



**Graduate
Students'
Association**
University of Alberta

University of Alberta Graduate Students' Association

Group Benefit Plan

Policy Year: September 1, 2025 to August 31, 2026





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 | 8624293 | Appendix A |
| Accidental Death and Dismemberment (AD&D) | Zurich | 8624291 | Appendix B |
| Extended Health & Dental Care | ECG Insurance | 63217 | |
| Critical Illness | Zurich | 8624292 | Appendix C |

If you have questions about your group benefits that are not covered in this booklet, please contact StudyWell Benefits, your plan administrator, at 587.600.8872 (toll free at 855.845.9690), or email uofa@studywellbenefits.ca.

Please visit the plan website at www.gsabenefits.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, critical illness 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 University of Alberta Graduate Students' Association establishes rules or regulations for the administration or governance of the benefit plan and any transactions associated with it.

The University of Alberta Graduate Students' Association 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 University of Alberta Graduate Students' Association, 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 University of Alberta Graduate Students' 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 and the resolution you are seeking.

Once your concern is received, it will be acknowledged within 5 business days and reviewed. If additional time is needed, you will be notified of the delay and provided with an updated timeline.

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, may request additional details, and work with you to reach a fair resolution.



During this process, you may be asked for more information to help the manager fully understand your situation. A written response will be provided within 15 business days of escalation. If additional time is needed, you will be notified of the delay and provided with an updated timeline.

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:

We will acknowledge your complaint within 5 business days of receipt 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

A written decision will be provided within 20 business days after all required information has been received. If additional time is needed, you will be notified of the delay and provided with an updated timeline.

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 request an independent review by our external adjudicator, Great Pacific Group.

Great Pacific Group serves as the Captive Manager for ECG Insurance and provides independent oversight to ensure complaints are handled fairly and in accordance with applicable policies and regulatory standards.



Once your appeal is received, it will be acknowledged within 5 business days.

During the review, Great Pacific Group may request additional information from you or other parties to ensure your complaint is fully and fairly assessed.

A written response will be provided within 30 business days after all necessary information has been received. If additional time is required, you will be notified of the delay and provided with an updated timeline.

Appeal submissions can be sent to:

Great Pacific Group
501 – 326, 11th Ave SW
Calgary, AB T2R 0C5
Email: sjackson@greatpacificgroup.com

External Recourse

If you remain dissatisfied after completing this process, 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 an additional independent way for your concern to be considered.



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 **63217**

Your **Certificate Number** is on your Student ID number and can also be found on your electronic Benefit Card:

| | CARRIER | GROUP NO. | CLIENT ID |
|--|--|-----------|-----------|
| DRUG: | 34 | 63217 | <cardid> |
| DENTAL: | 000034 | 63217 | <cardid> |
| Employee: | <first name> <last name> | | |
| Employer: | Graduate Students' Association University of Alberta | | |
| For coverage & claim inquiries, please call: 1-855-845-9690 | | | |

assure

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



SCAN ME

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. registered full time for at least 9 graduate credits, 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 conjugal 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.



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



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 (University of Alberta Graduate Students' Association) 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: | 80% 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 ❖ \$10,000 per insured individual |
| ● Smoking cessation aids | Covered ❖ Maximum \$500 lifetime per insured individual |
| ● Sexual dysfunction drugs | <i>Not covered</i> |
| ● Oral contraceptive | Covered |
| ● IUD | Covered as a medical device. Please refer to page 12 |
| ● Fertility treatment | <i>Not covered</i> |
| ● Weight reduction drugs | <i>Not covered</i> |
| ● EpiPen | Covered |
| ● Vaccines/Immunization | Covered ❖ Maximum \$150 per policy year per insured individual |
| ● 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 ❖ One exam every 24 months to a maximum of \$70 per insured ❖ Not eligible if covered by any provincial plan within a 24-month period Requirements ❖ Must be done by an optometrist or ophthalmologist |
| ● Glasses or Contacts: | Frequency & Limitations ❖ \$200 combined per insured person every 24 months ❖ No coverage for tinting or extras |

| | |
|---------------------------------|--|
| ● Prescription sunglasses: | <i>Not covered</i> |
| ● Laser eye surgery: | Frequency & Limitations ❖ \$150 per insured person per policy year Requirements ❖ Predetermination is recommended |
| ● Intraocular lenses: | <i>Not covered</i> |
| ● Post Cataract Surgery Glasses | Frequency & Limitations ❖ Purchase of one pair if medically required following surgery ❖ Maximum \$200 per insured per surgery ❖ No coverage for tinting, extras, sunglasses, or safety glasses Requirements ❖ Copy of prescription with claim submission |

