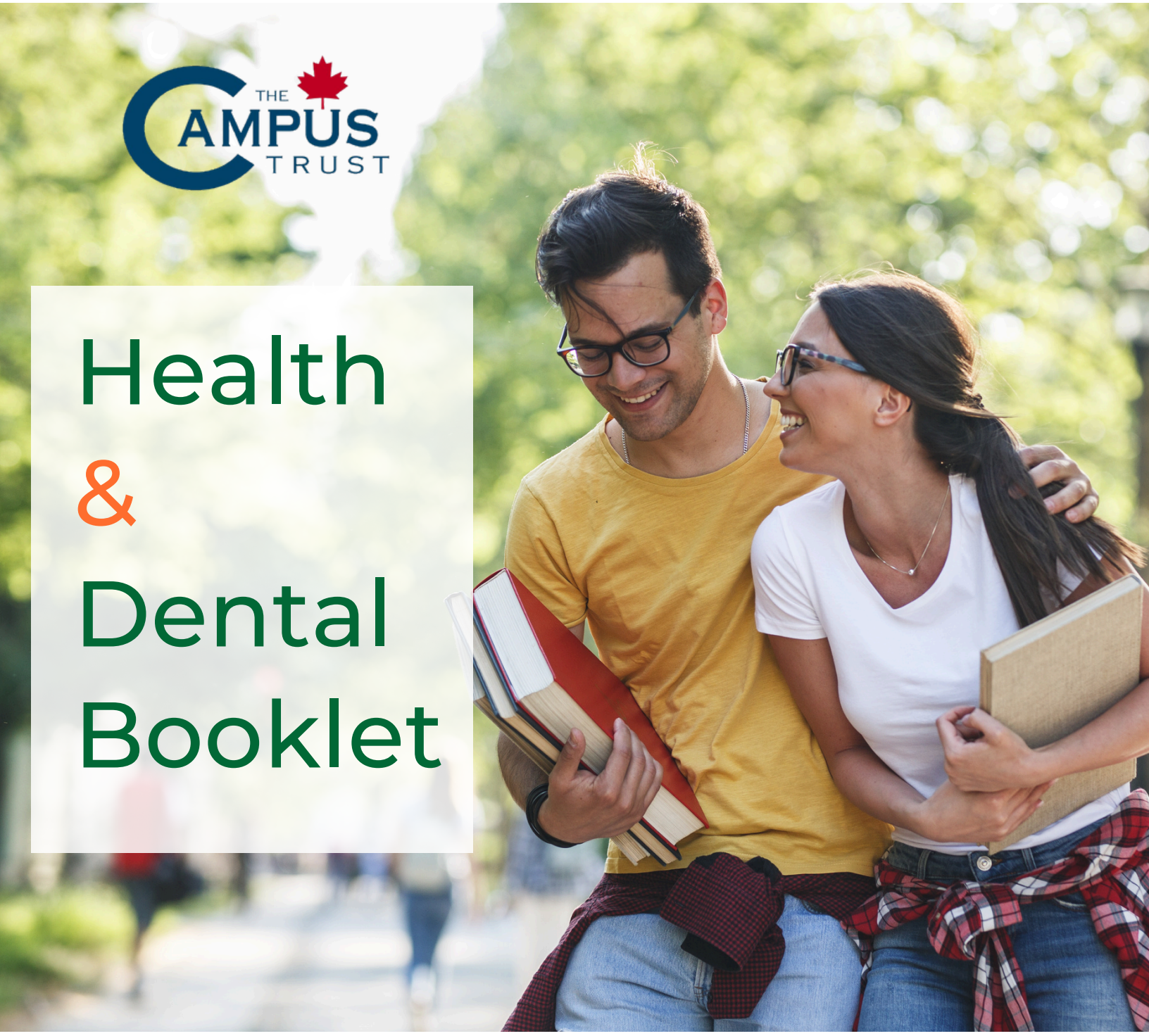


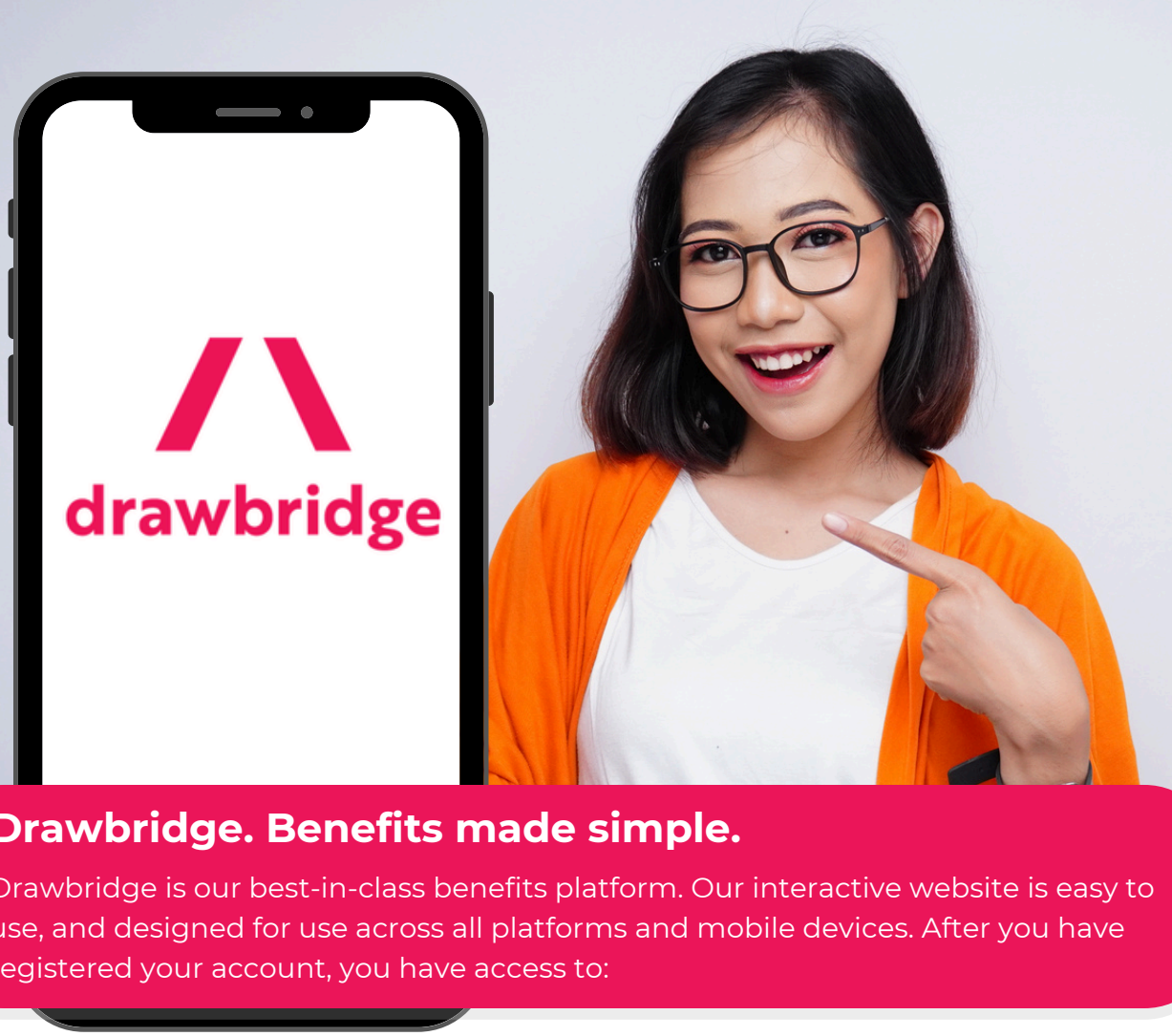
THE CAMPUS TRUST

Health & Dental Booklet

Your guide to benefits and coverage

2026/2027

CAPE BRETON UNIVERSITY STUDENTS' UNION



Drawbridge. Benefits made simple.

