

Students Association of Portage College

Group Benefit Plan

Effective Date: September 1, 2025

Keep This Booklet in a Safe Place

This booklet outlines the specific terms of your group benefit plan as well as the coverage levels of each benefit. Be sure to keep this booklet in a safe place for future reference.

The coverage for these benefits is underwritten as follows:

Benefit	Insurer	Policy Number	Appendix
Out of Province/Canada Medical Emergency Insurance	Zurich	8622973	Appendix A
Accidental Death and Dismemberment (AD&D)	Zurich	8622972	Appendix B
Extended Health & Dental Care	ECG Insurance	62279	
Virtual Care	CloudMD	ELL0924	

If you have questions about your group benefits that are not covered in this booklet, please contact StudyWell Benefits, your plan administrator, at 587.705.1018 (toll free at 833.313.4339), or email portage@studywellbenefits.ca.

Please visit the plan website at www.sapcbenefits.ca

If there are any discrepancies between the group contract and the benefit booklet, your coverage will be determined by the terms and conditions of the group contract.

Objectives

The purpose of this program is to reimburse eligible participants for all, or part of costs incurred for health care and dental care services and supplies not covered by the provincial health care plan.

The plan will:

- provide effective group healthcare, dental care, accidental death & dismemberment, and out of province/Canada medical emergency insurance for all eligible students; and
- provide high quality, cost-effective and efficient service to students ; and
- operate in a way that promotes the objectives of students while supporting the principles of good governance and fiduciary responsibility.

The plan document describes the coverage and provisions in detail. The benefit program may be amended at any time thereafter. Claims will be administered in accordance with any amendments and their effective dates.

StudyWell Benefits, the plan administrator, has been contracted to adjudicate and pay claims in accordance with the plan document.



Important

This document contains important information about your benefits coverage and should be kept in a safe place. It supersedes and replaces all previous communications material and is the plan document in respect to the benefits described herein.

As sponsor of the plan, the Students' Association of Portage College establishes rules or regulations for the administration or governance of the benefit plan and any transactions associated with it.

The Students' Association of Portage College have the right to interpret the plan and decide any and all matters related to it. This includes the right to clarify or remedy any possible uncertainties, omissions or inconsistencies based on applicable laws, and the reasonable and customary charges and treatment for the coverage described in this booklet.

The interpretations or decisions of the Students' Association of Portage College, its trustees or designates, will be final and binding on all parties.

Protecting Your Personal Information

StudyWell Benefits will collect, use, maintain, disclose, and communicate only the personal information considered necessary for the administration of the plan. Personal information will be protected pursuant to the relevant legislation. The plan may use and exchange information with the relevant persons and/or organizations such as, but not limited to: Institutions, Government Agencies, Investigating Agencies, the Union, Trustees, companies affiliated with StudyWell Benefits, Insurers, Re-Insurers, Auditors, and Regulators to manage the plan and entitlement to the benefits of the plan. Questions related to the privacy policy should be directed to our Privacy Officer by mail, or by email at privacy@ellement.ca .

 The Privacy Officer
Ellement Consulting Group LP
1345 Taylor Avenue
Winnipeg, MB R3M 3Y9

Errors or Omissions

Every effort has been made to ensure that this booklet is accurate and complete. Should an error, omission, or dispute occur, the terms of the policies issued to the Student Association will prevail. Clerical errors made by the association and the plan administrator will not invalidate benefits otherwise in force or continue benefits otherwise terminated.

Any fraud or willfully false statement in making a claim may invalidate your claim. You are not entitled to the claimed benefit. Sometimes, an overpayment situation may occur through no fault of yours. This means you received a greater benefit payment than you were entitled to receive. If you receive a benefit to which you are not entitled, you must immediately repay that amount to the plan sponsor, to StudyWell Benefits, which administers your group benefit plan on behalf of the plan sponsor, or to the insurer. If you receive benefits to which you are not entitled and do not repay them, any one or more of the following may occur:

- a) Any benefit payments to which you are entitled may be withheld to recover the amount you owe; and
- b) Criminal or other legal action may be brought against you.

Complaints Procedure

At ECG Insurance, we are committed to providing high-quality service and resolving concerns in a timely, respectful, and professional manner. We value every plan member and handle all inquiries and complaints with confidentiality and care. Our goal is to make it easy for you to share your concerns and work with us towards a fair resolution.

