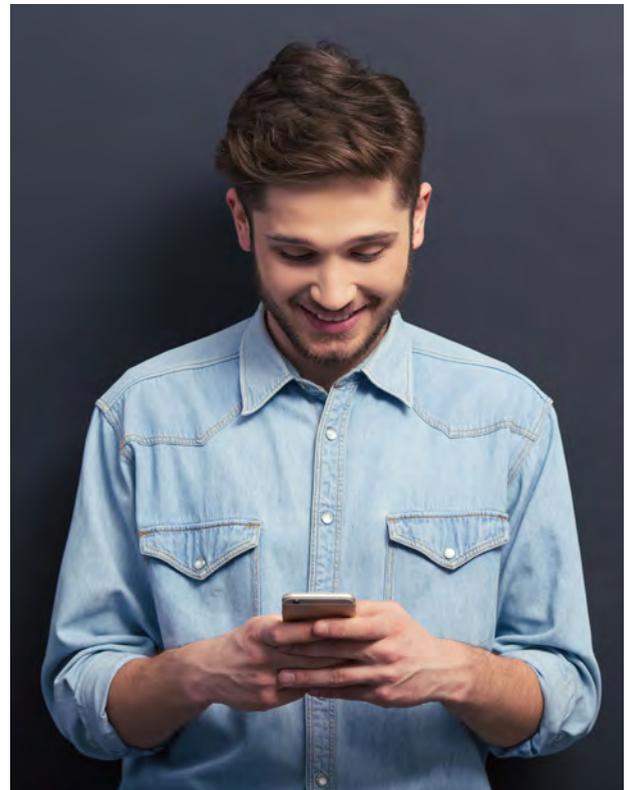
Is there a reason why I should keep the Saitsa Plan if I am covered elsewhere?

The Saitsa Plan has been specifically designed by students, around student needs. By remaining enrolled in both this plan and another plan, you can maximize your total coverage by coordinating the benefits of the two plans.

Students who have more than one group benefit plan can coordinate their benefits under each plan to increase coverage to 100% of the total eligible expense. The payments from each plan are adjusted to limit the reimbursement to the total expense paid.

When will I receive my refund if I choose to opt out of the Saitsa Plan?

If you are already covered under an extended health and dental plan, and you choose to opt out of this plan, your Student Fees Account will be credited. If you have not paid your fees in full, the refund will be applied to your Student Fees Account. If your Student Fees Account has been paid in full, you may request a refund. To inquire about the refund process, please visit SAIT.ca.



Health Benefits at a Glance

Coverage	Limitations
Accidental Dental	100%, up to \$1,000 per student year
Accidental Death & Dismemberment	See schedule of losses
Ambulance	100% up to \$1,000 per student year
Counselling	\$600 per student year
Health Practitioners	<p>\$25 per visit, up to to \$300 per practitioner, per student year. Referrals may be required. Please see the Description of Health Care Benefits for details.</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Dietitian • Massage Therapist * • Naturopath consultations • Occupational Therapist • Osteopath • Physiotherapist * • Podiatrist/Chiroprapist consultations • Speech Therapist
Hospital	100% of semi-private rooms
Medical Equipment*	100% up to \$3,000 per student year
Orthotics*	\$150 per student year
Prescription Drugs	80% up to \$3,000 per student year Coverage includes HPV Vaccinations
Travel Benefit	\$5,000,000 per lifetime
Tutorial Benefit	\$15 per hour, up to \$1,000 per disability
Vision Care	\$100 every 24 months

This is a basic overview of your extended health plan, created as an easy way to assist students to maximize coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet. The extended health plan is designed to supplement your provincial health plan or medical coverage, and is not intended to replace it.

*Referral required every 12 months

Pharmacy Direct Billing:

Group: 6139
Carrier: MDM
Pharmacy Support: 1 (800) 838-1531

Student Benefits:

Studentbenefits.ca
1-833-674-2600
ask.ab@pbas.ca

Address

Student Benefits
203-61 International Blvd.
Toronto, ON M9W 6K4



Description of Health Care Benefits

This section of the booklet contains information pertaining to the health portion of your benefit plan. This coverage information can also be found online, at studentbenefits.ca. Your benefits come into effect after any Provincial Health Care annual maximums have been exhausted.

Please note: Provincial Health Care coverage is required to bill/pay for doctor's visits, hospital visits (emergency physicians, etc.), all lab work, and diagnostic imaging (x-ray, ultrasound, etc). If the student does not have Provincial Health Care coverage, the student is responsible to pay for these types of medical services at the time of their appointment(s).