Professional and Paramedical Services

| | |
|------------------------|---|
| ● Deductible: | Nil |
| ● Reimbursement level: | 100% of eligible expenses unless otherwise stated |

● **Eligible practitioners:**

| | |
|--|--|
| ● Homeopath | <i>Not covered</i> |
| ● Osteopath | \$30 per visit up to \$500 per policy year ❖ Includes one x-ray per policy year |
| ● Athletic therapist | \$30 per visit up to \$500 per policy year |
| ● Occupational therapist | \$30 per visit up to \$500 per policy year |
| ● Reflexologist | <i>Not covered</i> |
| ● Speech Therapist | \$30 per visit up to \$500 per policy year |
| ● Acupuncturist | \$30 per visit up to \$500 per policy year |
| ● Chiropractor | \$30 per visit up to \$500 per policy year ❖ Includes one x-ray per policy year |
| ● Dietician | \$30 per visit up to \$500 per policy year ❖ Doctors referral required |
| ● Christian science healer | <i>Not covered</i> |
| ● Massage Therapist | \$30 per visit up to \$500 per policy year ❖ Doctors referral required |
| ● Naturopath | \$30 per visit up to \$500 per policy year |
| ● Physiotherapist | \$30 per visit up to \$500 per policy year |
| ● Podiatrist & Chiropodist | \$30 per visit up to \$500 per policy year ❖ Includes one x-ray per policy year |
| ● Psychologist, Psychotherapist Social Worker, Counsellor | 80% to combined maximum \$600 per policy year |

Non Drug Health

| | |
|-----------------------------|--|
| • Deductible: | Nil |
| • Reimbursement level: | 100% of eligible expenses unless otherwise stated Reasonable & Customary charges apply |
| Services | |
| • Ambulance: | Covered |
| • Hospital Room: | Covered for Semi-Private only |
| • Private Duty Nurse: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$25,000 every 3 policy years ❖ Registered Nurse (R.N.) or Licensed Practical Nurse (LPN) or Registered Nursing Assistant (RNA) <p>Requirements</p> <ul style="list-style-type: none"> ❖ Patient must not be confined to hospital ❖ Prior authorization required |
| Mobility Aids | |
| • Crutches, Splints, Casts: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Reasonable and customary charges apply <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis required |
| • Manual Wheelchair: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Rental, Purchase, and repair <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior authorization ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| • Electric Wheelchair: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Rental, Purchase, and repair ❖ Only if health condition requires <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior authorization ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| Orthopaedic Supplies | |
| • Orthotics: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$350 per policy year ❖ Combined overall maximum of \$500 per policy year with Orthopedic Shoes <p>Requirements</p> <ul style="list-style-type: none"> ❖ Must be custom made ❖ Referral with diagnosis required from medical physician or podiatrist |
| • Orthopedic Shoes: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Combined overall maximum of \$500 per policy year with Orthotics <p>Requirements</p> |

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| | <ul style="list-style-type: none"> ❖ Must be custom made ❖ Referral with diagnosis required from medical physician or podiatrist |
| ● Spinal Brace: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Purchase only, no repair <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| ● Brace for Limb: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Purchase only, no repair or replacement <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis |
| ● Hospital Bed: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Rental or Purchase ❖ Electric bed covered only if health condition requires <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior authorization ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| Prosthesis | |
| ● Hearing Aids: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$500 every 5 policy years for Purchase and repair ❖ No coverage for batteries, supplies, accessories <p>Requirements</p> <ul style="list-style-type: none"> ❖ Referral from otolaryngologist (ENT) required for purchase |
| ● Artificial Limbs: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Purchase, Repair, and Replacement when required due to physiological change covered ❖ Maximum \$10,000 per prosthesis <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior authorization required ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| ● Artificial Eyes: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Purchase, including reimbursement for one polishing or remake per policy year. <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior authorization required ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| ● Wigs/Hairpiece: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$300 per policy year <p>Requirements</p> <ul style="list-style-type: none"> ❖ Must be made necessary by chemotherapy or radiation treatment ❖ Doctor's referral with diagnosis |