We have a simple, 4-step complaint resolution process, outlined below:

Step 1 – Share Your Concern

Most concerns can be resolved quickly by speaking with your plan administrator (StudyWell), who manages day-to-day plan administration on behalf of ECG Insurance. Start by contacting them to explain your concern and the resolution you are seeking.

Step 2 – Speak with a Manager

If you remain unsatisfied with the explanation or outcome, you can request to be put in contact with a manager. The manager will review information already provided and may request additional information needed, and work with you to reach a fair resolution.

During this process, you may be asked for more details to help the manager fully understand your situation. The manager will keep you informed and provide a clear explanation of the outcome once their review is complete.

Step 3 – Ask for an Impartial Review

If you are not satisfied with the manager's response, you may ask to have your complaint escalated to the ECG Insurance Complaints Officer for an impartial internal review.



How to contact the ECG Insurance Complaints Officer:

You may submit your request for review by email at: complaints@ecginsurancegroup.ca

What we need from you:

To help us review your concern, please provide:

- Your full name, policy or plan details, and contact information
- A clear explanation of the issue and the resolution you are seeking
- Any supporting documents related to your complaint
- A summary of previous resolution attempts or expectations

What you can expect from us:

Once we receive your information, we will acknowledge your complaint and begin a thorough review. During this process, we may:

- Contact you for clarification or additional information
- Request details from other parties involved, as needed
- Keep you updated on the progress of the review
- Explain any steps we plan to take to address your concern

After the review is complete, ECG Insurance will provide a clear written response explaining the outcome and any actions taken.

Step 4 – Independent Review by Great Pacific Group

If the outcome from ECG Insurance does not address your concern, you may appeal the decision and seek independent dispute resolution from our external adjudicator, Great Pacific Group.

Great Pacific Group serves as the Captive Manager for ECG Insurance, providing regulatory oversight, financial management, and support for claims processing. Their expertise and independent oversight make them an impartial resource to support plan members in reviewing complaints.

Great Pacific Group may request additional information to ensure the complaint has been handled fairly and in accordance with policy and regulatory standards. Appeal submissions can be sent to:

Great Pacific Group
Suite 274, 1011-9th Avenue SE
Calgary AB T2G 0H7
Email: sjackson@GreatPacificGroup.com



External Recourse

If, after following our complaint resolution process, you remain dissatisfied, you may contact independent organizations or regulators that handle insurance, consumer protection, or privacy-related concerns. For example, the Superintendent of Insurance in Alberta can provide guidance or support.

These organizations provide impartial advice and review complaints that could not be resolved through ECG Insurance's process. While they cannot guarantee a specific outcome, they offer a further independent way for your concern to be considered further.

Scan to download the StudyWell Benefits App



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General Information

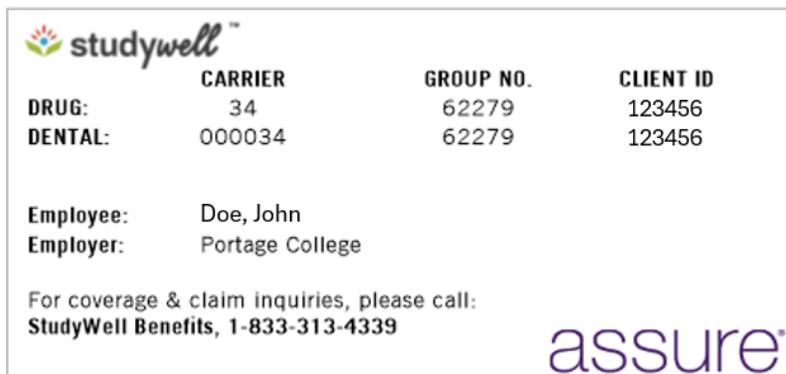
Your Plan Information

StudyWell Benefits is the administrator of your benefit plan. They can answer any questions, help complete claim forms, submit claims through the app, help with changes to your account.

Plan and Certificate Numbers

Your [Group Plan Number](#) for extended health and dental benefits is **62279**

Your [Certificate Number](#) is on your Student ID number and can also be found on your electronic Benefit Card:



To access your electronic benefit card (after registration) and add it to your wallet:

1. Login to your StudyWell App or on the website
2. Click the icon of a person at the top right corner
3. Click My Benefit Cards
4. Your electronic Benefit Card will display
5. Add it to your wallet



Registration



It is your responsibility to ensure that registration is completed, and you have provided up to date information to the administrator. Registration and any changes to your address and/or banking information must be made on the StudyWell App or website. You must be registered in order to see what benefits are available to you and your dependents.