Drawbridge is our best-in-class benefits platform. Our interactive website is easy to use, and designed for use across all platforms and mobile devices. After you have registered your account, you have access to:

- Submit claims online
- View your claims history and print your Explanation of Benefits (EOB)
- Review your benefit balance
- Access the drug formulary to determine if a drug is covered
- Locate a health practitioner or medical provider in your area
- Review and update personal information
- Print or save your convenient benefit cards for on the spot reimbursement
- Register for direct deposit
- Print and view plan booklets and benefits at a glance

Download our mobile app!
Search "Drawbridge" on:

Google Play App Store

drawbridge

Cape Breton University Students' Union
2026/2027

The Cape Breton University Students' Union is pleased to sponsor the Extended Health and Dental Benefit Plan ("the CBUSU Plan"), outlined in this booklet. All benefits are reimbursed directly from The Campus Trust, unless otherwise noted. This booklet provides you with a description of the benefits to which you are entitled, an explanation of the rules regarding eligibility, and the procedures to follow when submitting a claim. The benefits described here may be revised from time to time or discontinued.

The information contained in this booklet does not create or confer any contractual or other rights. All claims are considered, and paid, in accordance with the rules of the Plan and the insurance contracts. The Campus Trust, The PBAS Group and/or insurance companies have the full authority to resolve all questions related to the provisions of the CBUSU Plan. The PBAS Group has the right and opportunity to examine any person whose injury or illness is the basis of a claim, when and as often as it may reasonably require during the pendency and payment period of any such claim.

Your CBUSU Plan identification number, name, and date of birth are used by The PBAS Group to determine your eligibility for benefits and substantiate your claims while you are a member of the CBUSU Plan. Without the use of this information you are still covered for benefits - however, your claims may not be adjudicated. Your personal information is used only for this purpose; it is stored with the utmost attention to security and deployed sparingly to fulfill the requirements of the CBUSU Plan and the law. For further information on the use of this information or to revoke the use of this information, contact The PBAS Group.

For Benefit Plan details, reimbursement and claim enquiries contact:

The PBAS Group
101-33 Pippy Place
St. John's, NL A1B 3X2
Tel: 1 (888) 404-6623
studentbenefits@pbas.ca

Register for your Plan Member portal:
cbusu.drawbridge.ca

For information regarding eligibility and rates, contact the Campus Administrator:

Cape Breton University Students' Union
1250 Grand Lake Road
Sydney, NS B1P 6L2

Tel: (902) 563-1477
dawn_macdougall@cbu.ca
www.cbusu.ca

Important Deadlines

Opt out or add dependants to the CBUSU Plan:
September start:
September 14, 2026

Opt Out or Add Dependants:
www.studentbenefits.ca



Contents

Eligibility 5

Am I eligible for benefits? 5
How do I add my spouse and dependant children to the plan? 5
Are my spouse and/or dependant children eligible for benefits? 5
When does my coverage end? 6
Can I opt out of the Extended Health and/or Dental Plan? 6
Should I keep the CBUSU Plan if I am covered elsewhere? 6
Can I re-enroll in the Plan if I previously opted out? 6
When will I receive my refund if I choose to opt out of the CBUSU Plan? 6

Health Benefits at a Glance 7

Description of Health Care Benefits 8
Limitations to the Health Care Benefit Plan 13

Travel Coverage 14

Student Wellness 16

Travel Navigator
Health Plan Navigator

Student Assistance Program 18

Virtual Care by Maple

Dental Benefits at a Glance 19

Description of Dental Care Benefits 20
Limitations to the Dental Care Benefit Plan 21

Register for Online Services 22

Will I receive a benefit card? 22
How do I register for online services? 23
How do I register for direct deposit or update my banking information? 23
What other services are available in my member portal? 23
Is there a mobile app? 23
Who can I contact if I need help? 23

Claim Submissions 24

How can I submit a claim? 24
How long do I have to submit a claim? 24
Are there preferred providers under this plan? 24
Can my provider submit my claims? 24
Can my provider be paid directly? 25
Why are my claims being audited? 25
What happens if my claims are unsubstantiated or inaccurate? 25
Can I coordinate my benefits if I have more than one plan? 25
Can I view my claims and payments on the website? 25
How do I know when my benefit maximums have been reached? 25



Eligibility

Am I eligible for benefits?

To be eligible for coverage you must be:

- Enrolled as a full-time student at Cape Breton University;
- Under the age of 70; and,
- Covered under a Provincial Health Care Plan or equivalent.

Full-time undergraduate students are automatically enrolled in the CBUSU Health and Dental Benefit Plan when they register for classes. The health and dental fee is automatically applied to your Student Account. If you have fulfilled the requirements for eligibility, you will have a 12 month term of coverage commencing September 1st. Students enrolling after September 11th will be eligible to opt-in to the health and dental plans in January 2026.

How do I add my spouse and dependant children to the plan?

Your plan allows you to add your eligible spouse and dependent children to the plan, as long as you are eligible and participating in the plan, by completing a request and paying an additional fee.

If you choose to add your eligible spouse and/or Dependant children to the CBUSU Plan, you must complete the required form in the SU Office, and pay the applicable fees. You must complete this process by the applicable deadline.

Are my spouse and/or dependant children eligible for benefits?

Yes, your spouse and dependant children can be covered for benefits. In order to be eligible, your dependants must be covered under a provincial health care plan, under age 70, and you must pay the applicable fee before the deadline. Your spouse and dependant children become eligible when you become eligible.

Spouse
A person to whom you are legally married or whom you cohabitate with on a permanent and ongoing basis for at least one continuous year, is publicly recognized as your spouse, and is under the age of 70.

Dependant Children
Children either natural, legally adopted, stepchildren or other children that live with you on a full-time basis, who are under the age of 21 and depend on you for support while living in a parent-child relationship.

Unmarried dependant children who have been identified as disabled and are over the age of 21, or; children under the age of 25 who are in full-time attendance at an accredited educational institution, are eligible for coverage, with the submission of documentation yearly.

Eligibility

When does my coverage end?

Coverage for you and your Dependants will terminate on August 31, unless:

- You cease to be an eligible student;
- You attain the age of 70;
- Premium payments by the Cape Breton University Students' Union cease; or,
- Your plan is discontinued.

Coverage for your Dependants will terminate on the date your Dependants no longer meet the definition of an eligible Dependant.

Please note that if it is proven to the satisfaction of the Administrator that you have engaged in fraudulent activity with respect to claims under this Plan, your coverage may be terminated, and the matter may be referred to the University for consideration under its Code of Conduct for further action.

Can I opt out of the Extended Health and/or Dental Plan?

In order to opt out of this plan, you must be enrolled in another extended health and/or dental plan. You must submit proof of alternative coverage that is comparable and clearly identifies that you are covered. Coverage obtained through travel insurance, the Canadian Dental Care Plan, or provincial health coverage (e.g. Nova Scotia Medical Services Insurance - MSI) does not qualify for health or dental opt-outs.

If you choose to exclude yourself from the plan, you must complete the required form each year, online at **studentbenefits.ca**. You must complete this process by the applicable deadline. Your opt-out is only confirmed once you receive an approval email.

Should I keep the CBUSU Plan if I am covered elsewhere?

The CBUSU Plan has been designed by students to specifically prioritize student needs. Remaining in both this plan and another plan may enable you to maximize your total coverage by coordinating the benefits of the two plans.

Students who have more than one group benefit plan can coordinate their benefits under each plan to increase coverage up to 100% of the total eligible expense. The payments from each plan are adjusted to limit the reimbursement to the total expense paid.

Can I re-enroll in the Plan if I previously opted out?

Once your opt out request has been approved, it will remain in force for the entire benefit year, unless your alternative extended health and/or dental plan terminates. You have 30 days from the loss of coverage to notify The PBAS Group, in order to be covered under this plan for the remainder of the benefit year. You must provide a copy of your notice of termination and pay the applicable fees.

When will I receive my refund if I choose to opt out of the CBUSU Plan?

If you are already covered under an extended health and dental plan, and you choose to opt out of this plan, your Student Account will be credited. Credits are issued after the opt out period.

Did you know?

The benefit maximums listed in this booklet apply to each dependant individually, unless otherwise noted.



