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								FAL	L 20	21								

*The information in this slide is up-to-date as of September 1st, 2021. For the most up-to-date information, please visit <u>www.studentcare.ca</u>



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WHAT IS THE HEALTH & DENTAL PLAN?

Extended health and dental coverage that fills the gaps in provincial health care and other basic health-care programs.



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Prescription drugs Vaccinations Mental health practitioners Physiotherapists Chiropractors and more...



Checkups Cleanings Fillings Root canals and more...



Eye exam Eyeglasses and Contact Lenses Laser Eye Surgery



Travel care abroad (120 days per trip, up to \$5,000,000 per lifetime) Trip cancellation and trip interruption in the event of a medical emergency



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HOW MUCH DOES IT COST?



CAN I ENROL MY FAMILY?

Add one dependant for **\$459.03** *for full-year coverage*

+1



Add unlimited dependants for **\$918.06** *for full-year coverage*



0 • • 0 **COVERAGE PERIOD** • 0 Sept. 1, 2021 – Aug. 31, 2022 • . 0 • 0 8



CHANGE-OF-COVERAGE PERIOD

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HOW TO OPT OUT?

- 1. Use the secure online opt-out processing system at **www.studentcare.ca**
- 2. Upload proof of your alternative health and/or dental coverage.
- 3. Receive a credit to your student account for the difference in Plan fees shortly after the Change-of-Coverage Period.







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PAY-DIRECT CARD

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- Go to www.studentcare.ca and download your Pay-Direct Card to claim for prescription drugs.

STUDENTCARE

Pay-Direct Card Information for the pharmacist Please access the assure system and enter the

nformation on this card

GSA H	ealth & Dental Plan
Carrier 16	Group Number 022258
00	0 1
8	-Digit Student ID Number

University of Saskatchew

Student's Name (Please PRINT)

Sun Life

MOBILE APP



Available for free on the App Store and Google Play

ONLINE FORMS



Claim forms are available for download at **www.studentcare.ca**









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STUDENTCARE NETWORKS

NORTH DAKOTA

SOUTH

DAKOTA

NERRASK

MINNESOTA

IOWA

WISCONSIN

MICHIGAN

MONTANA

WYOMING

IDAHO

WASHINGTON

OREGON

List of student associations



DENTAL NETWORK

DENTAL PLAN	INSURED PORTION	NETWORK SAVINGS	TOTAL COVERAGE			
PREVENTIVE SERVICES (RECALL EXAMS, CLEANINGS, EXTRACTION OF IMPACTED TEETH)	80%	20%	100%			
BASIC SERVICES (FILLINGS, ORAL SURGERY, ENDODONTICS & PERIODONTICS)	60%	20%	80%			
MAJOR RESTORATIVE (CROWNS, BRIDGES, POSTS)	NOT COVERED	20%	20%			

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EMPOYER ME BY STUDENTCARE

You are not alone. Empower Me support is available 24/7/365.

1-833-628-5589



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EMPOWER ME COMMON TOPICS

- Abuse bullying, harassment, physical, sexual
- Addictions alcohol, drugs, gambling, gaming, sex
 - Anxiety & stress academic & personal
 - Bereavement & grief
 - Crisis or emergency situation
 - Depression academic & personal

- Family & single parenting
- Financial debt & credit counselling, financial planning, budgeting
- Nutrition
- Transition sexual & gender
- o **Trauma**
- Not an exhaustive list no issue is too small

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			Call	ūs	at 3	<u> 306-</u>	-518	8-12	. 70 1	fron	n M	ond	day				
				to	Fri	day	fro	m 9	am	to	5 p	m					