| | |
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| <ul style="list-style-type: none"> ● Breast Prosthesis: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$200 per policy year ❖ External prosthesis only <p>Requirements</p> <ul style="list-style-type: none"> ❖ Must be made necessary due to total radical mastectomy while insured by this plan ❖ Doctor's referral with diagnosis |
| <ul style="list-style-type: none"> ● Surgical Brassier: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum 2 per policy year <p>Requirements</p> <ul style="list-style-type: none"> ❖ Must be made necessary due to total radical mastectomy while insured by this plan ❖ Doctor's referral with diagnosis |
| <p>Therapeutic Equipment – Not included in combined maximum</p> | |
| <ul style="list-style-type: none"> ● Glucometer: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$700 lifetime <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis |
| <ul style="list-style-type: none"> ● Oxygen Equipment: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Rental or purchase <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior approval ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| <ul style="list-style-type: none"> ● Apnea Monitor: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Rental or purchase <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| <ul style="list-style-type: none"> ● Drainage Pump & Chest Percussion accessories: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Purchase only <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior approval ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| <ul style="list-style-type: none"> ● TENS Machine: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum \$700 lifetime ❖ Rental or purchase <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis |
| <p>Therapeutic Equipment – Combined maximum of \$10,000 per policy year applies</p> | |
| <ul style="list-style-type: none"> ● Sleep Apnea Treatment Machine: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Covered <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior approval ❖ Doctor's referral with diagnosis ❖ Copy of sleep study |

| | |
|---|---|
| ● Sleep Apnea Machine Supplies: | Covered |
| ● Insulin Pump: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Covered <p>Requirements</p> <ul style="list-style-type: none"> ❖ Prior approval ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| ● Other Therapeutic Equipment: | Please contact your administrator for more details |
| Medical Supplies & Diagnostic Services | |
| ● Compression Stockings: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Maximum 2 pairs per calendar year <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis ❖ Must be minimum 20-30 mmHg compression |
| ● Intra-Uterine Devices (IUD): | Covered |
| ● Ostomy Supplies: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Colostomy, Ileostomy, Urostomy <p>Requirements</p> <ul style="list-style-type: none"> ❖ Doctor's referral with diagnosis ❖ Provincial plan allowance |
| ● Diagnostic Laboratory & X-ray expenses: | <p>Frequency & Limitations</p> <ul style="list-style-type: none"> ❖ Covered <p>Requirements</p> <ul style="list-style-type: none"> ❖ When at the request of a medical physician and performed outside the hospital. |

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](#).

Critical Illness

This coverage provides a cash benefit to help cover out-of-pocket medical and non-medical expenses in the event the student is diagnosed with a covered critical illness and survives the designated survival period. The cash benefit can be used for anything from treatment costs to everyday living expenses, providing financial support during a challenging time. For further information on Critical Illness, please see Appendix C.

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 current 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: | Current Year by province of service provider |
| ● Specialist fees: | No |
| ● Reimbursement Level: | <p>Basic Dental Services</p> <ul style="list-style-type: none"> ❖ 70% Basic - Preventative ❖ 60% Basic - Endodontic & Periodontic Services ❖ 50% Basic - Oral Surgery, Fillings, and all other services <p>Major Dental Services</p> <ul style="list-style-type: none"> ❖ 35% of all eligible expenses <p>Orthodontic Dental Services</p> <ul style="list-style-type: none"> ❖ <i>Not covered</i> |
| ● Maximums: | \$650 per policy year, per insured person for Basic & Major services combined |

| Treatment | Frequency |
|---|---|
| Basic - Preventative services | |
| ● Complete oral examination: | Once every 36 consecutive months |
| ● Recall oral examinations: | Once every 12 consecutive months |
| ● Specific & Emergency oral examinations: | Covered |
| ● Full mouth series (PA's and Bitewing) and Panoramic radiographs combined: | Once every 36 consecutive months |
| ● Bitewing radiographs: | Once every 12 consecutive months |
| ● Periapical radiographs: | Covered |
| ● Diagnostic Photographs: | Covered |
| ● Polishing: | Once every 12 consecutive months |
| ● Preventative Scaling and Root planning: | 3 units per policy year |
| ● Fluoride treatment: | Once every 12 consecutive months |
| ● Oral Hygiene Instruction: | Once every 12 consecutive months |
| ● Pit & Fissure Sealants: | Covered |
| ● Space Maintainers: | Covered for missing primary teeth only |
| ● TMJ related services: | <i>Not Covered</i> |
| ● Extractions – Impacted Teeth: | Covered |
| ● Anesthesia: | General sedation only when in conjunction with extractions. |
| Basic - Endodontic & Periodontic services | |
| ● Special periodontal appliances: | Occlusal Guard and Bruxism appliances (night guards) Reasonable and customary charges ❖ Once every 24 months |
| ● Root Canal: | Frequency & Limitations ❖ <i>Allowed every 3 years on the same tooth unless additional canals are being treated</i> |
| ● Occlusal Equilibration: | 8 units per policy year |
| ● Therapeutic Scaling: | Up to 8 units per policy year |
| Basic – Oral Surgery, Fillings, and All Other services | |
| ● Amalgam Fillings | Covered |
| ● Extractions – Other than Impacted: | Covered |