Health Benefits

At-a-Glance | 2026/2027

CAPE BRETON UNIVERSITY STUDENTS' UNION

Accidental Dental	**80%**	up to $2,000 per injury	
AD&D	—	see schedule of losses	
Ambulance	**80%**	unlimited	
Counselling	**100%**	up to $1,000 per student year	
Eye Exam	**100%**	up to $100 every 24 months	
Eye Wear	**100%**	up to $150 every 24 months	
Health Practitioners	**80%**	acupuncturist chiropractor dietitian massage therapist * naturopath consultations occupational therapist osteopath physiotherapist * podiatrist/chiropodist speech therapist	80%, up to an overall maximum of $1,000 combined, per student year
Hearing Care *	**80%**	up to $1.000 every 60 months	
Medical Equipment *	**80%**	up to $3,000 per student year	
Orthotics or Orthopedic shoes *	**80%**	up to $400 per student year	
Prescription Drugs	**80%**	up to $3,000 per student year	
Student Assistance Program	—	Available 24 hours a day, 7 days a week	
Student Wellness	—	Travel and Health Plan Navigators	
Travel Benefit	**$5,000,000**	per trip	
Wellness Benefit	**100%**	$100 per student year	
Virtual Care by Maple	**100%**	up to six sessions per benefit year	

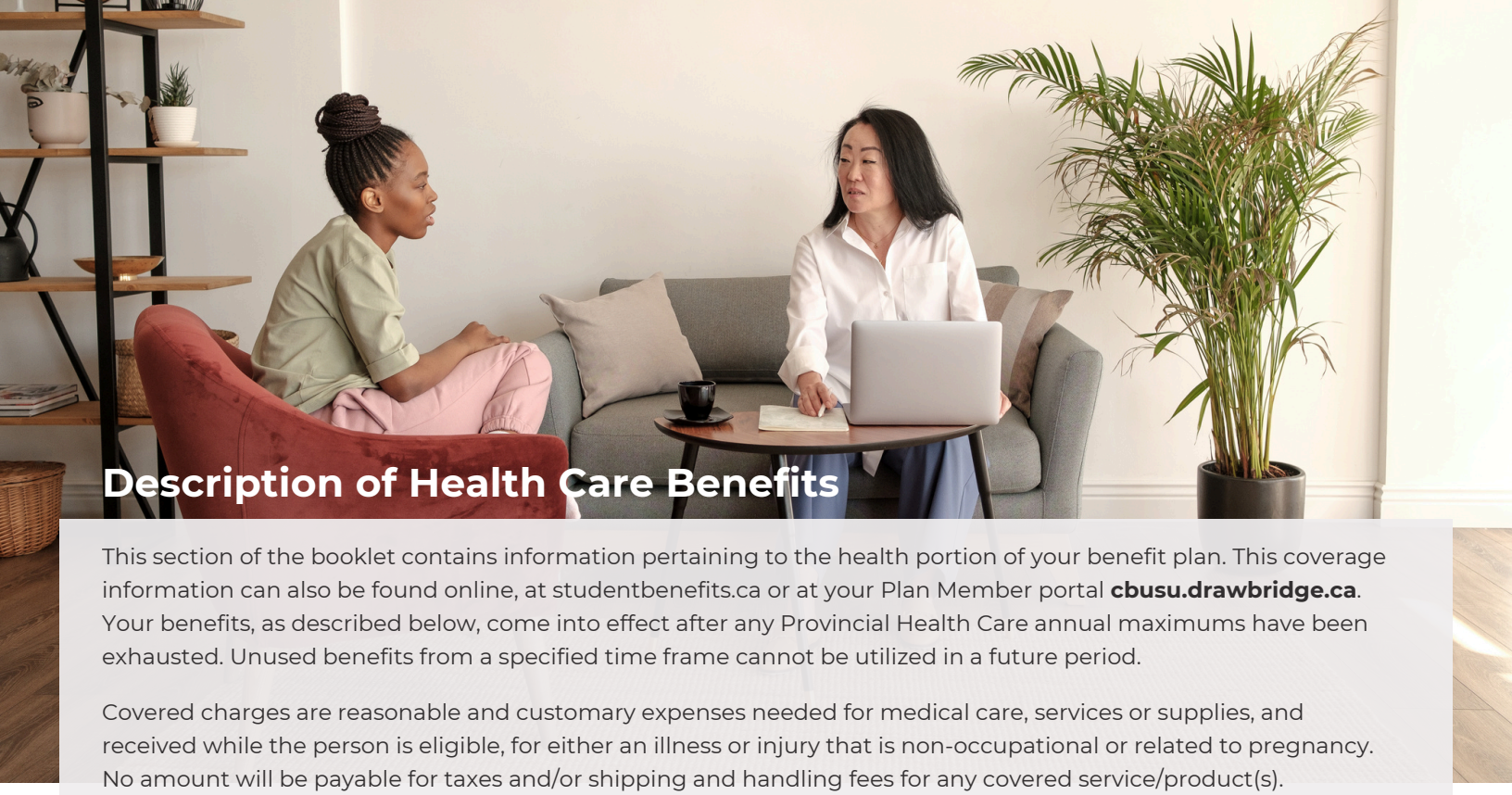
This is a basic overview of your health & dental plan, created as an easy way to assist students to maximize coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.

* Referral required every 12 months

Pharmacy Direct Billing:
Group: 6139
Carrier: MDM
Pharmacy Support: 1 (800) 838-1531

Student Benefits
cbusu.drawbridge.ca
1 (888) 404-6623
studentbenefits@pbas.ca

Address:
101-33 Pippy Place
St. John's, NL A1B 3X2



Description of Health Care Benefits

This section of the booklet contains information pertaining to the health portion of your benefit plan. This coverage information can also be found online, at studentbenefits.ca or at your Plan Member portal **cbusu.drawbridge.ca**. Your benefits, as described below, come into effect after any Provincial Health Care annual maximums have been exhausted. Unused benefits from a specified time frame cannot be utilized in a future period.

Covered charges are reasonable and customary expenses needed for medical care, services or supplies, and received while the person is eligible, for either an illness or injury that is non-occupational or related to pregnancy. No amount will be payable for taxes and/or shipping and handling fees for any covered service/product(s).

Accidental Dental – 80%, up to $2,000 per injury

Charges for dental services by a licensed dentist for the repair of sound natural teeth (healthy, non-diseased and not heavily restored) are covered when required for a non-occupational accidental injury, external to the mouth, which occurs while the person is covered. No amount will be payable for injury caused by an object placed in or on the mouth, self-inflicted injury, or damage to existing dentures, crowns, or bridgework. Work performed outside of Canada may be considered, after submitted to any Medical or Travel insurances of which you are eligible.

Benefits shall be paid in accordance with the Nova Scotia Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners, in effect at the time of treatment. Treatment must commence within 90 days following the date of the accident, and the care or services must be completed within one year from such date. No amount shall be payable for charges incurred after the termination date, or after the person's coverage terminates.

When submitting a claim for accidental dental, you are required to submit a letter detailing when and how the accident happened. The attending dentist must confirm that the treatment is the result of an accident.

It is recommended that the dentist submit a predetermination outlining the course of treatment and the resulting cost. Eligible Accidental dental claims must first be submitted to the Health Care Plan. Once this benefit is exhausted, remaining expenses can then be considered under the Dental Care Plan.

Accidental Death & Dismemberment (AD&D)

(This benefit is underwritten by Chubb Life Insurance Company of Canada under Policy Number SG102526)

This coverage applies to the insured student only. The amount of the benefit is limited to the percentage shown in the Schedule of Losses. To see complete details of coverage, or to download your copy of the Accidental Death and Dismemberment Policy, please visit your Plan Member Portal **cbusu.drawbridge.ca**, or studentbenefits.ca.

When you register an account on your Plan Member Portal, you can visit the Document Centre to fill out the form. Send a scanned copy, or the original signed copy, to The PBAS Group. If a beneficiary is not designated, any payments will be made to your estate.

Ambulance – 80%

Charges for licensed ambulance services within Canada, in excess of the amount payable under the covered person's Provincial Health Care Plan, are covered.

The coverage includes the transport of the covered person from the place of debilitation to the nearest hospital where treatment is available, or from the first hospital to another for specialized treatment not available at the first hospital, or to a convalescent/ rehabilitation hospital. No amount will be paid for air ambulance, or for expenses outside of Canada.

Counselling – 100%, up to $1,000 per student year

Counselling services provided by a:

- Licensed Psychologist;
- Registered Social Worker/Master of Social Work;
- Licensed Professional Counsellor;
- Licensed Counselling Therapist; or,
- Psychotherapist;

are covered, provided the counsellor is licensed under the appropriate provincial or federal organization to practice their profession, in accordance with the rules of their profession. No amount will be paid for group counselling, testing/assessments, or reports.