Covered charges are reasonable and customary expenses needed for medical care, services or supplies, as described below, and received while the person is eligible, for either an illness or injury that is non-occupational or related to pregnancy. No amount will be payable for taxes and/or shipping and handling fees for any covered service/product(s).

Accidental Dental – 100%, up to \$1,000 per student year

Charges for dental services by a licensed dentist for the repair of sound natural teeth (healthy, non-diseased and not heavily restored) are covered when required for a non-occupational accidental injury, external to the mouth, which occurs while the person is covered. No amount will be payable for injury caused by an object placed in or on the mouth, self-inflicted or to existing dentures, crowns, or bridgework. Work performed outside of Canada may be considered, after submitted to any Medical or Travel insurances of which you are eligible.

Benefits shall be paid in accordance with the Alberta Dental Association Suggested Fee Guide for General Practitioners, in effect at the time of treatment. Treatment must commence within 90 days following the date of the accident, and the care or services must be completed within one year from such date.

No amount shall be payable for charges incurred after the termination date, or after the person's coverage terminates.

When submitting a claim for accidental dental, you are required to submit a letter detailing when and how the accident happened. The attending dentist must confirm that the treatment is the result of an accident. It is recommended that the dentist submit a predetermination outlining the course of treatment and the resulting cost.

Eligible accidental dental claims must first be submitted to the Extended Health Care Plan. Once this benefit is exhausted, remaining expenses can then be considered under the Dental Care Plan.

Accidental Death and Dismemberment (AD&D) – AD&D Booklet on studentbenefits.ca

(This benefit is underwritten by Chubb Life Insurance Company of Canada under Policy Number SG10252601)

This coverage applies to the student only. The amount of the benefit is limited to the percentage shown in the Schedule of Losses. To see complete details of coverage, or to download your copy of the Accidental Death and Dismemberment Policy, please visit the Download Centre on studentbenefits.ca.

To designate or change your beneficiary, you must visit the Download Centre to fill out the form. Send a scanned copy, or the original signed copy, to Student Benefits. If a beneficiary is not designated, any payments will be made to your estate.

Ambulance – 100%, up to \$1,000 per student year

Charges for licensed ambulance services within Canada, in excess of the amount payable under the covered person's Provincial Health Care Plan, are covered.

The coverage includes the transport of the covered person from the place of debilitation to the nearest hospital where treatment is available, or from the first hospital to another for specialized treatment not available at the first hospital, or to a convalescent/rehabilitation hospital. No amount will be paid for air ambulance, or for expenses outside of Canada.

Counselling – \$600 per student year

Counselling services provided by a:

- Licensed Psychologist;
- Registered Social Worker/Master of Social Work;
- Licensed Professional Counsellor;
- Licensed Counselling Therapist; or,
- Psychotherapist;

are covered, provided the counsellor is licensed under the appropriate provincial or federal organization to practice their profession, in accordance with the rules of their profession. No amount will be paid for group counselling, testing/reassessments of learning disabilities or reports.

Ask your health practitioner if they direct bill to The Campus Trust, to save you from having to pay for your services out of pocket.

Health Practitioners – \$25 per visit, up to \$300 per practitioner, per student year

Services provided by the following health practitioners are covered, provided the practitioner is licensed by the appropriate provincial or federal organization to practice their profession, in accordance with the rules of their profession:

- Acupuncturist
- Chiropractor
- Dietitian
- Massage Therapist *
- Naturopath consultations
- Occupational Therapist
- Osteopath
- Physiotherapist *
- Podiatrist/Chiropodist consultations
- Speech Therapist

If a referral is required, it must be current, and will be valid for one year after the date of issue.

If an x-ray is recommended by any of the above health practitioners, an additional \$25 is covered towards this expense. No amount will be paid for any visit for which any amount is payable under the covered person's Provincial Health Care Plan, unless permitted by law.



Hospital – 100% reasonable and customary charges for semi-private accommodation

Charges are covered for semi-private accommodation in a hospital, limited to the difference between the charges for public ward and semi-private accommodation for each day of hospitalization.

