What You Need to Know

- · There is no cost to changing your plan
- Create a profile online to view full details of each plan
- Speak to a live agent about any issue or problem with the plan

Online Options

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

- Choose your plan
- · Chat with a live agent
- Purchase coverage for your spouse and/or dependent(s)
- Find network practitioners
- Track your claims
- Download claim forms and booklets
- General inquiries
- Apply for the Barb Morel Bursary

Coordination of Benefits

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



your smartphone and read more about your options.

Family Add-On

Students can only add family members in their starting semester (i.e. September start students can only add family in the Fall semester, by the deadline dictated on the website and brochure). The family benefits form is available at the Fanshawe Student Union office (SC2001). The cost of adding family members are in addition to the student Health Plan fee and is paid once, at the time you enroll your dependents.

You may apply for dependent coverage online using Visa or Mastercard by going to westpeakstudent.com. If you purchased coverage in September 2013, your dependents are covered until August 2014 (some restrictions apply). Your dependent(s) will be enrolled in the same plan option you choose.

How to File A Claim

Your drug, dental, and extended health care claims are paid by ClaimSecure. When making a pay direct drug/dental claim, the pharmacy/dentist will need to know the following:

- Your Group Number is 514560
- Provider: ClaimSecure
- Your Student ID #: R 0 0 ______
 (10 digit alpha numeric number)

Example: If your student ID # is 7 digits, the correct ID # would be R001234567.

All Dental Inquiries, call toll-free at 1-888-513-4464.

* If you are mailing your claim, please mail your prescription drug/dental/extended health care claim directly to ClaimSecure at: ClaimSecure Inc., P.O. Box 6500, Station A, Sudbury, ON, P3A 5N5.

Coverage Begin and End Dates

Policy Year: September 1 - August 31 Full-time students will have 12 months of coverage (if they are starting in the Fall and return in Winter)

- A student that is enrolled in the Fall semester is covered for the Fall Semester only.
- A student that enrolls in Winter semester is covered for the reminder of the policy year (until August 31).
- A student that enrolls in the Summer is covered for the Summer semester only.

Plan Consultants

1 Yonge Street, Suite 1200 Toronto, ON, M5E 1E5 Tel: 416-216-0296

Fax: 416-216-1179

Toll-Free: 1-800-315-1108
Website: wespeakstudent.com
Email: help@aclstudentbenefits.com



2014/15







POLICY # 97200 GROUP # 514560

As a full-time post secondary student you are automatically covered for the benefits outlined in this brochure and online at fsu.ca/health

FSU OFFICE - SC2001, FOR ALL QUESTIONS AND CONCERNS

MY FLEX PLAN OPTIONS

Choose a plan that suits you by visiting us at **wespeakstudent.com** for plan details and options







DEADLINES TO APPLY:

September Start Students: September 16, 2014 at 4:00 PM. January Start Students: January 19, 2015 at 4:00 PM. Summer Start Students: May 19, 2015 at 4:00 PM

Balanced Plan (Auto-Enrolled)



Drugs:

90% co-insurance **Maximum:** \$5,000

Dental:

Maximum: \$600

Exam & Consultation: 100%
Basic & Preventative: 100%
Minor Restorative: 85%
(100% at a Network Dentist)
Extractions & Oral Surgery: 85%
(100% at a Network Dentist)
Major Restorative: 10%
(35% at a Network Dentist)

Extended Health Care:

Eye Exams: \$70 every 24 consecutive months

for a general eye exam

Lenses, Frames, & Contacts: \$200 every 24

consecutive months Paramedical Practitioners:

\$30-\$40 per treatment, \$400 maximum

depending on the practitioner

Enhanced Dental Plan



Drugs:

80% co-insurance Maximum: \$2,500

Dental:

Maximum: \$800

Exam & Consultation: 100%
Basic & Preventative: 100%
Minor Restorative: 90%
(100% at a Network Dentist)
Extractions & Oral Surgery: 90%
(100% at a Network Dentist)
Major Restorative: 10%
(35% at a Network Dentist)

Extended Health Care:

Eye Exams: \$70 every 24 consecutive months

for a general eye exam

Lenses, Frames, & Contacts: \$100 every 24

consecutive months
Paramedical Practitioners:

\$20-\$30 per treatment, \$300 maximum

depending on the practitioner

Enhanced Drug/EHC Plan



Drugs:

100% co-insurance **Maximum:** \$5,000

Dental:

Maximum: \$300

Exam & Consultation: 70% (95% at a Network Dentist)
Basic & Preventative: 70% (95% at a Network Dentist)
Minor Restorative: 50% (75% at a Network Dentist)
Extractions & Oral Surgery: 50% (75% at a Network Dentist)
Major Restorative: 10% (35% at a Network Dentist)

Extended Health Care:

Eye Exams: \$70 every 24 consecutive

months for a general eye exam

Lenses, Frames, & Contacts: \$250 every 24

consecutive months

Paramedical Practitioners: \$30-\$40 per treatment, \$400 maximum depending on

the practitioner

Your 3-Step Enrollment Process

STEP



All full-time students that have paid the health plan fee are automatically members of the Balanced Plan.

STEP 2

Visit wespeakstudent.com.



STEP



Choose one of the plans above before the deadline date!