Eye Exam – 100%, up to $100 every 24 months

One eye examination, by an Ophthalmologist or Optometrist, registered and legally practicing within the scope of their license, is covered. No amounts will be paid for contact lens fitting fees or retinal photos.

Eye Wear – 100%, up to $150 every 24 months

Lenses and frames or contact lenses are covered, when prescribed by an Ophthalmologist or Optometrist. Itemized invoices are required. Laser eye surgery in lieu of lenses and frames will also be covered, up to the benefit maximum. No amount will be paid for electronic components for smart glasses or non-prescription glasses, such as safety or sunglasses,

When purchasing glasses or contact lenses online, you are required to submit a copy of your current prescription with your claim.

Gender Affirmation – 100%, up to $500 per Student year(referral required)

The following services (not covered by your provincial/ territorial health plan) will be considered eligible for coverage up to a **$500** per student year, when a diagnosis of gender dysphoria from a legally qualified physician (M.D.), or nurse practitioner is provided. Reimbursement will be limited to reasonable and customary charges.

- Foundation (core) – Transition-related genital and chest/breast surgeries not covered by your provincial/territorial health plan, as well as vocal surgery, tracheal shave, chest contouring/breast construction, vaginal dilators, laser hair removal and facial feminization surgery.
- Focused – Non-genital, non-breast/chest enhancement surgeries as follows: nose surgery, liposuction/lipofilling, face/eyelid lift, lip/cheek fillers, hair transplant/implants, and gluteal lifts/implants.

Health Practitioners – 80%, up to an overall maximum of $1,000 combined, per student year

Services provided by the following health practitioners are covered provided the practitioner is licensed by the appropriate provincial or federal organization to practice their profession in accordance with the rules of their profession.

The following practitioners are covered:

- Acupuncturist
- Chiropractor
- Dietitian
- Massage Therapist *
- Naturopath consultations
- Occupational Therapist
- Osteopath
- Physiotherapist *
- Podiatrist/Chiropodist consultations
- Speech Therapist

If a referral is required, it must be current, and will be valid for one year after the date of issue.

If an x-ray is recommended by any of the above health practitioners, an additional $25 is covered towards this expense. No amount will be paid for any visit for which any amount is payable under the covered person's Provincial Health Care Plan, unless permitted by law.

Hearing Care – 80%, up to $1,000 every 60 months (referral required)

Charges for hearing aids, purchase or repairs, (excluding batteries), are covered when recommended by a certified, clinical audiologist.

Ask your health practitioner if they direct bill to The PBAS Group, to save you from having to pay for your services out of pocket.

Medical Equipment – 80%, up to $3,000 per student year (referral required)

Charges are covered for the rental or purchase of medical equipment based on the nature and severity of the covered person's medical needs, when recommended by a licensed medical doctor (M.D.). Before incurring any major expenses, it is recommended you submit details to The PBAS Group to determine to what extent benefits are payable.

Covered items include, but are not limited to:

- Wheelchairs (purchase or rental, $1,000 per lifetime; repairs, $250 per lifetime);
- Respiratory Equipment including oxygen, CPAP/BPAP machines and supplies ($1,500 per lifetime);
- Contact lenses/glasses following cataract surgery (one pair per lifetime);
- Canes, crutches, walkers, casts, splints, catheters, colostomy supplies;
- Compression stockings or garments (excluding athletic or general-use apparel) (two items or pairs per benefit year);
- Insulin pump and diabetic supplies not covered under the prescription drug benefit (infusions sets, cartridges, and continuous glucose monitors) ($1,500 per benefit year);
- Intra-uterine devices with no medicinal content (one per student year);
- Custom-made rigid or semi-rigid braces (not for athletic use) for back, neck, arm or leg ($1,000 per lifetime, per condition);
- Non-dental prosthesis such as artificial limbs and eyes, including replacement if required because of a change in physical condition ($1,000 per lifetime, per condition);
- Wigs for a diagnosed medical condition or medical treatment resulting in full or partial hair loss ($1,000 per lifetime).

To qualify for reimbursement, medical equipment must be obtained through a licensed medical equipment supplier or a recognized, reputable retailer specializing in medical or healthcare products. Items purchased through third-party online marketplaces or non-verified vendors are not eligible.

Excluded items include those intended for athletic use; personal comfort or convenience items; fitness or wellness equipment; safety or environmental modifications; cosmetic, self-care or hygiene items; self-help or environmental control items; over-the-counter or non-prescription items; experimental or non-approved devices; duplicates or upgrades. Items with both medical and non-medical uses are not covered, such as, but not limited to: heating pads or light therapy devices, communication aids, air conditioners or cleaners, and whirlpool baths or saunas. Not all exclusions are listed. Medical supplies not listed in this booklet are subject to prior approval from the administrator.

In order to submit a claim for medical equipment, a letter (referral) will be required from a licensed medical doctor (M.D.) describing the nature of the disability, the type of equipment, medical need and estimated duration required.

Nursing (Out of Hospital) – 80%, up to $10,000 per student year (referral required)

This coverage applies to the student only. Charges for home nursing care by a Registered Nurse (R.N.) or a Victorian Order Nurse (V.O.N.) who is not a member of your family and does not normally live in your home, are covered when ordered by a licensed medical doctor (M.D.) as medically necessary for a disability that requires the specialized training of an R.N. or V.O.N.

Orthotics or Orthopedic shoes - 80%, up to $400 per student year (referral required)

Charges for custom-made orthopedic shoes (including repairs), arch supports, molds and orthotics, which have been specially designed and molded for the covered person, are covered when required to correct a diagnosed physical impairment and when recommended by a licensed medical doctor (M.D.) or Podiatrist/ Chiropodist.

Coverage does not include footwear that are primarily designed for non-therapeutic purposes, including athletic, recreational, or performance enhancement use, or for general comfort.

Prescription Drugs – 80% to a maximum of $3,000 per student year

The plan covers a list of Health Canada approved prescription drugs, professionally compiled to address the needs of students. The "Student Managed Drug Formulary" is designed to help reduce the cost of the plan while maintaining comprehensive quality care and benefits. Access to the drug formulary can be found at studentbenefits.ca, or your Plan Member portal **cbusu.drawbridge.ca**.

Eligible drugs include those approved by Health Canada, and are within the following general categories:

- Eligible drugs that, by law, require a prescription for purchase; and,
- Compound mixtures where one of the ingredients is an eligible item.

Coverage is limited to the cost of the lowest priced equivalent item in the applicable generic category that can be legally used to fill your prescription. The plan covers up to a 34-day supply of therapeutic (acute) drugs and up to a 100-day supply for maintenance drugs, unless prior approval is obtained from The PBAS Group.

The plan is limited to one intra-uterine device (IUD) per student year. IUDs that do not contain medicinal content may be eligible for coverage under the Medical Equipment benefit. Other contraceptives are subject to a combined maximum of $300 per policy year.

It should be noted that drugs are only considered eligible if they were prescribed by a licensed medical doctor (M.D.), licensed dentist, or another professional authorized by provincial legislation to prescribe drugs, and dispensed by a registered pharmacist or licensed medical doctor (M.D.).

The only drugs not legally requiring a prescription that will be reimbursed if accompanied by an official prescription receipt from the pharmacist, are:

- Vaccines/serums (only if course requirement, authorization by school required);
- Diabetic supplies such as insulin, syringes, needles, diagnostic reagents for the diagnosis and monitoring of diabetes, lancets, sensors and readers. Diabetic supplies not listed may be eligible for coverage under the Medical Equipment benefit.

Additionally, the Plan covers the following, without a prescription, up to the benefit maximum:

- Digital contraception apps (such as Natural Cycles);
- Rapid at-home STI testing kits (such as trusti).

Information about these providers can be found in the Plan Member Portal under Preferred Providers. A detailed invoice is required.

Specifically excluded from coverage, whether legally requiring a prescription or not, are:

- Allergy testing and all forms of allergen immunotherapy, including but not limited to allergy serums, extracts, injections, and sublingual tablets or drops;
- viscosupplementation, including all hyaluronic acid derivatives and similar intra-articular viscosupplement products;
- biologics, biosimilars, or drugs dispensed during treatment as an in-patient or an out-patient in a hospital;
- Cannabis and psychedelics;
- Dietary foods and supplements;
- Hair loss and hair growth agents, fertility drugs; Oral drugs for the treatment of erectile dysfunction; Smoking cessation products, Anti-obesity drugs;
- Household products such as, but not limited to, soap and toothpaste, prescription mouthwash;
- Vitamins (other than injectable);
- Vaccinations, unless required for course of study.