Change In Address

If you should have a change of address, it is important that you update your address via the StudyWell App.

Eligibility Rules

Eligible Students

A student is eligible when they are:

1. enrolled in two or more courses, and
2. have opted in to coverage.

International students are also eligible for coverage in addition to their provincial health coverage.

Eligible Dependents

A student's eligible dependents are:



1. The student's spouse, and
2. unmarried children primarily dependent upon the student for support, who are:
 - a. under the age of 21 years, or
 - b. at least 21 years of age but under 25 years of age and attending an accredited educational institute, college or university on a full-time basis, or
 - c. at least 21 years of age and dependent upon the employee by reason of mental or physical infirmity. Proof of mental or physical infirmity must be submitted within 30 days after coverage would otherwise terminate. Additional proof may be required from time to time. (Please refer to "Continuation of Major Medical and Dental Care Benefits for Incapacitated Children" in the General Information section.)
 - d. stepchildren and legally adopted children are covered provided they are dependent upon the employee for support and maintenance.

"Spouse" means either:

- a. a person who, as of the time in question, is legally married to the student, or
- b. is the common-law spouse of the student, that is, a person who, though not legally married to the student, is a person who has cohabited with the student in a husband-and-wife relationship for at least one continuous year before incurring the expense for which a claim is made

Coordination of Benefits

If a person covered under this Plan is also covered under another plan, benefits under all plans are adjusted so as to limit the combined payment to 100% of the total allowable expense.

The plan that covers the person as:

- a. a student pays before the plan that covers such person as a dependent; or
- b. a dependent child of the parent, covered as a student, whose birthday occurs first during the calendar year, pays first; or
- c. if both parents have their birthday on the same day, benefits under the Plan will be shared in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

Opting Out of Benefits

If a student has coverage through another source (parents, spouse, employment, etc.) they may opt out of the student benefits, provided they do so within the change of coverage period for their Enrollment Period.



SCAN ME

A benefit card or letter from their insurance stating they have coverage must be provided. Students can choose to opt out of either the Health or Dental benefits, or Both.

Opting In to Benefits



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If a student has previously opted out of benefits, they may only opt back in under specific circumstances:

- a. It is the change of coverage period for the new policy year, or
- b. The student no longer has access to the coverage they did when opting out and submit an opt-in within 30 days of the change of coverage, or
- c. The student experiences the birth of a child while enrolled on the plan.

Students may opt back in to either Health or Dental, or Both. To opt back in, students must access the Students' Association benefits website and complete the online form.

Deceased Students - Length of Dependent Coverage

In the event of a student passing away while they are eligible for health and welfare benefits, the benefits payable under the Plan applicable at the time of death shall continue for the deceased student's registered dependents until the end of the school year they were registered for.

Continuation of Extended Health and Dental Care for Incapacitated Children

Extended Health and Dental Care Benefits will continue beyond the date an unmarried child attains the limiting age for coverage, provided proof is submitted to ECG Insurance within 30 days after such date that such child:

- a. is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and
- b. became so incapacitated prior to attainment of the limiting age; and
- c. is chiefly dependent upon the employee for support and maintenance.

Thereafter, such proof must be submitted to ECG Insurance, as required, but not more often than yearly.

Termination of Coverage

Coverage, with respect to each insured student, will immediately terminate on the earliest of the following dates:

- a. The date this policy is terminated.
- b. The date the insured student becomes insured under a policy replacing this policy.
- c. The date the insured student ceases to be associated with the Policyholder (Students' Association of Portage College) in a capacity making such student eligible for insurance hereunder.

Coverage, with respect to a spouse or dependent child(ren) of the student, shall terminate on the date the insurance of an insured student terminates, or on the date the spouse or dependent child(ren) cease to qualify for insurance hereunder in accordance with the definitions, whichever date shall occur first.

Benefit Summary

The following is a summary of your benefit plan. For further details on each benefit, please refer to the appropriate section of this booklet.