Medical Equipment – \$3,000 per student year (referral required)

Charges are covered for the rental or purchase of medical equipment, based on the nature and severity of the covered person's medical needs, when recommended by a licensed medical doctor (M.D.). Before incurring any major expenses, it is recommended you submit details to Student Benefits to determine to what extent benefits are payable. Covered items include, but are not limited to:

- Wheelchairs (purchase, \$1,000 per lifetime; repairs, \$250 per lifetime);
- Respiratory equipment, including oxygen (\$1,000 per lifetime);
- Contact lenses/glasses following cataract surgery (1 pair per lifetime);
- Canes, crutches, walkers, casts, splints, catheters, colostomy supplies;
- Compression stockings (2 pairs per student year);
- Diabetic supplies (\$1,500 per student year);
- Intra-uterine devices (IUD's) with no medicinal content, (1 per student year);
- Aero chamber (1 per student year);
- Custom-made rigid or semi-rigid braces (not for athletic use) for back, neck, arm or leg (\$1,000 per lifetime, per condition);
- Non-dental prosthesis such as artificial limbs and eyes, including replacement if required because of a change in physical condition (\$1,000 per lifetime, per condition);
- Wigs for a diagnosed medical condition or medical treatment resulting in full or partial hair loss (\$1,000 per lifetime).

Excluded are items required for athletic use, convenience, environmental control items, exercise, orthotics, personal comfort, safety, self-help or items which may also be used for non-medical reasons, such as, but not limited to: heating pads, light therapy devices, communication aids, air conditioners or cleaners, whirlpool baths or saunas.

In order to submit a claim for medical equipment, a letter (referral) will be required from a licensed medical doctor (M.D.) describing the nature of the disability, the type of equipment, medical need and estimated duration required.

Orthotics – \$150 per student year (referral required)

Charges for custom-made orthopedic shoes (including repairs), arch supports, molds and orthotics, which have been specially designed and molded for the covered person, are covered when required to correct a diagnosed physical impairment and recommended by a licensed medical doctor (M.D.) or Podiatrist/Chiropodist.

Prescription Drugs – 80% up to \$3,000 per student year

The plan covers a list of Health Canada approved prescription drugs, professionally compiled to address the needs of students. This Plan uses "The Student Managed Drug Formulary" to help reduce the cost of the plan while maintaining comprehensive quality care and benefits. Access to the drug formulary can be found at studentbenefits.ca.

Eligible drugs include those approved by Health Canada, and are within the following general categories:

- Eligible drugs which by law require a prescription for purchase; and,
- Compound mixtures where one of the ingredients is an eligible item.

Coverage is limited to the cost of the lowest priced equivalent item in the applicable generic category that can be legally used to fill your prescription. The plan covers up to a 36-day supply of therapeutic (acute) drugs, and up to a 100-day supply for maintenance drugs, unless prior approval is obtained from Student Benefits.



It should be noted that drugs are only considered eligible if they were prescribed by a licensed medical doctor (M.D.), licensed dentist or another professional authorized by provincial legislation to prescribe drugs, and dispensed by a registered pharmacist or licensed medical doctor (M.D.).

The plan is limited to one intra-uterine device (IUD) per student year. IUD's that do not contain medicinal content may be eligible for coverage under the Medical Equipment benefit. Smoking Cessations are limited to \$500 per student year.

The only drugs not legally requiring a prescription that will be reimbursed if accompanied by an official prescription receipt from the pharmacist are:

- The HPV Vaccine and Vaccines/serums (if required for course of study, school authorization required);
- Diabetic supplies such as insulin, insulin syringes and needles, diagnostic reagents and lancets.

Specifically excluded from coverage, whether legally requiring a prescription or not, are:

- Allergy testing and supplies;
- Cannabis;
- Dietary foods and supplements;
- Fertility drugs;
- Hair loss and hair growth agents;
- Household products such as, but not limited to, soap and toothpaste;
- Oral drugs for the treatment of erectile dysfunction;
- Prescription mouthwash;
- Vitamins (other than injectable); and,
- Vaccinations, except the HPV vaccine, unless required for course of study.

Travel Benefits – \$5,000,000 per coverage period

(This benefit is underwritten by RSA Canada Policy Number 1170488)

As part of the health plan, you and your eligible dependants are covered for hospital services, physician, and other services for emergency treatment of an injury or illness while traveling outside of the province of Alberta, including international travel. The travel plan covers reasonable and customary charges, which are in excess of the provincial health-care allowance.

You're covered for up to 90 days per trip, for an unlimited number of trips taken during the time you're covered. The maximum coverage is \$5,000,000 per coverage period. Students and their dependants are not covered for out-of- province or out-of-country emergency services once they reach age 65.

When travel is required to complete a course of study, coverage can be extended to 365 days, following confirmation from your academic supervisor. Please contact the Students' Association office or Student Benefits to obtain a 365-day Medical Assistance Travel Card. For complete details of coverage and/or to obtain your 90-day Medical Assistance Travel Card, visit the Download Centre at studentbenefits.ca.