Tutorial Expenses - $15 per hour up to $1,000 per disability

(This benefit is underwritten by Chubb Life Insurance Company of Canada under Policy Number SG102526)

This benefit applies to the insured student only. If you become disabled while covered, and are confined at home or in a hospital for a minimum of 15 consecutive school days, you are eligible for the private tutorial services by a qualified teacher, up to the benefit maximum. The teacher must be approved in advance by the Students' Union. Disabilities due to the same or related cause will be treated as one disability.

If the disability is the result of an accident, confinement must occur no later than 100 days after the accident. Disabled means that you cannot, because of illness or injury, engage in most of the standard activities a person of the same age or demographic.

Wellness Benefit - $100 per benefit year

The Wellness Benefit is a flexible benefit that can be used towards approved health or dental-related expenses that are outside your plan's coverage, or when you have reached your maximum of a covered benefit.

Covered expenses include items and services that contribute to your wellness, whether through physical activity, mental health, or overall lifestyle improvement.

Fitness & Physical Activity

- Gym and fitness memberships;
- Exercise classes (e.g., yoga, Pilates, spin, martial arts);
- Personal training services;
- Cosmetic Surgeon (medical or dental);
- Expenses from a specialist not covered by your Provincial coverage;
- Health related items such as vitamins, menstrual products, supplements, etc.

Wellness Technology & Equipment

- Wearable fitness devices (e.g., smartwatches, activity trackers);
- Fitness and exercise equipment (e.g., weights, treadmills, bikes);
- Gaming systems and accessories that encourage movement, activity, or stress relief.

Mental Health & Well-being

- Counseling or therapy services (where not covered elsewhere);
- Meditation or mindfulness programs and apps;
- Stress management programs.

Recreation & Lifestyle

- Organized sports or league fees;
- Recreation programs or memberships;
- Hobby or activity-based purchases that support relaxation, creativity, or mental wellness.

A detailed receipt is required when submitting a claim. Cash or debit receipts are not accepted. The receipt must include:

- the claimants name;
- the date of service or purchase; and,
- a description of the items purchased.

Ineligible Expenses

While this benefit is flexible, some expenses are not eligible:

- Items without a clear wellness purpose or intended use;
- Primarily cosmetic or aesthetic services (unless otherwise noted);
- General day-to-day living expenses (e.g., groceries, rent, utilities);
- Fees not tied to participation (e.g., late fees, penalties);
- Expenses that have already been covered under another benefit plan;
- Fees charged by your school (gym, benefit plan fees, etc);
- Administrative, processing, shipping, or convenience fees;
- Expenses that do not clearly indicate that they were purchased for personal use.

When using this toward expenses that are not normally covered under your plan, we recommend that you contact the administrator to ensure that the expense is an approved expense. When dependants have been added to the Plan, this benefit is limited to $100 per family.

Limitations to the Health Care Benefit Plan

No amount will be paid for care, services or supplies:

- if the payment is prohibited by law;
- if the benefit is covered under any government plan or law;
- where no charge would have occurred in the absence of this coverage;
- for care, supplies, or treatment which is not medically required;
- for dental work, excluding Accidental Dental;
- for testing including, but not limited to, allergies, sleep studies, learning disabilities;
- for care or treatment that exceeds the normal care or treatment that is recognized as customary and common practice for an illness or injury, in accordance with current therapeutic practice; or,
- medical supplies, services, or treatments not listed in this booklet, unless with pre-approval from the Administrator.

No amount will be paid for any charge incurred as a result of:

- war, whether declared or not;
- insurrection, rebellion or participation in a riot or civil commotion;
- purposely self-inflicted injury; or,
- the covered person's commission of, or attempt to commit, an assault or a criminal offence.



Travel Coverage

This benefit is provided by Orion, under group policy number SBA10001.

Emergency Medical Travel Insurance	
Amount	up to $5,000,000 per insured person, per trip
Coverage period	90 days per trip
Extended coverage	365 days when travelling for your course of study

As part of the health plan, you and your eligible dependants are covered for hospital services, physicians, and other services for emergency treatment of an injury or illness while traveling outside of the province of Nova Scotia, including international travel. The travel plan covers reasonable and customary charges, which are in excess of the provincial health-care allowance.

You're covered for up to 90 days per trip, for an unlimited number of trips taken during the time you're covered. The maximum coverage is $5,000,000 per trip.

When travel is required to complete a course of study, coverage can be extended to 365 days, following confirmation from your academic supervisor. Please contact the Students' Association or The PBAS Group to obtain a 365-day Medical Assistance Travel Card. For complete details of coverage and/or to print your 90- day Medical Assistance Travel Card, visit **cbusu.drawbridge.ca**.

From Canada and the US, call toll free: 1-888-997-0152
From anywhere else in the world, call collect: +1-519-251-0152

If calling is not possible, contact us via Chat:
SMS: **1-450-234-8044**
WhatsApp: **1-888-657-7611**
Webchat: **orion.xodus.ca/assistance**
Email: **orionassistance@xodus.ca**

If you have an emergency while traveling, you must contact Orion immediately before seeking medical treatment. If you are unable to contact Orion due to the nature of your emergency, you must have someone else call on your behalf, or you must call as soon as medically possible. Orion is available to take your call 24 hours a day, 7 days a week.
In a life threatening emergency situation, call 911 or the local emergency number.



Travel Navigator

STUDENT WELLNESS

Travel Navigator™ is a free web platform and mobile app designed to help you stay safe, informed, and connected while you travel.

Whether you're studying abroad, on a school trip, or travelling for an exchange program, you'll have quick access to important travel, health, and safety information—all in one place.

What you can do with Travel Navigator™

- Get important updates from your school by email, text message, or push notification.
- Quickly contact your travel insurance emergency assistance team or your school's emergency contacts.
- Receive real-time travel, safety, and security alerts for your destination.
- Find nearby hospitals and medical facilities using your current location.
- Access helpful travel tools, including:
  - Currency converter
  - Embassy and consulate locator
  - Pre-travel vaccine information
  - Travel health tips and common medication information

Travel Navigator™ helps support you before, during, and after your trip by providing tools for safe travel and emergency communication. The platform is designed to keep you informed and connected throughout your journey.

SECURITY FEATURES
Security risk ratings, emergency numbers, dangerous neighborhoods, safety tips

EMERGENCY ASSISTANCE
Immediate access to medical and security assistance, 24/7

WARNINGS AND ALERTS
Real-time push notifications for everything from weather alerts to terror attacks

HEALTH OVERVIEW
Health risk ratings, top concerns, tap water profile, review of health care facilities and pharmacies

DESTINATION GUIDES
For over 250 countries and cities, including climate overviews, cultural conventions, public transit guides

EMBASSY INFORMATION
Location, contact info, hours of operation

CURRENCY INFORMATION
Accepted currencies, banks/ATMs, credit and debit cards

Student Wellness - Supporting Safe Student Travel.

Health Plan Navigator

STUDENT WELLNESS

Student Wellness is expanding! Check out our new services.

The **Student Wellness Platform** provides trusted tools and information to support your health and wellbeing.

Access personalized recommendations, reliable health information, self-assessments, and local care resources—all in one secure, easy-to-use platform.

With the Student Wellness Platform, managing your health has never been easier, safer, or more convenient.

Key features include:

Personalized Experience

Tailored to your unique health needs.

Self-Assessments

Personalized insights and practical recommendations.

Health Management Tools

Support for healthy habits and everyday wellbeing.

Trusted Health Information

Reliable information on physical and mental health.

Find trusted information about:

Physical and Mental Health

- Fitness
- Stress
- Anxiety
- Chronic Conditions

Healthy Living

- Nutrition
- Sleep
- Healthy habits
- Everyday wellness

Find Care

- Search providers
- Local health services
- Clinics

Financial Wellbeing

- Budgeting
- Saving
- Financial health

Helping you take charge of your health with Student Wellness

Understand your health better • Build healthy habits • Make informed health decisions • Support your wellbeing

Bilingual Support: Available in both English and French

Health Plan Navigator

STUDENT WELLNESS

Know Your Health Risks

Complete your **confidential assessment** in minutes. Receive personalized recommendations to help support your health and wellbeing.

Your confidential assessment evaluates nine areas that contribute to your overall wellbeing.

