

Opting Out

If you are covered by an equivalent Health and Dental Plan you may Opt Out by visiting the Students' Union Office on your campus, filling out an Opt Out Form and providing acceptable proof of coverage.

Please note that MSP (Medical Services of BC or your Provincial Health Plan) card is not considered acceptable proof of coverage as we do not cover your Provincial Health Plan.

Opt Outs are due the second Friday after your program start date.

How to Opt Out

1. Pick up your Opt Out Form from the Students' Union Office
2. Fill Out your Opt Out Form
3. Return your Opt Out form along with acceptable proof of coverage to the Students' Union office

Acceptable Proof of Coverage

- An extended health insurance card with your name on it
- A letter from your insurance provider on company letter head
- A letter from the issuing employer on company letter head

Important Information

Division Numbers
Salmon Arm: 29339
Penticton: 29340
Kelowna: 30598

Insurance Company Information
Green Shield Canada
(p) 1.888.711.1119
www.greenshield.ca

Black Out Period

While we wait for Okanagan College to confirm your enrollment your claims processing will be delayed. This delay can take up to two months.

Mailing in a Claim

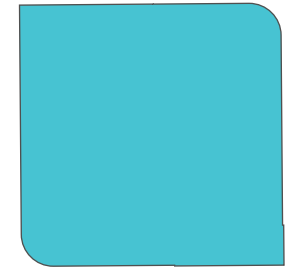
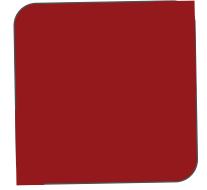
1. Complete a Green Shield claims form (available at the OCSU office on your campus or at www.greenshield.ca)
2. Attach your paid in full receipts
3. Bring the completed form with receipts to the Students' Union office on your campus

Students' Benefit Card

Present your Student Benefit card to any pharmacist or dentist in Canada to have your claim processed immediately (some dental offices do not have this option available.) Once processed you will not have to pay the full amount of your bill. Student Benefit cards are available from the OCSU office on your campus.

OCSU Contact Information

Jolene Black
Health and Dental Services Coordinator
P: (250) 762.5445 ext 4250
F: (250) 861.7074
E: health-dental@ocsu.ca
W: www.ocsu.ca



Health and Dental
2010/2011



Coverage

Who's Covered?

All OCSU members who are enrolled in full time studies are covered under the OCSU health and dental Plan. To verify that you are enrolled in the health & dental plan, Check your tuition fee statement and look for the "Extended Health/Dental" line item.

Who's not covered?

- Part time students
- Adult Basic Education Students
- Co-Op Students
- Students enrolled in programs shorter than 12 weeks in length

Medical Services Plan

The OCSU extended health and dental plans **do not** replace basic provincial medical insurance benefits.

Basic health insurance is mandatory as long as you are a permanent resident of British Columbia. This coverage may be comprised of the Medical Services Plan or other provincial health plans.

In order to claim health benefits under the OCSU Extended Health Plan, you must be covered by the BC Medical Services Plan (MSP), or have other equivalent basic coverage such as other provincial health care or private basic health insurance.

Opting In for Family

You may enroll your family for an additional fee (on top of the fee that you see added to your tuition fees.) You will need to fill out an enrollment form and provide payment for the addition of your family. Payment must be submitted with the enrollment form.

You may only enroll your family within the first 30 days of your program.

Fees

Full Year Coverage
September 1, 2010
to August 31, 2011

Family Plan 1	\$499.20
Family Plan 2	\$620.40
Family Plan 3	\$644.40

Winter Coverage
January 1, 2011
to August 31, 2011

Family Plan 1	\$332.80
Family Plan 2	\$413.60
Family Plan 3	\$461.60

Kelowna: Rm: H-125
Penticton: Rm A-12
Salmon Arm: OCSU Student Lounge

Opting in for Students

For programs that are not enrolled in the OCSU health and dental program may enroll in the program by going to the OCSU office on your campus. You will need to fill out an enrollment form and provide payment for the plan. Payment must be submitted with the enrolment form.

You may only enrol in the plan within the first 30 days of your program.

Fees

Full Year Coverage
September 1, 2010
to August 31, 2011

\$239.44

Winter Coverage
January 1, 2011
to August 31, 2011

\$119.72

What's Covered?

Dental

- \$750 per benefit year (Sept 1, 2010 to Aug 31, 2011)
- 80% of diagnostic procedures (ex. cleanings)
- 70% of restorative procedures (ex. fillings)

Health

- 80% coverage of prescription drugs
- Out of Province and out of Country emergency treatment
- Paramedical services (ex. physiotherapy and Chiropractic)

Family Plan Definitions

- Family Plan 1: The addition of one family member (spouse or dependant)
- Family Plan 2: The addition of two family members (spouse or dependants)
- Family Plan 3: The addition of three or more family members (spouse or dependants)

