

## » 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](http://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

## » 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.

## » 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 FSU Office (SC-1000). 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 [wespeakstudent.com](http://wespeakstudent.com). If you purchase coverage in September 2020, your dependents are covered until August 2021 (some restrictions apply). Your dependent(s) will be enrolled in the same plan option you choose.

## » HOW TO FILE YOUR 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
- Your 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

- A student that is enrolled in the Fall semester is covered from Sept 1st to Aug 31st.
- A student that enrolls in Winter semester is covered from Jan 1st to Aug 31st.
- A student that enrolls in the Summer is covered from May 1st to Aug 31st.

## » PLAN CONSULTANTS

1 Yonge Street, Suite 2000 Toronto, ON, M5E 1E5  
Tel: 416-216-0296  
Fax: 416-216-1179  
Toll-Free: 1-800-315-1108  
Website: [wespeakstudent.com](http://wespeakstudent.com)  
Email: [help@aclstudentbenefits.com](mailto:help@aclstudentbenefits.com)

**WE SPEAK  
STUDENT**

**fsu**  
FANSHAWE  
STUDENT  
UNION  
[www.fsu.ca](http://www.fsu.ca)

**POLICY # 100011701  
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](http://fsu.ca/health)

Visit the FSU Office (SC-1000) for questions or concerns

**HEALTH  
PLAN 2020  
2021**

# MY FLEX PLAN OPTIONS

Choose a plan that suits you by visiting us at [www.wespeakstudent.com](http://www.wespeakstudent.com) for plan details and options

## DEADLINES TO APPLY:

September Start Students: October 2, 2020 at 4pm.

January Start Students: January 22, 2021 at 4pm.

May Start Students: May 14, 2021 at 4pm.

Please refer to the student insurance booklet available at [wespeakstudent.com](http://wespeakstudent.com) for plan details such as eligible providers, required referrals, exclusions etc.

## » FLEX PLAN OPTION 1 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: \$85 every 24 consecutive months for a general eye exam

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

Paramedical Practitioners:

\$30-\$45 per treatment, \$400-\$450 maximum depending on the practitioner

## » FLEX PLAN OPTION 2 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: \$85 every 24 consecutive months for a general eye exam

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

Paramedical Practitioners:

\$20-\$35 per treatment, \$300-\$350 maximum depending on the practitioner

## » FLEX PLAN OPTION 3 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: \$85 every 24 consecutive months for a general eye exam

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

Paramedical Practitioners:

\$30-\$45 per treatment, \$400-\$450 maximum depending on the practitioner

## » YOUR 3-STEP ENROLLMENT PROCESS

- 1) All full-time students that have paid the health plan fee are automatically members of the Balanced Plan.
- 2) Visit [wespeakstudent.com](http://wespeakstudent.com).
- 3) Choose one of the plans above before the deadline date!

## LIVE HELP MESSAGING

Have a question? Chat with a live member of the WeSpeakStudent team.

Visit [www.wespeakstudent.com](http://www.wespeakstudent.com) & have your student ID readily available.

# WE SPEAK STUDENT