Eligible Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by ECG Insurance, provided they are:

- ❖ medically necessary for the treatment of an illness or injury and recommended by a physician
- ❖ incurred for the care of a person while covered under this Group Benefit Plan
- ❖ reasonable taking all factors into account
- ❖ not covered under the Provincial Plan or any other government-sponsored program
- ❖ legally insurable
- ❖ used as prescribed or recommended by a physician
- ❖ supported by ECG Insurance due diligence process, and that due diligence for the drug's supply, or service has been completed where required

In the event that a provincial plan or government-sponsored program or plan or legally mandated program excludes, discontinues, or reduces payment for any services, treatments or supplies formerly covered in full or in part by such plan or program, this policy will not cover the charges for such treatments, services or supplies.

This policy will not automatically assume eligibility for all drugs, services and supplies prescribed. New drugs, existing drugs with new indications, services and supplies are reviewed by ECG Insurance using the due diligence process. Once this process has been completed, the decision will be made by ECG Insurance to include with prior authorization criteria, exclude or apply maximum limits.

Extended Health Care

Prescription Drugs

● Deductible:	Nil
● Reimbursement level:	90% of eligible expenses
● Eligible drugs:	Charges for medically necessary drugs and medicines prescribed by a licensed doctor or dentist and dispensed by a registered pharmacist or licensed doctor.

● Drug dispensing:	Reasonable and customary – 100 days
● Generic substitutions:	Yes
● Drug card:	Yes
● Maximums:	Annual Maximum <ul style="list-style-type: none"> ❖ \$3,000 for single student coverage ❖ \$4,500 for family coverage
● Smoking cessation aids	<i>Not covered</i>
● Sexual dysfunction drugs	<i>Not covered</i>
● Oral contraceptive/IUD	Covered
● Fertility treatment	<i>Not covered</i>
● Weight reduction drugs	<i>Not covered</i>
● EpiPen	Covered <ul style="list-style-type: none"> ❖ Two per calendar year
● Vaccines/Immunization	<i>Not covered</i>
● Over-the-counter products or medicine without a prescription	Not covered

Prescription drug expenses can be obtained using your electronic Benefit Card. If you have your prescription filled at a pharmacy that does not participate in the program, you must pay for the cost of the prescription and submit your receipt in accordance with the claim instructions detailed later in this booklet.

Vision Care

● Deductible:	Nil
● Reimbursement level:	100% of eligible expenses unless otherwise stated
● Eye exam:	Frequency & Limitations <ul style="list-style-type: none"> ❖ One exam up to \$60 per person every 24 months ❖ Not eligible if covered by any provincial plan within a 24-month period Requirements <ul style="list-style-type: none"> ❖ Must be done by an optometrist or ophthalmologist
● Glasses or Contacts:	Frequency & Limitations <ul style="list-style-type: none"> ❖ \$100 combined per insured person every 24 months ❖ No coverage for tinting or extras
● Prescription sunglasses:	<i>Not covered</i>

	Frequency & Limitations ❖ \$150 per insured person per policy year Requirements Predetermination is recommended
● Laser eye surgery:	
● Intraocular lenses:	<i>Not covered</i>

Professional and Paramedical Services

● Deductible:	Nil
● Reimbursement level:	80% of eligible expenses
● Eligible practitioners:	
● Homeopath	<i>Not covered</i>
● Athletic therapist	<i>Not covered</i>
● Occupational therapist	<i>Not covered</i>
● Reflexologist	<i>Not covered</i>
● Speech Therapist	<i>Not covered</i>
● Acupuncturist	<i>Not covered</i>
● Christian science healer	<i>Not covered</i>
● Osteopath, Chiropodist, Chiropractor, Massage Therapist, Naturopath, Physiotherapist, Podiatrist	\$300 per policy year for all practitioners combined ❖
● Psychologist, Social Worker, Clinical Counsellor	\$500 per policy year for all practitioners combined ❖ Covered at 100%

Group Emergency Medical Travel Coverage

A Medical Emergency occurs when an insured person requires immediate medical attention while travelling outside his province/territory of residence. This coverage will apply to the insured student only. Coverage is up to a maximum of 180 days per trip. For further information on Group Emergency Medical Travel Coverage, please see [Appendix A](#).

Accidental Death and Dismemberment (AD&D)

This coverage offers 24-hour accident protection for students traveling anywhere in the world. It includes protection for both fatal and non-fatal accidents, covering dismemberment, paralysis, loss of limb use, blindness, and loss of hearing.

Additionally, this insurance provides valuable living benefits to help safeguard your family's financial security in the event of injury or death due to an accident. These benefits include:

- a. Bedside Companion Benefit
- b. Rehabilitation Benefit
- c. Therapeutic Counseling Benefit Tutorial Services Expense Benefit
- d. Babysitting Benefit

For further information on Accidental Death and Dismemberment (AD&D), please see [Appendix B](#).