| | |
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| <ul style="list-style-type: none"> ● Tooth coloured (composite) filing: | Covered at the equivalent of amalgam |
| Major - Services | |
| <ul style="list-style-type: none"> ● Veneers: | Covered |
| <ul style="list-style-type: none"> ● Crowns, Inlays, Onlays: | Covered <ul style="list-style-type: none"> ❖ Replacement only after 5 years and existing appliance is no longer serviceable. |
| <ul style="list-style-type: none"> ● Bridges: | Covered <ul style="list-style-type: none"> ❖ Replacement only after 5 years and existing appliance is no longer serviceable. |
| <ul style="list-style-type: none"> ● Dentures & related services | Covered |
| <ul style="list-style-type: none"> ● Implants & Implant related services: | <i>Not covered</i> |
| <ul style="list-style-type: none"> ● 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.

**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.gsabenefits.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 (University of Alberta Graduate Students' Association) 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: **63217**

Provider: **Assure Network**

Your Student ID #: _____

Plan Consultants:



1050-11150 Jasper Ave NW
Edmonton, AB T5K 0C7

Phone: 587.600.8872 **Toll-free:** 855.845.9690

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

Student Association Benefits Website: www.uofabenefits.ca

Scan to download the StudyWell Benefits App



Appendix A

Group Emergency Medical Travel Coverage

Underwritten by **ZURICH**

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

Coverage

The information below summarizes **your** Emergency Travel Medical Insurance coverage. It contains important information with respect to certain eligibility and benefit limits that apply to **your** coverage, but it does not reference all of the terms, conditions, limitations, and exclusions. Please refer to the policy for complete details. All amounts indicated are in Canadian currency, unless otherwise stated.

Emergency Travel Medical Insurance covers the reasonable and customary charges incurred as a result of **treatment** required by an **insured person** due to a **medical emergency** during a covered **trip** after leaving their province or territory of residence. Benefits are provided in excess of the **insured person's** government health insurance plan or by any other insurance plan under which they are covered.

The most we will pay for all benefits combined under the Emergency Medical Insurance Benefit, for each **insured person** for each covered **trip**, is limited to the amount shown in the Schedule of Benefits and must show as "Included."

| | |
|--|--|
| Policyholder Name | University of Alberta Graduate Student's Association |
| Effective Date | September 1 st , 2025 – September 1 st , 2026 |
| Policy Number | 8624293 |
| Class Description | Class 1: All Active registered full-time student of the Policyholder. |
| Termination | Terminates at the earlier of the member's attainment of age 65 or when no longer a student at the University of Calgary. |
| Covered Trip | While on the business of the policyholder and while on leisure trips. |
| Covered Trip Duration | Up to 120 days. |
| Pre-Existing Medical Condition | 90 Days |
| Emergency Medical Treatment | \$5,000,000 |
| Hospital Allowance | \$50 per day to a maximum of \$250 |
| Paramedical Services | \$100 per practitioner for up to 180 days |
| Ground Ambulance | Included in Emergency Medical Insurance Limit up to a maximum of \$5,000 |
| Medical Evacuation | Included in Emergency Medical Insurance Limit up to a maximum of \$50,000 |
| Bedside Companion | Round-trip economy airfare and up to \$1,500 for meals and accommodation |
| Meals and Accommodation | \$100 per day to a maximum of \$250 |
| Repatriation of Remains | a. \$5,000 b. \$5,000 |
| Trip Cancellation and Trip Interruption | \$5,000 |
| Lost Baggage | \$1,000 |

Appendix B

Accidental Death and Dismemberment (AD&D)

Underwritten by **ZURICH**

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



Coverage

This coverage offers 24-hour accident protection for an insured person 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:

- Rehabilitation Benefit
- Therapeutic Counseling Benefit
- Home Alteration and Vehicle Modification Benefit

| | |
|---|---|
| Policyholder Name | University of Alberta Graduate Student's Association |
| Effective Date | September 1 st , 2025 – September 1 st , 2026 |
| Policy Number | 8624291 |
| Aggregate | 1,000,000 |
| Class Description | Class 1: All Active registered full-time student of the Policyholder. |
| Termination | Terminates at the earlier of the student's attainment of age 70 years or the student is no longer eligible. |
| Exposure and Disappearance | 100% of the Principal Sum |
| In-Hospital Indemnity Benefit | A monthly benefit of 3% of the Principal Sum to a maximum of \$1,000; |
| Funeral Benefit | \$5,000 |
| Higher Education Benefit | 5% of the insured's Principal Sum. This amount shall be paid annually for four (4) consecutive years if the dependent child continues their education. The maximum amount payable under this benefit is \$20,000. |
| Spouse Retraining Benefit | 20% of the principal sum or \$10,000 |
| Rehabilitation Benefit | <ul style="list-style-type: none"> a. the actual expenses that are incurred within two (2) years from the date of the accident for the rehabilitation training; b. \$15,000; or c. 20% of the insured's Principal Sum. |
| Therapeutic Counselling Benefit | \$1,000 for any one covered accident |
| Disability Fitness Benefit | \$5,000 |
| Home Alteration and Vehicle Modification Benefit | The lesser of 20% of the Principal Sum or \$15,000 |
| Carjacking Benefit | 10% of the applicable Principal Sum up to a maximum of \$10,000. |
| Seat Belt and Air Bag Benefit | 10% of the applicable Principal Sum up to a maximum of \$50,000. |
| Bedside Companion Benefit | Up to a maximum of \$15,00 for round-trip economy transportation fare, meals and accommodation. |
| Repatriation of Remains Benefit | A maximum of \$15,000 shall be provided for reasonable and necessary expenses provided the covered loss occurred more than one hundred and fifty (150) kilometers away from the insured person's normal place or residence. |
| Identification Benefit | Up to a maximum of \$5,000 for return economy class transportation, hotel and meal expenses provided the body of the deceased insured person is at least one hundred and fifty (150) kilometres from their normal place of residence. |
| Smartphone or Tablet Benefit | <p>Maximum of \$500</p> <p>The insured person must provide proof of receipt for repair or replacement of the smartphone or tablet within thirty (30) days from the date of the covered accident.</p> |
| Tutorial Services Expense Benefit | <p>Tutorial services will not exceed the rate of \$20.00 per hour.</p> <p>A maximum of \$2,000 will be provided for the rental of necessary equipment and required software as the result of one (1) accident.</p> |
| Wage Loss Benefit | Benefits will be paid from the eighth (15th) day of the total disability to a maximum of \$1,000 during the term of the policy. |

Appendix C

Critical Illness

Underwritten by **ZURICH**

Contact **StudyWell Benefits**, your benefit administrator for any and all questions related to the Critical Illness Insurance.



Coverage

This insurance provides cash benefits to help cover out-of-pocket medical and non-medical expenses in the event the **insured person** is diagnosed with a covered **critical illness** and survives a designated **survival period**. The cash benefit can be used from anything from treatment costs to everyday living expenses, providing financial support during a challenging time.

This document contains important information with respect to certain eligibility and benefit limits that apply to your coverage, but it does not reference all of the Terms, Conditions, Limitations, and Exclusions. Please refer to the policy for complete details. All amounts indicated are in Canadian currency, unless otherwise stated.

| | |
|--|--|
| POLICYHOLDER NAME | University of Alberta Graduate Student's Association |
| Effective Date | September 1 st , 2025 – September 1 st , 2026 |
| Policy Number | 8624292 |
| Class Description | Class 1: All Active registered full-time students of the policyholder . |
| Termination | Terminates at the earlier of the member's attainment of age 65 or when no longer a student at the University of Calgary. |
| Insured Benefit Amount | \$10,000 |
| Pre – Existing Medical Condition | 6 - Month |
| Additional Critical Illness Benefit | Included for Category 1 and 2. |
| Per Category Maximum Payout | 200% of the Benefit Amount of all occurrences combined for all critical illnesses |
| Recurrence Benefit | Included for Critical Illness categories 1 and 2 |
| COVERED CRITICAL ILLNESSES | 100% of the Insured Benefit Amount |
| 1- Heart and Circulatory | Stroke, Non-surgical Procedure for Coronary Artery Disease (CAD), |
| 2 - Cancers/Tumours | Type 1 Cancer, Type 2 Cancer, Skin Cancer |
| 4 – Paralysis and Other Loss of Use | Severe Burns |
| 6 – All Other Critical Illnesses | Multiple Sclerosis |
| ADDITIONAL OPTIONAL BENEFITS | |
| Lymphedema Testing Benefit | \$500 per test with an overall benefit maximum of \$2,000 per insured person per critical illness |

For any inquiries, please contact:

StudyWell Benefits

Email: uofa@studywellbenefits.ca

Phone: 587.600.8872 **Toll-free:** 855.845.9690