Your assessment looks at:

Health and Lifestyle

- Your physical and mental health
- Your lifestyle
- Physical activity

Work or School Life

- Your financial health
- School or workplace culture
- Stress management

Healthy Habits

- Diet and nutrition
- Sleep hygiene
- Alcohol and tobacco use

Scan to get started

Your health. Your journey.

All in one place.

Check out your Plan Member Portal at **cbusu.drawbridge.ca** for more details

Student Assistance Program

This benefit is provided by Maple

maple

Student Assistance Program

Support for life's challenges, big and small

The Student Assistance Program gives you access to mental health and wellness support directly through your Maple account.

Counselling

Issue-based sessions with trained counsellors to address the challenges that matter most to you, including stress, anxiety, depression.

Legal consultations

LegalConnect — phone-based legal information, plus an optional referral to a local lawyer that includes one free 30-minute consultation and a 25% discount on standard fees where applicable.

Financial guidance

FinancialConnect — a telephonic support covering personal finance questions and planning topics.

Work-life resources

FamilySource — a digital resource lists for childcare, elder care, pet services, relocation, housing, and everyday life needs.

Digital self-care tools

Interactive cognitive behavioural therapy programs (CCBT) for depression, anxiety, stress, chronic pain, sleep, and overall wellbeing.

Well-being coaching

Sessions focused on nutrition, sleep, weight management, stress management, burnout, and resilience.

Crisis support

24/7 crisis assessment and triage when you need immediate help, call **1-877-315-2276**

Register in minutes at getmaple.ca/studenttrust or by scanning the QR code.

Please note that you must access Maple through this link to be covered. If you sign up without using this information, any fees you incur cannot be reimbursed.

Virtual Care Benefit

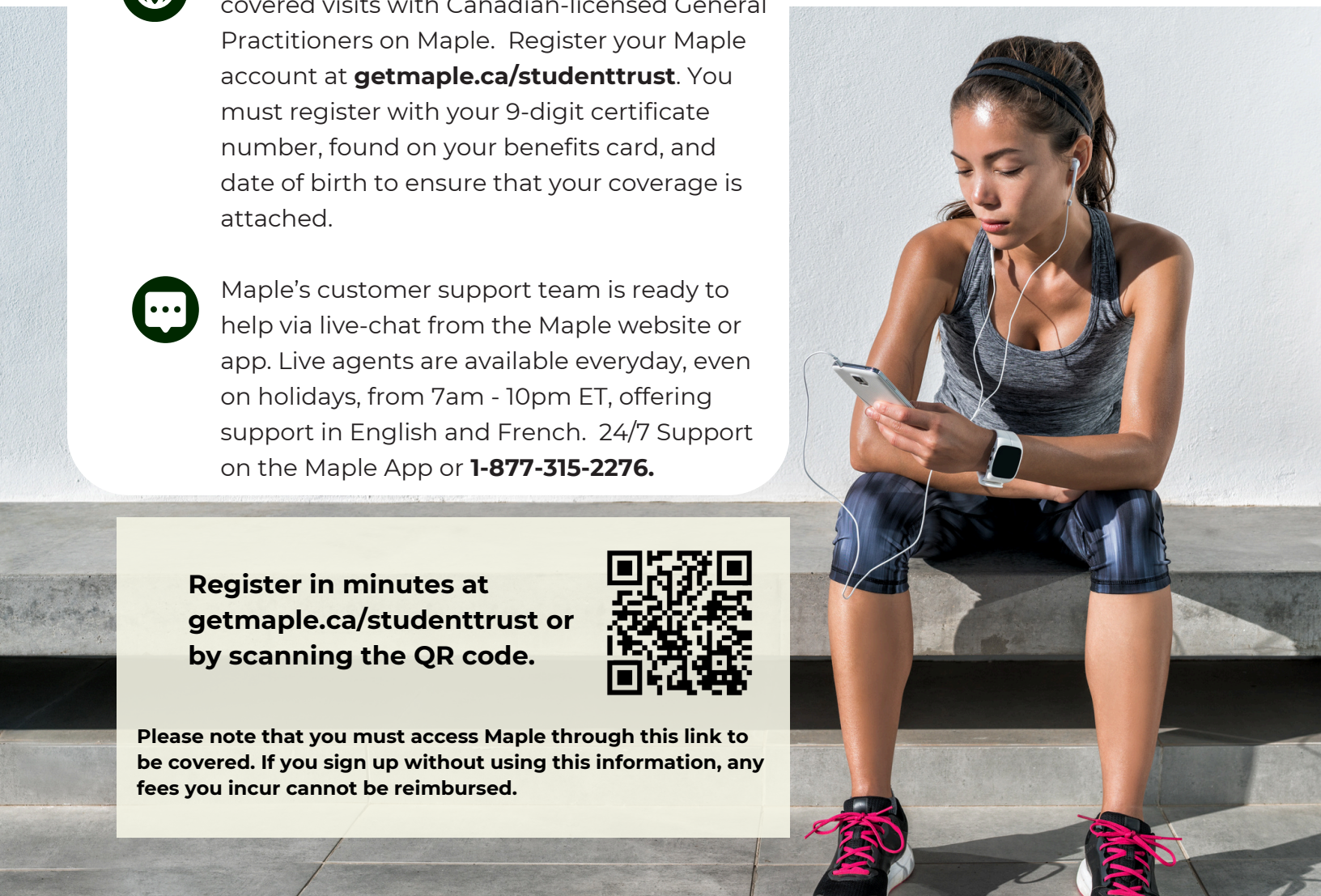
Quality healthcare at your fingertips

Included in your benefits, you and your eligible dependants can access virtual healthcare from the palm of your hand. Maple is a fully covered benefit for students, for up to six sessions.

Maple has Canada's largest online provider network, with 1,600+ general practitioners that you can connect with, within minutes, 24/7/365. General practitioners on Maple are able to safely and accurately diagnose and treat many common health related issues. Through your Maple visit, you can receive medical advice, prescriptions, medical notes, specialist referrals, and more. Get care when you need it, via secure instant message, video or audio call.

With your coverage, you have access to six covered visits with Canadian-licensed General Practitioners on Maple. Register your Maple account at **getmaple.ca/studenttrust**. You must register with your 9-digit certificate number, found on your benefits card, and date of birth to ensure that your coverage is attached.

Maple's customer support team is ready to help via live-chat from the Maple website or app. Live agents are available everyday, even on holidays, from 7am - 10pm ET, offering support in English and French. 24/7 Support on the Maple App or **1-877-315-2276.**



Register in minutes at getmaple.ca/studenttrust or by scanning the QR code.

Please note that you must access Maple through this link to be covered. If you sign up without using this information, any fees you incur cannot be reimbursed.

Dental Benefits

CAPE BRETON UNIVERSITY STUDENTS' UNION

At-a-Glance | 2026/2027

Benefit Maximum is $1,000 per Benefit Year

Diagnostic	100%	Exams, X-rays
Preventive	100%	Polishing, Scaling, Oral Hygiene Instruction, Space Maintainers
Restorative	80%	Fillings
Endodontic	80%	Root canals, Pulpotomy
Periodontic	80%	Root Planing, Management of Oral Disease
Major Restorative	80%	Crowns, Pins, Posts
Denture Maintenance	80%	Relining, rebasing, tissue conditioning
Oral Surgery	80%	Tooth and Root Removal
Anesthesia	80%	Deep, Inhalation, Intravenous, when required for a covered procedure

Payments will be based on the Nova Scotia Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners in effect at the time of treatment.

This is a basic overview of your dental plan, created as an easy way to assist students to maximize dental coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.

Electronic Billing:
Account: PBAS
Carrier Code: 610256
Claim Format: NDC
Group No.: 663

Student Benefits
cbusu.drawbridge.ca
1 (888) 404-6623
studentbenefits@pbas.ca

Address:
101-33 Pippy Place
St. John's, NL A1B 3X2

Description of Dental Care Benefits

There is an overall dental maximum of **$1,000** per student year, per person

This section of the booklet contains information pertaining to the dental portion of your benefits plan. This coverage information can also be found online, at studentbenefits.ca or on your Plan Member portal **cbusu.drawbridge.ca**. Eligible dental expenses are covered when they are incurred while the person is insured and service is provided by a licensed dentist, dental hygienist, anesthetist, or specialist. The term "dentist" in this provision intends to include all of the above. If treatment is given by a specialist, the amount paid will be limited to the amount stated for that treatment in the Nova Scotia Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners in effect at the time of treatment, as described below. Treatment by a specialist will only be covered if a comparable dental code exists in the General Practitioner Fee guide of the province of the Plan.