Virtual Care

Virtual Care provides access to mental health, medical care, and occupational health and safety professionals in a seamless experience. This care can be accessed 24/7 via phone or digital access including in-person, video, or phone connections. Students can access Virtual Care by visiting www.kihealth.ca and creating an account using their school email address. Access code: ELL0924 will be required to sign up.

Dental Care

Maximum Coverage

Covered dental expenses are charges for services and supplies provided by or under the supervision of a licensed, certified or registered oral surgeon or dentist. Eligible expenses are those which are recommended as necessary by a physician or dentist that are not more than the previous year's Suggested Dental Fee Schedule* in the province service was rendered. Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of their license. Specialist fees are not reimbursable.

*Suggested Dental Fee Schedule means the Dental Association Fee Guide in the province of the service provider.

● Deductible:	Nil
● Fee guide:	One year lag by province of service provider
● Specialist fees:	No
● Reimbursement level:	100% of eligible expenses unless otherwise stated
● Reimbursement Level:	<p>Basic Dental Services</p> <ul style="list-style-type: none"> ❖ 90% Basic & Preventative ❖ 70% Minor Restorative ❖ 50% Basic Endodontic & Periodontic Services ❖ 50% Extractions & Oral Surgery <p>Major Dental Services</p> <ul style="list-style-type: none"> ❖ <i>Not covered</i> <p>Major Dental Services</p> <ul style="list-style-type: none"> ❖ <i>Not covered</i>

● Basic dental services:	\$750 per policy year, per insured person
Treatment	Recall Frequency
● Oral hygiene	<i>Not covered</i>
● TMJ related services:	<i>Not covered</i>
● Complete oral examination:	Once every 36 consecutive months
● Recall, Specific, and Emergency oral examinations combined:	Once every 24 consecutive months
● Full mouth series (PA's and Bitewing) or panoramic radiographs:	Once every 36 consecutive months
● Polishing:	Once per policy year
● Bitewing, Periapical, and Occlusal radiographs combined:	Once per policy year
● Scaling and Root planning:	2 units per policy year
● Fluoride treatment:	Once per policy year
● Tooth coloured (composite) filing:	Eligible on all teeth
● Special periodontal appliances:	Occlusal Guard and Bruxism appliances (night guards) Reasonable and customary charges ❖ Once every 36 months
● Pit and fissure sealants:	<i>Not covered</i>
● Occlusal equilibration	4 units per policy year
● Space maintainers	<i>Not covered</i>
● Root Canal	Frequency & Limitations ❖ Allowed every 3 years on the same tooth unless additional canals are being treated
● Simple Extractions	Covered
● Complicated Extractions	Covered
● Anesthetic	Covered when required in relation to eligible dental surgery
● Dentures & related services	<i>Not Covered</i>
● Laboratory Fees	Limited to the reasonable and customary charges specified for the dental treatment or service

General Questions

1. Am I covered?



All full-time students, including international students, are automatically enrolled in the Extended Health and Dental Plan.

SCAN ME

2. How long do I have coverage?

Students registered in the fall semester and have paid for the Extended Health and Dental plan will be covered for 12 months starting September 1st and ending August 31st the following year. Students registered in the winter semester will be covered for 8 months starting January 1st and ending August 31st of that same year.

3. What if I am already covered?

An opt-out window is available a week before the start of the school year and end the second Friday after school starts. Proof must be provided showing that you have coverage under another plan (i.e. as a dependent under parent or spouse's insurance). Visit the www.sapcbenefits.ca website and fill out the Opt-Out form.

Note: The opt-out window will not be extended. If you miss this date, no refunds will be issued even if the Health and Dental Plan is not being used.

4. May I enroll dependents?

Students may obtain coverage for their spouses and dependent children by enrolling them a week before the school year starts up until the second Friday after the school year begins. This must be done by visiting the www.sapcbenefits.ca website and completing the Enroll Dependents form before the deadline. Once the application has been received and processed by StudyWell Benefits, an email will be sent to the student with the link to pay the applicable fees using PayPal.

5. What if I am already covered?

Coverage with respect to each insured student will immediately terminate on the earliest of the following dates:

- a. the date this policy is terminate, or
- b. the date the insured student becomes insured under a policy replacing this policy, or
- c. the date the insured student ceases to be associated with the Policyholder (Students' Association of Portage College) in a capacity making such student eligible for insurance hereunder.