Tutorial Expenses – \$15 per hour up to \$1,000 per disability

(This benefit is underwritten by Chubb Life Insurance Company of Canada under Policy Number SG10252601)

This benefit applies to the student only. If you become disabled while covered, and are confined at home or in a hospital for a minimum of 15 consecutive school days, you are eligible for the private tutorial services by a qualified teacher, up to the benefit maximum. The teacher must be approved in advance by the Students' Association. Disabilities due to the same or related cause will be treated as one disability. If the disability is the result of an accident, confinement must occur no later than 100 days after the accident. Disabled means that you cannot, because of illness or injury, engage in most of the standard activities as a person of the same age or sex.

Vision Care – \$100 every 24 months

One eye examination, by an Ophthalmologist or Optometrist, registered and legally practicing within the scope of their license is covered. No amounts will be paid for contact lens fitting fees or retinal photos.

Lenses and frames or contact lenses are covered when prescribed by an ophthalmologist or optometrist. Laser eye surgery in lieu of lenses and frames will also be covered, up to the benefit maximum. No amount will be paid non-prescription glasses, such as safety or sunglasses.

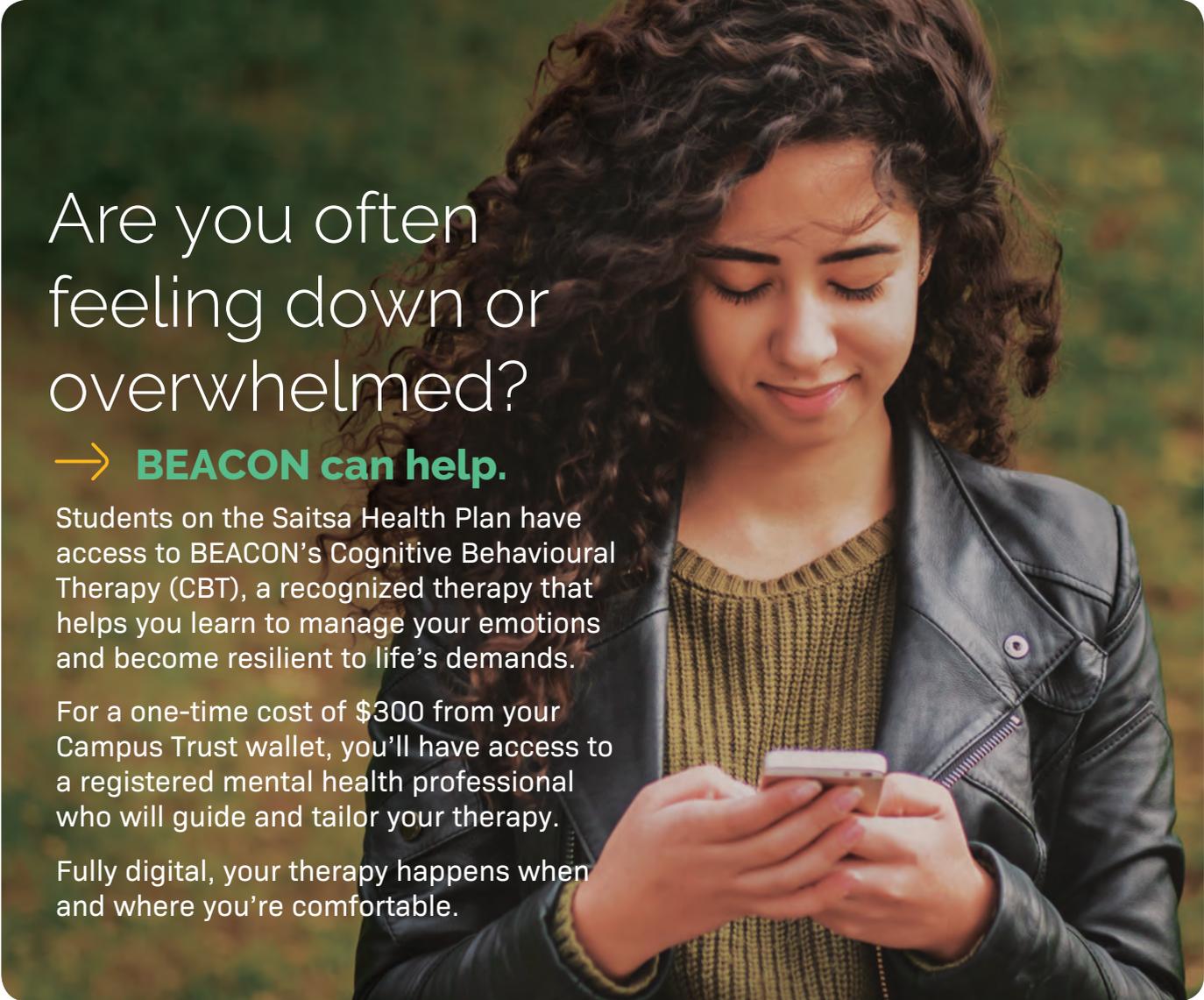
Limitations to the Health Care Benefit Plan

