

# your STUDENT INSURANCE PLAN

( Full-time Students Only )

Designed for the students of the  
**University of New Brunswick**



## 2022-2023

- POLICY # 100011723
- GROUP # 513984



AS A FULL-TIME REGISTERED STUDENT  
YOU ARE AUTOMATICALLY COVERED FOR  
THE BENEFITS DESCRIBED HEREIN.

# WE SPEAK STUDENT

## » 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 (deadline applies)
- Chat with a live operator
- Create a Profile to submit/track your claims
- Download claim forms and plan booklet
- General inquiries

## » COORDINATION OF BENEFITS

Benefits under two insurance plans can be co-ordinated to increase your coverage up to a total of 100%. For example, If you have other coverage in place following payment under this plan, you can submit outstanding balances to the other plan for consideration.

## » COVERAGE PERIOD

**September Start Students:** September 1 - August 31  
**January Start Students:** January 1 - August 31

## » OPTING OUT

Upon providing proof of **valid** alternate coverage, students may "opt out" of the Health Plan at [www.wespeakstudent.com](http://www.wespeakstudent.com) and receive a credit on their account. **Please note that opting out must be completed annually as it does not automatically carry forward from one year to the next.**

## » DEADLINE DATES

**Fall Start Students:** Sept. 23, 2022  
**Winter Start Students:** Jan. 27, 2023

## » HOW TO FILE YOUR CLAIM

Your drug, dental, and extended health care claims are paid by ClaimSecure.

### Pay Direct (drug/dental claims):

The **Pharmacy/Dentist** can submit your claim electronically for you, limiting your out of pocket expense. You will need to give the pharmacy/dentist the following:

- Your Group Number is 513984
- Provider: ClaimSecure
- Your Certificate ID #: U \_\_\_\_\_  
(10 digit alpha numeric number)  
I.E. If your student ID # is 6 digits the correct ID # would be U000654321  
I.E. If your student ID # is 7 digits, the correct ID # would be U007654321

**Submit Online:** You are also able to submit your claim electronically by creating a profile with the insurer. You will need to provide your Group number, Student ID number and date of birth when setting up your profile. You must also set up a direct deposit account for reimbursement.

Please go to [www.wespeakstudent.com](http://www.wespeakstudent.com) and select the Online Claims Submission.

**By Mail:** Fill out the appropriate claim form (all claim forms can be downloaded from [www.wespeakstudent.com](http://www.wespeakstudent.com)), attach your original receipts and mail directly to ClaimSecure at:

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

**All Dental Inquires call Toll Free 1 888 513-4464**

## » PLAN CONSULTANTS

2255 Sheppard East, Atria 1, 2nd Floor Suite 202  
Toronto, ON M2J 4Y1  
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)



## WHAT PLAN WORKS BEST FOR YOU?

All full-time students that have paid the Health Plan fee are **automatically enrolled** in the **Balanced Plan**, if you wish to select an alternate plan you must do so prior to the deadline date!

### FLEX PLAN SELECTION - DEADLINE DATES APPLY:

**September Start Students:** September 23, 2022  
**January Start Students:** January 27, 2023

### » FLEX PLAN OPTION 1 BALANCED PLAN (Auto-Enrolled)

#### PRESCRIPTIONS:

80% co-insurance

**Maximum:** \$5,000 (\$20 annual deductible)

#### DENTAL:

Basic and Preventative: 100%

Minor Restorative: 75%

Extractions (limit 2 wisdom teeth): 75%

Major Restorative: 10%

**Maximum:** \$500 (\$20 annual deductible)

#### EXTENDED HEALTH CARE:

Vision: \$65 maximum for eye exam, \$120 for prescribed lenses and frames or contact lenses every 24 consecutive months.

Paramedical Practitioners: 80% per treatment up to \$250 or \$1,000 depending on the type of practitioner.

### » FLEX PLAN OPTION 2 ENHANCED DENTAL/VISION PLAN

#### PRESCRIPTIONS:

70% co-insurance

**Maximum:** \$1,500 (\$20 annual deductible)

#### DENTAL:

Basic and Preventative: 100%

Minor Restorative: 85%

Extractions (limited to 4 wisdom teeth): 75%

Major Restorative: 10%

**Maximum:** \$700

#### EXTENDED HEALTH CARE:

Vision: \$70 maximum for eye exam, \$180 for prescribed lenses and frames or contact lenses every 24 consecutive months.

Paramedical Practitioners: 80% per treatment up to \$150 or \$250 depending on the type of practitioner.

### » FLEX PLAN OPTION 3 ENHANCED EXTENDED HEALTH/VISION PLAN

#### PRESCRIPTIONS:

70% co-insurance

**Maximum:** \$2,500 (\$20 annual deductible)

#### DENTAL:

Basic and Preventative: 75%

Minor Restorative: 50%

Extractions (limited to 2 wisdom teeth): 25%

**Maximum:** \$250 (\$20 annual deductible)

#### EXTENDED HEALTH CARE:

Vision: \$70 maximum for eye exam, \$180 for prescribed lenses and frames or contact lenses every 24 consecutive months.

Paramedical Practitioners: 80% per treatment up to \$300 or \$400 depending on the type of practitioner.

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

### » HOW DO I CHOOSE ONE OF THE ENHANCED PLANS?

- 1) Please visit [www.wespeakstudent.com](http://www.wespeakstudent.com) before the deadline date.
- 2) Click on the Choose Your Plan option, select an alternate plan, enter the required information and submit.
- 3) Print & keep your confirmation # for your records.

**LIVE HELP MESSAGING**  
Have a question? Chat with a live member of the WeSpeakStudent team.

Visit [www.wespeakstudent.com](http://www.wespeakstudent.com). Student ID # is required.