6. How long do I have to submit claims?

Claims that are paid out of pocket during the change of coverage period can be submitted for reimbursement when the change of coverage period ends. There will be a claims run-off period of 90 days for any claims that have been accrued in the last 12 months, or from first day of coverage if it is less than 12 months, preceding coverage termination

Your Extended Health and Dental Claims are Paid by Assure Network

When making a direct billing claim for your Extended Health or Dental claims, the pharmacy or dental office will need to know the following:

Your Group Number: **62279**

Provider: **Assure Network**

Your Student ID #: _____

Plan Consultants:



10154 108 Street NW
Edmonton, AB T5J 1L3
Phone: 587.705.1018 **Toll-free:** 833.313.4339

Website: www.studywellbenefits.ca **Email:** portage@studywellbenefits.ca

Student Association Benefits Website: www.sapcbenefits.ca

Scan to download the StudyWell Benefits App



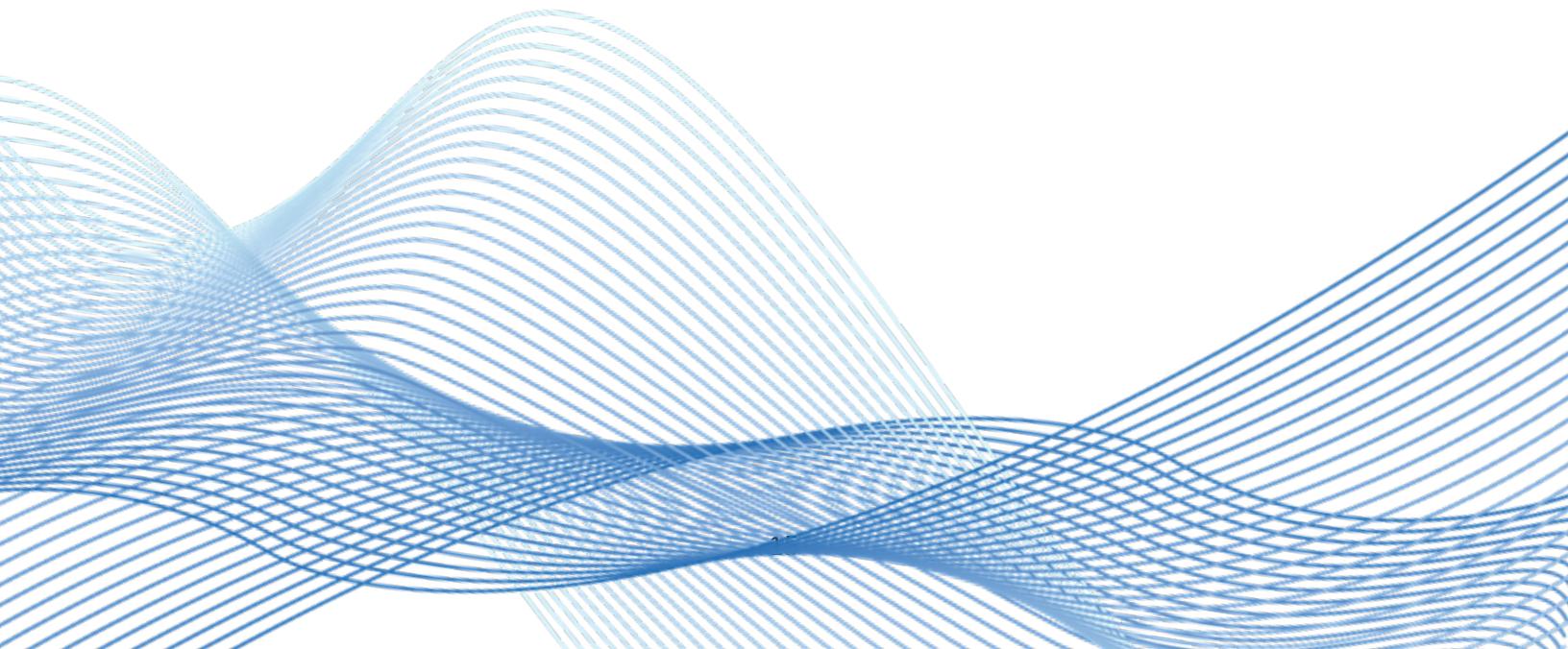
Appendix A

Group Emergency Medical Travel Coverage

Health Insured Students

Underwritten by **ZURICH**

Contact **StudyWell Benefits**, your benefit administrator for any and all questions related to the Group Emergency Medical Travel Coverage.