No amount will be paid for care, services or supplies:

- If the payment is prohibited by law;
- If the benefit is covered under any governmental plan or law;
- Where no charge would have occurred in the absence of this coverage;
- For care or treatment which is not medically required;
- For dental work, excluding Accidental Dental;
- For testing including, but not limited to, allergies, learning disabilities; or,
- For care or treatment that exceeds the normal care or treatment that is recognized as customary and common practice for an illness or injury, in accordance with current therapeutic practice.

No amount will be paid for any charge incurred as a result of:

- War, whether declared or not;
- Insurrection, rebellion or participation in a riot or civil commotion;
- Purposely self-inflicted injury; or,
- The covered person's commission of, or attempt to commit, an assault or a criminal offence.



Are you often
feeling down or
overwhelmed?

→ **BEACON** can help.

Students on the Saitsa Health Plan have access to BEACON's Cognitive Behavioural Therapy (CBT), a recognized therapy that helps you learn to manage your emotions and become resilient to life's demands.

For a one-time cost of \$300 from your Campus Trust wallet, you'll have access to a registered mental health professional who will guide and tailor your therapy.

Fully digital, your therapy happens when and where you're comfortable.

It's customized digital therapy designed to help you feel better.



You can develop strong coping skills and techniques



You'll receive guidance from a registered therapist



You'll benefit from clinically-proven Cognitive Behavioural Therapy

Now available through your Saitsa Health Benefit Plan, as part of your Counselling benefit.

Log into your Student Benefits account to learn more at studentbenefits.ca



beacon
modern mind health

2021/2022 Dental Benefits at a Glance

Benefit maximum is \$750 per student year

80% Coverage

Preventative

(Polishing, Scaling, Fluoride, Sealants, Space Maintainers)

Eligible Codes	Limitations
11101 – 11109	2 units per student year
11111 – 11119	7 units at 80% combined with root planing
12111 – 12113	1 per student year, 15 years and younger
13211 – 13219	16 years and younger, 1 per student year
15101 – 15501	15 years and younger

80% Coverage

Restorative

(Fillings)

Eligible Codes	Limitations
20111 – 20139	
21111 – 21302	
22201 – 22212	
23101 – 23115	
23211 – 23515	

50% Coverage

Periodontic

(Management of Oral Disease, Root Planing)

Eligible Codes	Limitations
41211 – 41219	
41231 – 42621	
43111 – 43241	
43271 – 43289	
43421 – 43429	7 units per student year, combined with scaling

15% Coverage

Prosthetic

(Dentures Reclining/Rebasing, Tissue Conditioning, Bridges)

Eligible Codes	Limitations
54201 – 55402	
56211 – 56342	Once every 36 months
56511 – 56562	Once every 36 months
62101 – 62801	

80% Coverage

Anesthesia

(Deep, Inhalation, Intravenous)

Eligible Codes	Limitations
92101 – 92229	
92302 – 92309	
92411 – 92419	
92441 – 92449	

80% Coverage

Diagnostic

(Exams, X-Rays)

Eligible Codes	Limitations
01101 – 01206	1 exam per student year
01601 – 01602	
02101 – 02102	Once every 36 months
02111 – 02136	16 films every 36 months
02141 – 02146	4 every 12 months
02201 – 02209	
02401 – 02409	
02601	1 every 36 months
04101 – 04201	
04311 – 04509	
05201 – 05209	1 per student year

15% Coverage

Major Restorative

(Crowns, Pins, Posts)

Eligible Codes	Limitations
23601 – 23602	
25601 – 27809	
29101 – 29309	

50% Coverage

Endodontic

(Root Canals, Pulpotomy)

Eligible Codes	Limitations
32221 – 32322	
33111 – 34264	1 per tooth

80% Coverage

Oral Surgery

(Wisdom Teeth, Erupted/Surgical)

Eligible Codes	Limitations
71101 – 71219	
72221 – 72239	
72311 – 72339	
73111 – 73121	
73211 – 73224	
73411 – 73521	
74111 – 74312	
74611 – 75303	
76111 – 76319	
77801 – 77806	
79601 – 79606	

Electronic Billing:

Account: PBAS
Carrier Code: 610256
Claim Format: NDC
Group No: 612

Saitsa Resource Centre:

Monday–Friday 8:30 a.m.–4:30 p.m.
MC107 Stan Grad
Phone: 403.284.8610
Email: Saitsa.benefits@edu.sait.ca

Payments will be based on the Alberta Dental Association Suggested Fee Guide for General Practitioners in effect at the time of treatment.

