

2019-2020

UVSS ENHANCED STUDENT HEALTH & DENTAL PLAN



WHAT IS THE ENHANCED PLAN?

In spring 2018, UVSS members voted in favour of introducing a flexible benefit model to the UVSS Health & Dental Plan, offering students two different levels of coverage at different costs—an alternative to the traditional one-size-fits-all Plan.



The Enhanced Plan provides higher coverage at a higher cost (\$360 for full-year coverage), while the Basic Plan provides lower coverage at a lower cost (\$290 for full-year coverage).





Eligible UVSS members are automatically covered by the Enhanced Plan. They have the option to opt down to the Basic Plan, mix and match portions of the Enhanced and Basic Plans, or opt out during the Change-of-Coverage Period each year. Visit www.studentcare.ca to customize your coverage.

WHAT ARE YOUR COVERAGE OPTIONS?

THE WHOLE PACKAGE	Option 1	OR	Option 2
	<div style="border: 1px dashed green; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">Enhanced HEALTH & DENTAL PLAN</p>  <p style="margin: 0;">\$360</p> </div>		<div style="border: 1px dashed blue; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">Basic HEALTH & DENTAL PLAN</p>  <p style="margin: 0;">\$290</p> </div>

..... Visit www.studentcare.ca for complete details.

MIX & MATCH	Option 3	OR	Option 4
	<div style="border: 1px dashed green; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">HEALTH ENHANCED DENTAL BASIC</p> <p style="margin: 0;">\$325</p> </div>		<div style="border: 1px dashed blue; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">HEALTH BASIC DENTAL ENHANCED</p> <p style="margin: 0;">\$325</p> </div>

JUST ONE PORTION	Option 5	OR	Option 6	OR	Option 7	OR	Option 8
	<div style="border: 1px dashed green; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">HEALTH ENHANCED</p> <p style="margin: 0;">\$180</p> </div>		<div style="border: 1px dashed green; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">DENTAL ENHANCED</p> <p style="margin: 0;">\$180</p> </div>		<div style="border: 1px dashed blue; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">HEALTH BASIC</p> <p style="margin: 0;">\$145</p> </div>		<div style="border: 1px dashed blue; padding: 10px; width: fit-content; margin: 0 auto;">  <p style="margin: 0; font-size: small;">DENTAL BASIC</p> <p style="margin: 0;">\$145</p> </div>

NO PLAN AT ALL	Option 9
	<div style="border: 1px dashed blue; padding: 10px; width: fit-content; margin: 0 auto;"> <div style="background-color: #0056b3; color: white; padding: 5px; display: inline-block;">  COMPLETE OPT OUT </div> </div>

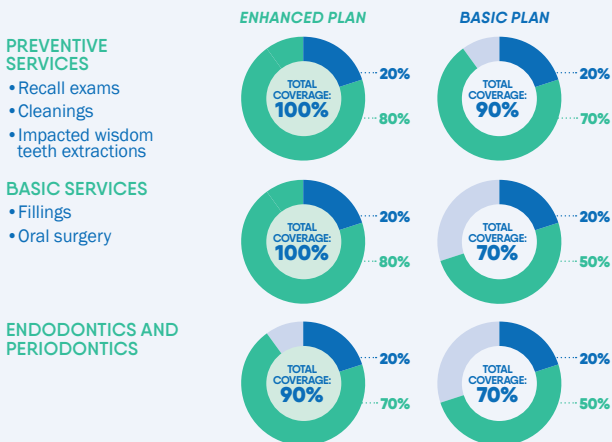
Note: Options 5 to 9 require proof of alternative coverage to opt out.

Health Coverage	Enhanced Plan Per Visit / Purchase	Basic Plan Per Visit / Purchase	Per Policy Year
PRESCRIPTION DRUGS Dispensing fee is limited to: - Basic: \$5 per prescription/refill - Enhanced: \$10 per prescription/refill Limited to drugs eligible under the BC Fair PharmaCare Formulary	80%	70%	UNLIMITED
VACCINATIONS Includes prescription and non-prescription vaccinations	80%	70%	BASIC: \$150 ENHANCED: UNLIMITED
PSYCHOLOGIST	80%	80%	\$700
MASSAGE THERAPIST Requires a referral from an MD	80%	\$30	BASIC: \$200 PER TYPE OF PRACTITIONER ENHANCED: \$300 PER TYPE OF PRACTITIONER
CHIROPRACTOR Includes one x-ray per policy year	80%	\$30	
PHYSIOTHERAPIST	80%	\$30	
NATUROPATH	80%	\$30	
ACUPUNCTURIST	80%	\$30	
PODIATRIST/CHIROPODIST Includes one x-ray per policy year	80%	\$30	
SPEECH THERAPIST	80%	\$30	
REGISTERED DIETITIAN	80%	\$30	
ATHLETIC THERAPIST	80%	\$30	

Vision Coverage	Enhanced Plan Amount Covered	Basic Plan Amount Covered	Eligible Every
EYE EXAM Must be performed by a licensed optometrist	\$80	\$60	24 MONTHS
EYEGASSES AND CONTACT LENSES Receipts must include the prescribed strength, or provide the detailed prescription.	\$125	\$75	24 MONTHS
LASER EYE SURGERY	\$150	\$150	1 POLICY YEAR

Dental Coverage

● Insured Portion* ● Studentcare Dental Network Savings



*Dental Plan maximum per policy year: **\$800 (Enhanced) / \$600 (Basic)**

Travel Coverage

Travel health coverage: 120 days per trip and up to \$5,000,000 per lifetime

Trip cancellation: Up to \$1,500 per trip for pre-paid, non-refundable trip expenses in case of a medical emergency

Trip interruption: Up to \$5,000 per trip in case of a medical emergency

Visit www.studentcare.ca for complete details.