



// Important Information

ASSISTANCE IS AVAILABLE AT www.wespeakstudent.com

- using their online chat window
- email: help@aclstudentbenefits.com
- ClaimSecure 1-888-513-4464 for dental claims
- 1-800-315-1108 regarding prescription, extended health and/or accident claims

Opting Out

Prior to the applicable deadline and upon providing proof of alternate coverage, students may “opt-out” of the Health Plan at www.wespeakstudent.com.

Mandatory Accidental Death & Dismemberment component (\$5.00) is non-refundable

Please note: if you opt out of the student health plan, you are still able to access services within the College Health Service Department.

Coordination of Benefits

Students with existing health plan coverage can coordinate their benefits for maximum coverage but claims must be submitted to the student's health plan first and the outstanding balance then claimed through alternate means. Failure to do so, will result in the claim being disallowed by our Insurers.

Deadline Dates

- Sept 27, 2024
health plan fee paid in Fall term enrollment
- Jan 24, 2025
health plan fee paid in Winter term enrollment
- May 30, 2025
health plan fee paid in Spring term enrollment

Please note: If your enrollment dates fall before or after the dates listed above, please contact your Health Plan Administrator within the first 15 business days of your program start.

Family Add-On

For an additional fee, family members (spouse and/or dependents) may be added to your plan. Visit www.wespeakstudent.com to complete the family application form by the required deadline.

// Claims Submission

How To File Your Claim

Group Number: 515647

WE SPEAK
STUDENT

Provider: ClaimSecure

Certificate Number: (ten characters in length)

#00 _ _ _ _ _ F (insert 7 digit student #)

or

#0 _ _ _ _ _ F (insert 8 digit student #)

Submit Online: We strongly encourage students to set up an online account at www.wespeakstudent.com. This will enable you to easily obtain pre-populated forms, follow the progress of your claims, view claim history and submit claims electronically to be paid by direct deposit.

Pay Direct: Your claim can be processed electronically by you providing your Pharmacy/Dentist with your Group #, Provider and Certificate Number (above).

By Mail: Fill out the appropriate claim form (available at www.wespeakstudent.com), attach your original receipts and mail directly to

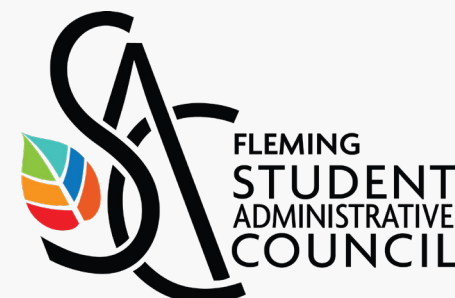
ClaimSecure Inc.
P.O. Box 6500, Station A
Sudbury, ON P3A 5N5

Coverage Period

All Health Plan coverage expires August 31st, 2025 and claims must be submitted and received by ClaimSecure prior to November 30, 2025.

For more detailed information about your Health & Dental Plan coverage visit www.wespeakstudent.com.

DOMESTIC STUDENT INSURANCE PLAN



2024-2025

Your Student Administrative Council (SAC) administers the Student Health Plan.

All domestic students enrolled in full-time programs are automatically covered in the Domestic Student Health Plan.

The fee is paid once per academic year and is included in your tuition fees.

WE SPEAK
STUDENT



My Plan Design Options

Three separate plans are available to choose from; all equal in value and offering alternative combinations of prescription, dental and vision coverage. If you wish to select an alternative to the default Standard Plan, you must do so prior to the deadline date.



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FLEX PLAN OPTION 1

STANDARD PLAN (AUTO-ENROLLED)

PRESCRIPTIONS:

70% co-insurance
Maximum: \$3,000

Vaccine coverage to a maximum of \$400

DENTAL:

Basic and Preventative: 80%
Minor Restorative: 80%
Extractions (limit 2 wisdom teeth): 50%
Major Restorative: 10%
Maximum: \$700

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$40 per visit
(\$400 maximum)

FLEX PLAN OPTION 2

ENHANCED PRESCRIPTION & VISION PLAN

PRESCRIPTIONS:

85% co-insurance
Maximum: \$1,500
No vaccine coverage

DENTAL:

Basic and Preventative: 60%
Minor Restorative: 50%
Extractions (limit 2 wisdom teeth): 25% Major
Restorative: 10%
Maximum: \$350

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$20/\$50 per visit
(\$200/400 maximum) depending on the type of practitioner

VISION: \$85 maximum for eye exam, \$175 for prescribed lenses and frames or contact lenses every 24 consecutive months.

FLEX PLAN OPTION 3

ENHANCED DENTAL & VISION PLAN

PRESCRIPTIONS:

65% co-insurance
Maximum: \$500
No vaccine coverage

DENTAL:

Basic and Preventative: 100%
Minor Restorative: 85%
Extractions (limit 2 wisdom teeth): 60%
Major Restorative: 10%
Maximum: \$850

EXTENDED HEALTH CARE:

Paramedical Practitioners: \$20 per visit
(\$200 maximum)

VISION: \$85 maximum for eye exam, \$175 for prescribed lenses and frames or contact lenses every 24 consecutive months.



LIVE HELP MESSAGING

Have a question? Chat with a live member of the WeSpeakStudent team. **Visit www.wespeakstudent.com, Student ID # is required.**



How do I choose one of the Enhanced Plans?

- 1) Please visit www.wespeakstudent.com before the deadline date.
- 2) Click on the Choose Your Plan option, select one of the plans, enter the required information and submit.
- 3) Print & keep your confirmation # for your records.

Please refer to the student insurance booklet available at www.wespeakstudent.com for plan details such as eligible providers, required referrals, exclusions etc.