This is a basic overview of your dental plan, created as an easy way to assist students to maximize dental coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.



Description of Dental Care Benefits

There is an overall dental maximum of **\$750** per student year

This section of the booklet contains information pertaining to the dental portion of your benefits plan. This coverage information can also be found online, at studentbenefits.ca. Eligible dental expenses are covered when they are incurred while the person is insured and service is provided by a licensed dentist, dental hygienist, anesthetist or specialist. The term “dentist” in this provision intends to include all of the above. If treatment is given by a specialist, the amount paid will be limited to the amount stated for that treatment in the Alberta Dental Association Suggested Fee Guide for General Practitioners, as described below.

There is an overall dental maximum of **\$750** per student year, however certain items are specifically excluded and limits exist. It is recommended to get a predetermination to ensure you are covered for your procedure.

Diagnostic and Preventive – 80%

Examinations (1 every student year)

- Initial, complete or recall examinations
- Specific or emergency examinations

X-rays

- Full mouth series x-rays (1 time in a 36 month period)
- Periapical x-rays (total of 16 films in a 36 month period)
- Bitewing x-rays (total of 4 films in a student year)
- Panoramic x-rays (1 time in a 36 month period)

Cavity Prevention

- Polishing or cleaning teeth (2 units per student year)
- Recall scaling (7 units covered at 80%, combined with root planing)
- Fluoride (1 time per student year, for dependants 15 years and younger)
- Sealants (1 per student year, 16 years and younger)
- Oral hygiene instruction (covered 1 time only)

Space Maintainers (1 per space for primary teeth, dependants age 15 or younger)

Restorative – 80%

Fillings

- Sedative, silver or white fillings
- Retentative Pins

Major Restorative – 15%

- Crowns
- Pins
- Posts

Endodontic – 50%

- Pulpotomy
- Root Canal (once per tooth)

Periodontic – 50%

- Oral Disease
- Desensitization
- Gingival Curettage
- Gingivectomy
- Flap Surgery
- Tissue Graft
- Root Planing (7 units per student year, covered at 80%, combined with scaling)

Prosthodontics – 15%

- Relining and rebasing of existing dentures
- Tissue Conditioning (once every 36 months)
- Bridges (1 per space every 36 months)

Oral Surgery – 80%

Minor

- Extractions, erupted teeth
- Residual root removal

Major

- Extractions surgical
- Alveoloplasty, gingivoplasty, stomatoplasty, vestibuloplasty
- Surgical excision
- Surgical incision
- Fractures
- Frenectomy
- Post surgical care

Anesthesia – 80%

- Local anesthesia
- General anesthesia
- Deep sedation
- Inhalation technique
- Intravenous sedation

Limitations to the Dental Care Benefit Plan

No amount will be reimbursed for the following expenses:

- Bite plates, major restorative (unless listed), orthodontic services;
- New denture sets, full or partial;
- Any anesthesia administered in a hospital;
- Dental charges that could be claimed under Workers' Compensation;
- Dental charges not included in the current provincial fee guide for General Practitioners;
- Cosmetic procedures, experimental treatment or testing;
- Charges for appointments that are not kept;
- Charges for the completion of claim forms;
- Treatment to correct temporomandibular joint dysfunction of the jaw;
- Endodontic treatment that started before the effective date of coverage;
- Dental appliances;
- Any orthognathic surgery (remodeling or reconstruction of your jaw);
- Procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth); or,
- Implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth.

Did you know?

Your plan has a **Preferred Provider** program! Preferred providers offer discounts or complimentary services, and will always direct bill your plan on your behalf. Visit the Provider Search page on studentbenefits.ca to see information for providers participating in the **Preferred Provider** program for your plan.

Register for Online Services

There are many services available on studentbenefits.ca that will make your benefit plan easier than ever to access. You must register as a member to take advantage of all features of the site.

Will I receive a benefit card?

After you are eligible for coverage and have registered at studentbenefits.ca, you will be able to print the following personalized benefit cards under the Download Centre.



Pay-Direct Card – Pharmacy

This card should be presented to your pharmacist (along with your prescription) in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to mail in a claim. Your pharmacist will advise you of any amount owing.



Pay-Direct Card – Health & Dental Practitioner

This card should be presented to your health or dental practitioner, in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to mail in a claim form. Your practitioner will advise you of any amount owing.