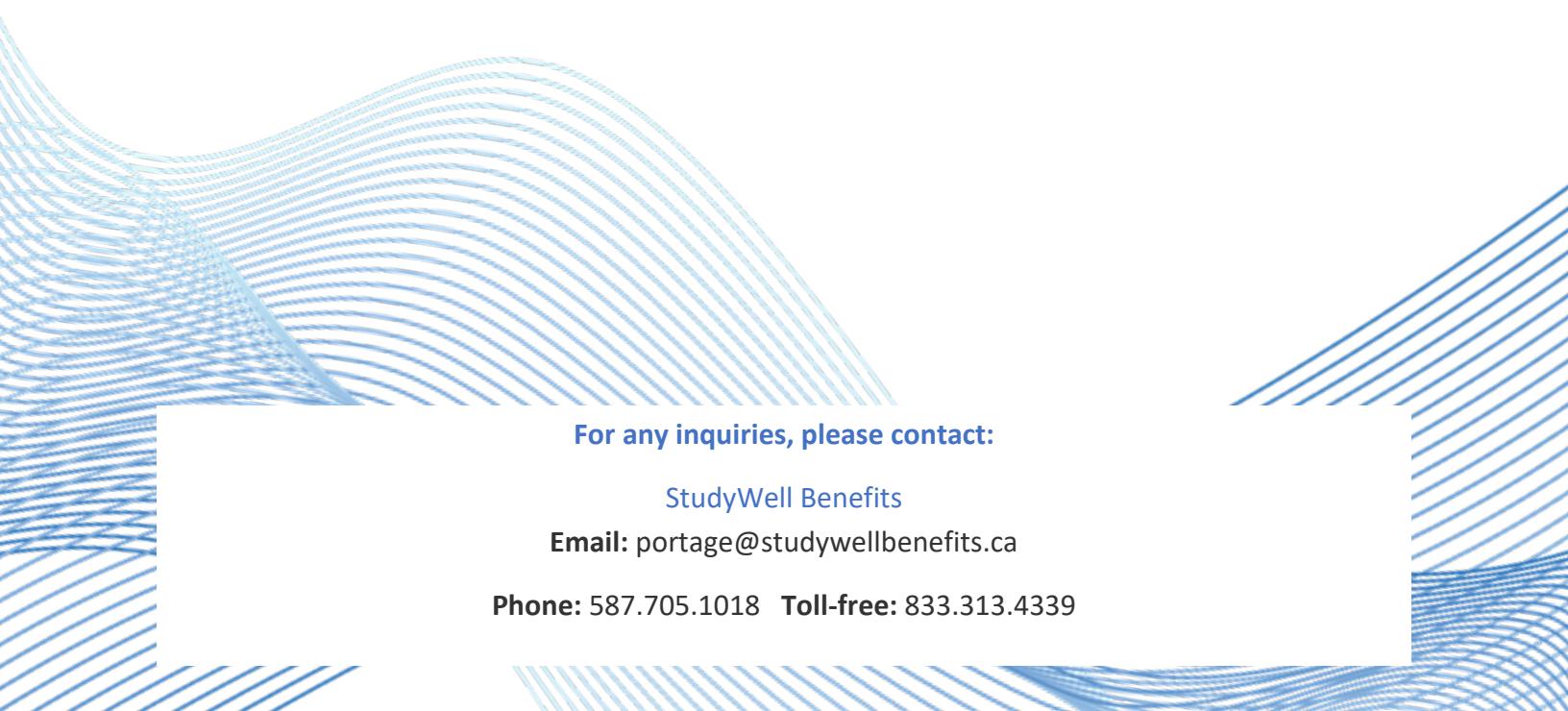
Appendix B

Accidental Death and Dismemberment (AD&D)

Health Insured Students

Underwritten by **ZURICH**

Contact **StudyWell Benefits**, your benefit administrator for any and all questions related to the Accidental Death and Dismemberment (AD&D) Insurance.



For any inquiries, please contact:

StudyWell Benefits

Email: portage@studywellbenefits.ca

Phone: 587.705.1018 Toll-free: 833.313.4339