There is an overall dental maximum of **$1,000** per student year, however certain items are specifically excluded and limits exist. Unused benefits from a specified time frame cannot be utilized in a future period. It is recommended to submit a predetermination to ensure you are covered for your procedure.

Diagnostic and Preventive - 100%

Examinations

- Initial or complete examinations (one exam per student year)
- Recall examinations (once per student year)
- Specific examinations
- Emergency examinations

X-rays

- Full mouth series x-rays (once every three years)
- Periapical x-rays (up to 16 films every three years)
- Bitewing x-rays (up to four films per student year)
- Panoramic x-rays (once every three years)
- Occusal x-rays (up to four films per student year)

Cavity Prevention

- Polishing or cleaning teeth (two units per student year)
- Recall scaling (two units per student year, combined with root planing)
- Fluoride (once per student year for dependants age 16 or younger)
- periodontal appliance
- Oral hygiene instruction (covered once only)
- Pit and fissure sealants (once every three years for dependants age 16 or younger)
- Space Maintainers (once per space in a student year)

Restorative – 80%

Fillings

- Sedative, silver or white fillings
- Retentive Pins

Endodontic – 80%

- Pulpotomy
- Root Canal (once per tooth)

Periodontic – 80%

- Oral Disease
- Desensitization
- Gingival Curettage
- Gingivectomy
- Flap Surgery
- Tissue Graft
- Root Planing (four units per student year, combined with scaling)

Major Restorative – 80%

- Crowns
- Pins
- Posts

Oral Surgery – 80%

Minor

- Extractions, erupted teeth
- Residual root removal

Major

- Extractions surgical
- Alveoloplasty, gingivoplasty, stomatoplasty, vestibuloplasty
- Surgical excision
- Surgical incision
- Fractures
- Frenectomy
- Post surgical care

Anesthesia – 80%

- Local anesthesia
- General anesthesia
- Deep sedation
- Inhalation technique
- Intravenous sedation

Limitations to the Dental Care Benefit Plan

No amount will be reimbursed for the following expenses:

- bridges, major restorative (unless listed), bleaching, orthodontic services;
- any anesthesia administered in a hospital;
- dental charges that could be claimed under Workers' Compensation;
- dental charges not included in the current provincial fee guide for General Practitioners;
- cosmetic procedures, experimental treatment or testing;
- charges for appointments that are not kept;
- charges for the completion of claim forms;
- treatment to correct temporomandibular joint dysfunction of the jaw;
- endodontic treatment that started before the effective date of coverage;
- dental appliances (unless listed);
- any orthognathic surgery (remodeling or reconstruction of your jaw);
- procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth); or,
- implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth.

Did you know?

Your plan has a Preferred Provider program! Preferred providers offer discounts or complimentary services, and will always direct bill your plan on your behalf. Visit the Provider Search page on **cbusu.drawbridge.ca** to see information for providers participating in the Preferred Provider program for your plan.

Register for Online Services

There are many services available on **cbusu.drawbridge.ca** that will make your benefit plan easier than ever to access. You must register as a member to take advantage of all features of the site.

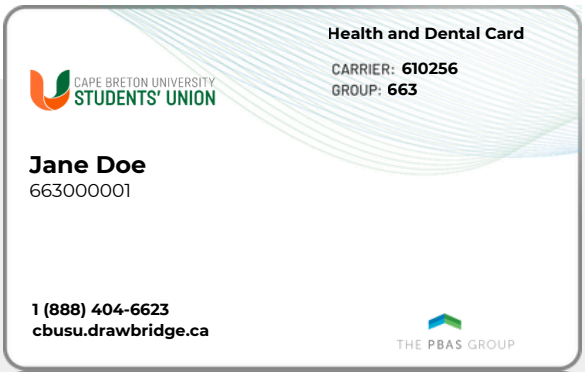
Will I receive a benefit card?

After you are eligible for coverage and have registered at **cbusu.drawbridge.ca**, you will be able to print the following personalized benefit cards.

Pay-Direct Card – Pharmacy
This card should be presented to your pharmacist (along with your prescription) in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to submit a claim. Your pharmacist will advise you of any amount owing.

Pay-Direct Card – Health and Dental Practitioner
This card should be presented to the health or dental practitioner, in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to submit a claim form. Your practitioner will advise you of any amount owing.

Travel Card
This card gives you coverage for 90 days while you are traveling. If you are traveling on an exchange program or to complete a course of study, and you require an extended period of travel, please contact the Students' Association office or The PBAS Group for further details. If you have a medical emergency, you must contact the travel insurance provider prior to receiving services or making a travel claim. The contact numbers are on back of the card.



Remember...

When your provider submits a claim on your behalf, your claim will be processed immediately, eliminating the need for you to submit the claim. All benefits have limits, and pharmacists, health practitioners, and dental offices are not obligated to submit your claims electronically.

Register for Online Services

How do I register for online services?

If we have your email address on file, you will receive a welcome email from Drawbridge before you become eligible. If we do not yet have your email address, the welcome email will be sent as soon as we receive it.

To register for the Member Portal, you must first use your school-issued email address and verify it through a link sent to that email. After completing your registration, you may update your email address if desired.

Alternatively, you can simply visit **cbusu.drawbridge.ca** and click on Register Now. After completing your enrolment, you'll have access to the online portal if we've already received your eligibility from your school. If not, you'll start with limited access, which will expand once your eligibility has been updated.

How do I register for direct deposit or update my banking information?

When you register as a member on **cbusu.drawbridge.ca**, you must add your direct deposit information in your profile. Your direct deposit payments will normally begin with your next submitted claim.

To make the direct deposit registration process simple, have a blank cheque or direct deposit form from your bank on hand when you register. These documents include all the information required to set up direct deposit. Your payments can be deposited into a chequing or savings account from a Canadian Bank. If you have another kind of account, please call your financial institution to find out what accounts you can use for direct deposit.

You can change your direct deposit information at any time by visiting **cbusu.drawbridge.ca** and updating the information in your profile.

Before the payment has been deposited into your account, you will receive an Explanation of Benefits (EOB) by email. With normal bank clearing procedures, your payment should be deposited within two or three business days.

What other services are available in my member portal?

Your online portal includes a wide range of features. You can print or download your benefit cards, submit claims online, and review your claims history—including viewing and downloading your Explanation of Benefits. It also shows your current benefit balances.

In addition, you can access the Student Wellness Program (Travel and Health Navigator). Student Assistance Program, important documents, directories of local and preferred providers, and access to search the drug formulary to find out if your prescription will be covered. The portal also allows you to update your contact and direct deposit information.

Is there a mobile app?

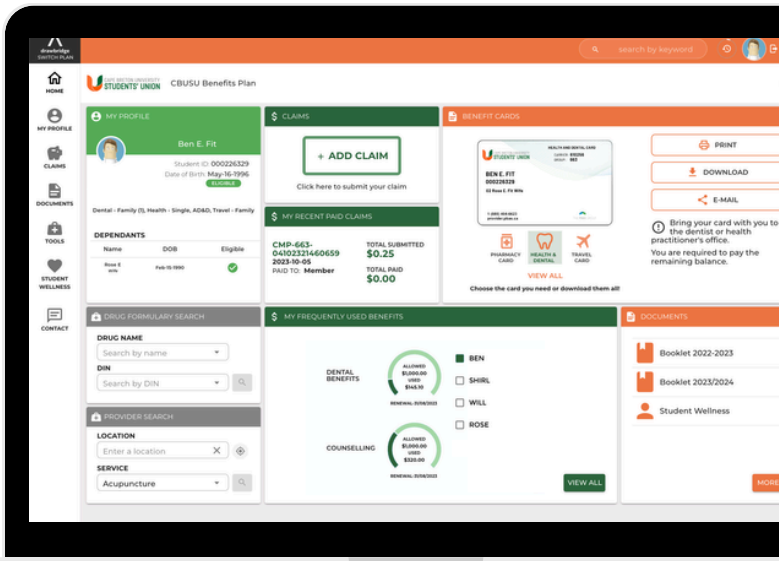
There is an App that allows you access your benefit card(s) and submit new claims conveniently. You can review your claim history, view up to date benefit balances, check your coverage, and much more.