Travel Card

This card gives you coverage for 90 Days while you are traveling. If you are traveling on an Exchange Program or to complete a course of study, and you require an extended period of travel, please contact the Students' Association office or Student Benefits for further details. If you have a medical emergency, you must contact the travel insurance provider prior to receiving services or making a travel claim. The contact numbers are on back of the card.



Remember...

When your provider submits a claim on your behalf, your claim will be processed immediately, eliminating the need for you to mail in a claim or submit the claim online. All benefits have limits, and pharmacists, health practitioners, and dental offices are not obligated to submit your claims electronically.



Register for Online Services

Can I submit a claim online?

Online claim submission is an easy and practical way to submit your health or dental claims online. Once you have registered on the website, you will be able to access the claim centre. Simply complete the required fields in the claim form, use your smart phone to upload pictures of your receipts, or attached scanned copies of your receipts. By submitting your claim electronically, you avoid waiting for your claim to reach us by mail.

The online claim submission system will help ensure that we have all the information required for processing your claim. The system will let you know if you are required to submit a referral, and will explain to you aspects of claim submission, such as coordinating benefits with another plan.

When submitting claims online, you are required to retain your original receipt(s) for twelve (12) months, as Student Benefits may request them at any time.

How do I register for direct deposit?

Once you have registered as a member on **studentbenefits.ca**, you can complete the required form, found on the home page. Your direct deposit payments will begin the week after you submit your request.

To make the direct deposit registration process simple, have a blank cheque or direct deposit form from your bank on hand when you register. These documents include all the information required to set up direct deposit. Your payments can be deposited into a chequing or savings account. If you have another kind of account, please call your financial institution to find out what accounts you can use for direct deposit.

You can change your direct deposit information at any time by visiting **studentbenefits.ca** and updating the information in your profile. To cancel your direct deposit, please send an email to the plan administrator, advising them of your request. It may take a few days to process your request, so please consider that when changing or deleting your banking information.

Before the payment has been deposited into your account, you will receive an Explanation of Benefits (EOB) by email. With normal bank clearing procedures, your payment should be deposited within two or three business days.

Can I view my claims and payments on the website?

Claim history is available on the website, and updated daily, so that you will always have the most current information regarding your submitted claims.

You have the option to print the Explanation of Benefits (EOB) for any claim that has been processed. The EOB outlines claim information and payments made by your plan. Having this information easily accessible will make it easier for you to submit the information to any alternative insurance you may have, or provide you the information you may require for income tax purposes.

How do I know when my benefit maximums have been reached?

You can view your benefit balances on **studentbenefits.ca**. Once you have registered, you will have access to view the remaining balance of any benefit. This option is particularly helpful when you have repeat treatments for a specific benefit type.

Submitting a Claim

How long do I have to submit a claim?

Claims must be submitted within **6 months** of the date of service. If the Saitsa Plan terminates, claims must be submitted within 3 months from the termination date of the plan. Legal action to recover benefits must begin within 2 years of the date of service.

Can claims be paid directly to my provider?

In the event that your provider does not submit claims electronically, your plan allows you to assign your benefit to your provider. When the provider is submitting a claim on your behalf, a health claim must include an Assignment of Benefits form, found on studentbenefits.ca under the Download Centre, and invoice, and a doctor's referral (if required). A dental claim requires a standard dental claim form, issued by your dental office, of which both parties have signed.

You must view and sign the claim to ensure accuracy before the claim is submitted. When you assign your benefits to a provider, the explanation of benefits is mailed to the provider only, however, your copy can be obtained online in your Claim History.

You are responsible to ensure that you are eligible for coverage on the date of your treatment. No amount will be paid if your coverage is not in effect at the time of treatment.

Remember that all benefits have limits, and not all providers will accept direct billing. You should ask your provider if they will direct bill before starting treatment.



How do I submit a claim?

While the online claim submission has proven to be the most efficient way to submit claims for reimbursement, you can also submit your claims by mail, email, or fax, for review.

- For health claims, send us a completed claim form, available online at studentbenefits.ca, along with your receipts and any required referrals.
- For dental claims, a Standard Dental Claim Form can be obtained from your dental office.

Remember to complete each section of the claim form in full, including your certificate number, signatures, and correct mailing address, in order to avoid delays.

All benefits are paid on a reimbursement basis. Send a scanned copy, or the original signed copy, to:

Student Benefits
203-61 International Blvd.
Toronto, ON M9W 6K4

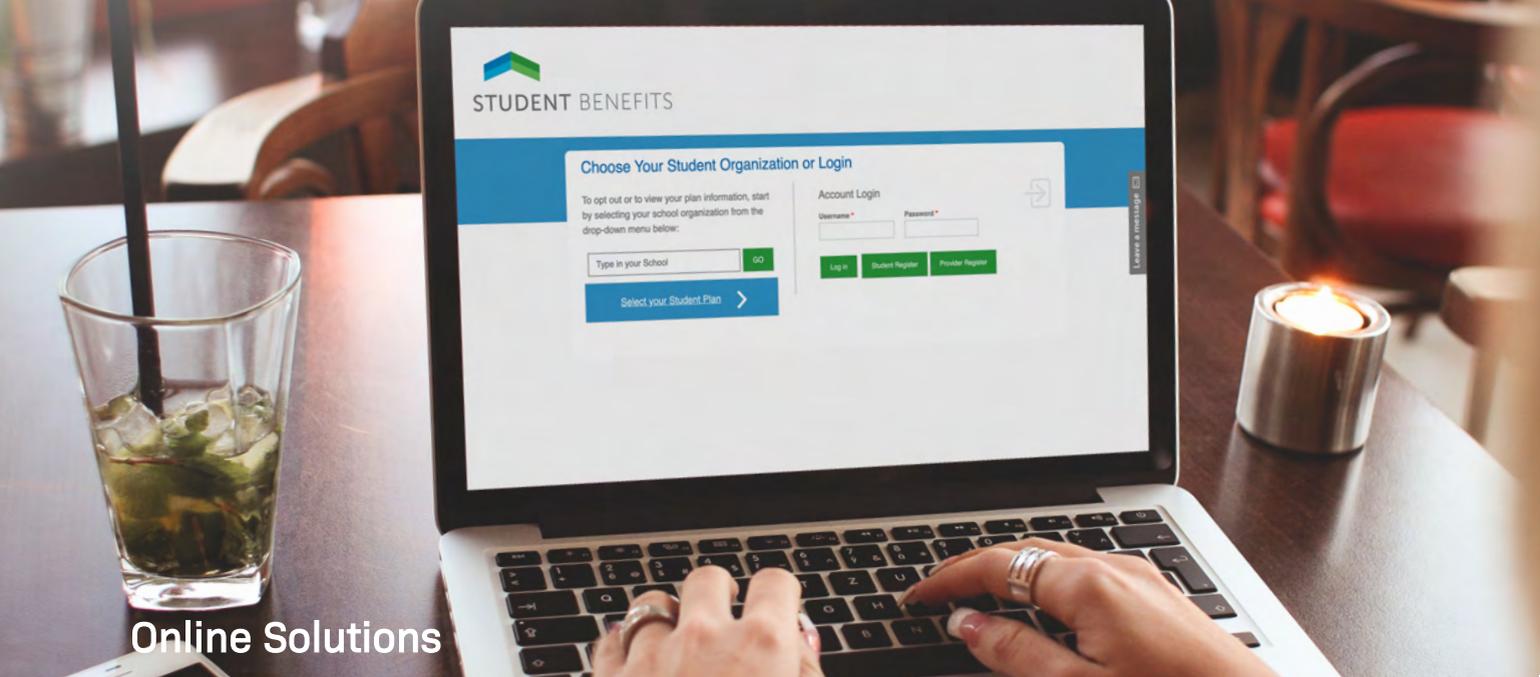
Email: ask.ab@pbas.ca
Tel: 1 (833) 674-2600
Fax: 1 (800) 422-2317

What if I have more than one plan?

In the case of a claim for you, the student, this plan is the first payer and the dependant coverage available through your other plan is the second payer. In the case of your spouse's claim, the plan is the second payer if they have their own plan.

For dependant children, claims are submitted first to the benefit plan for the parent whose birthday (month and day) occurs earlier in the calendar year, regardless of age.

Following the reimbursement from the first payer, copies of the receipts and the explanation of benefits can then be submitted to the secondary plan so that the balance can be considered for payment.



Online Solutions

Our interactive website was designed for use across all platforms and mobile devices. After you have registered your account, you have access to:

	Submit claims online		Review and update personal information such as address and phone number
	View your Claims History and print your Explanation of Benefits		Print or save your convenient benefit cards for on the spot reimbursement
	Review your Benefit Balance		Register for direct deposit
	Access the Drug Formulary to determine if a drug is covered		Print and view plan booklets and benefits at a glance
	Locate a health practitioner or medical provider in your area		Access Live Chat

Download our Mobile App!
 Search “Student Benefits” on:



Enjoy 24-hour access to your student health and dental benefits with the revamped, easy to use Student Benefits app.





THE PBAS GROUP

Have questions?

203-61 International Blvd.
Toronto, ON M9W 6K4
1 (833) 674-2600
ask.ab@pbas.ca
studentbenefits.ca