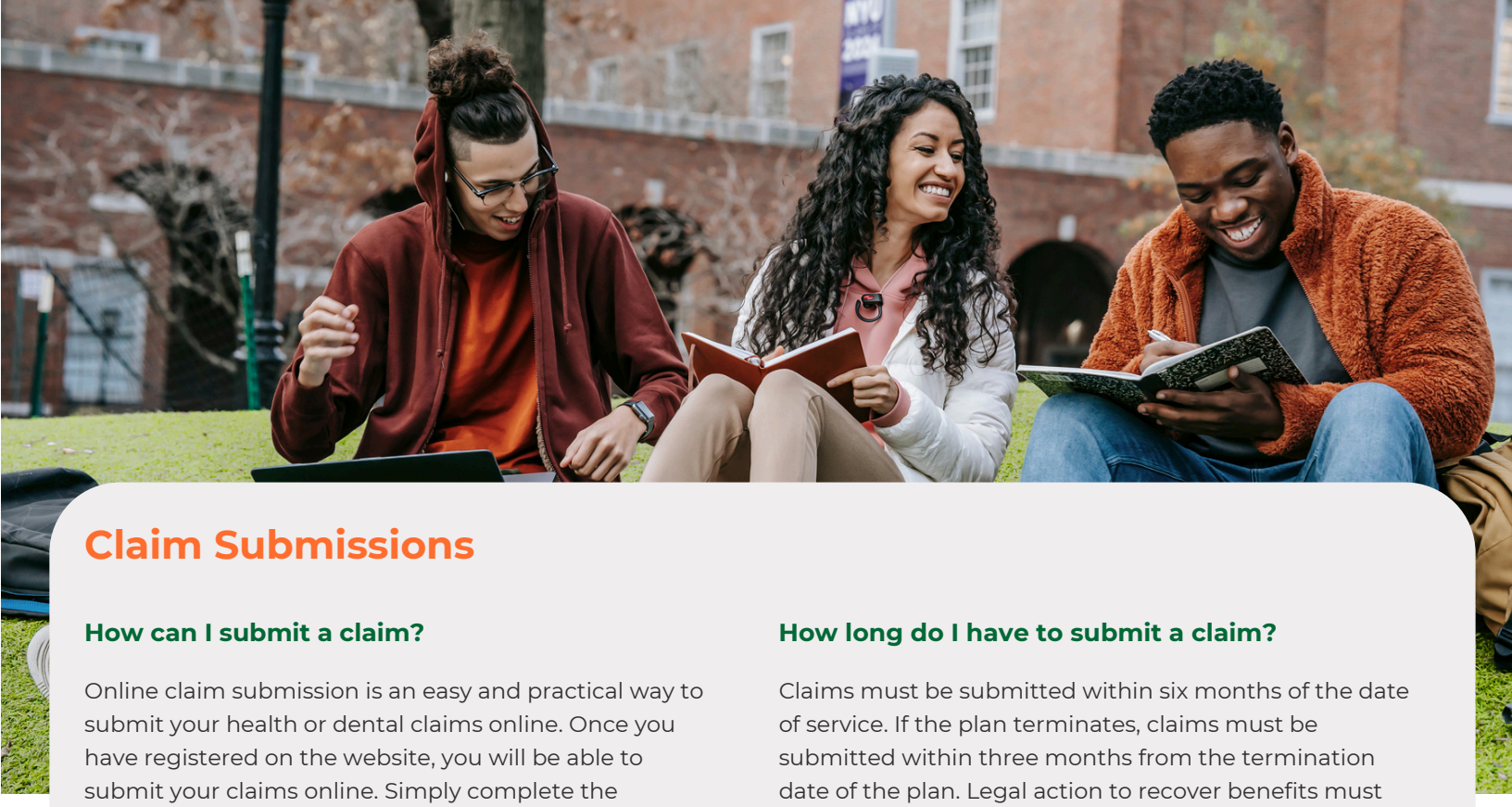
Simply search for "Drawbridge" under the Google Play or App Store to download. The Drawbridge website is also mobile friendly.

Google Play App Store

Who can I contact if I need help?

We are always happy to answer your call, email or live chat. Simply email studentbenefits@pbas.ca or call 1 (888) 404-6623, or visit **studentbenefits.ca** to live chat with an agent or leave a message.





Claim Submissions

How can I submit a claim?

Online claim submission is an easy and practical way to submit your health or dental claims online. Once you have registered on the website, you will be able to submit your claims online. Simply complete the required fields in the claim form, use your smart phone to upload pictures of your receipts, or attached scanned copies of your receipts.

The online claim submission system will help ensure that we have all the information required for processing your claim. The system will let you know if you are required to submit a referral, and will allow you to coordinate your benefits with another plan.

When submitting claims online, you are required to retain your original receipt(s) for 12 months, as The PBAS Group may request them at any time.

While the online claim submission has proven to be the most efficient way to submit claims for reimbursement, you can also submit your claims by email for review. Remember to complete each section of the claim form in full.

- For health claims, send us a completed claim form, available online at **studentbenefits.ca** or **cbusu.drawbridge.ca**, along with your receipts and any required referrals.
- For dental claims, a Standard Dental Claim Form can be obtained from your dental office, which both parties have signed.

All benefits are paid on a reimbursement basis. Send a scanned copy, or the original signed copy, to:

Email: studentbenefits@pbas.ca

How long do I have to submit a claim?

Claims must be submitted within six months of the date of service. If the plan terminates, claims must be submitted within three months from the termination date of the plan. Legal action to recover benefits must begin within two years of the date of service.

Are there preferred providers under this plan?

Yes, your plan has a list of preferred providers who will direct bill on your behalf, and offer discounts to you as a member of this Plan. You can visit **studentbenefits.ca**, or **cbusu.drawbridge.ca**, click on Tools, and then view them under the Preferred Provider tab. These providers are optional, and you are not limited to using the providers listed.

Can my provider submit my claims?

Your plan accepts electronic claims from dental offices, pharmacies, health practitioners, and vision care providers, within 30 days of the date of service. If your provider direct bills on your behalf, the Explanation of Benefits is sent to them directly, however, you can view all claims in your member portal. Simply present your card to providers who are willing to direct bill. Any portion not covered by your plan is your responsibility and must be paid directly to the provider.

You must view and sign the claim to ensure accuracy before the claim is submitted.

Claim Submissions

Can my provider be paid directly?

Yes, your plan allows you to assign your benefit to your provider. When the provider is manually submitting a claim on your behalf, a Health claim must include an Assignment of Benefits form, (found on **studentbenefits.ca** or in your Plan Member portal **cbusu.drawbridge.ca**), an invoice, and a doctor's referral (if required). A dental claim requires a standard dental claim form, issued by your dental office, of which both parties have signed. When you assign your benefits to a provider, the explanation of benefits is mailed to the provider only, however, your copy can be obtained online in your Claim History.

You are responsible to ensure that you are eligible for coverage on the date of your treatment. No amount will be paid if your coverage is not in effect at the time of treatment.

Remember that all benefits have limits, and not all providers will accept direct billing. You should ask your provider if they will direct bill before starting treatment.

Why are my claims being audited?

Claims are held or audited for a variety of reasons, including routine random reviews, to confirm claim accuracy and validity. Unsubstantiated or inaccurate claims can significantly impact the benefit plan experience and lead to increased costs. We review selected claims to ensure all required information has been provided and that claims are processed correctly. Audits help identify fraudulent activity and correct submission errors, ensuring you receive the correct reimbursement.

What happens if my claims are unsubstantiated or inaccurate?

If a claim is submitted and paid but later determined to be ineligible due to insufficient or unsubstantiated documentation, we reserve the right to request repayment of any amounts reimbursed in error from the member. If a submission error results in an underpayment, the Plan Administrator will reprocess the claim and issue any additional reimbursement owing. Your portal access will be suspended if fraudulent activity is suspected.

Can I coordinate my benefits if I have more than one plan?

In the case of a claim for you, the student, this plan is the first payer and the dependant coverage available through your other plan is the second payer. In the case of your spouse's claim, this plan is the second payer if they have their own plan.

For dependant children, claims are submitted first to the benefit plan for the parent whose birthday (month and day) occurs earlier in the calendar year, regardless of age.

Following the reimbursement from the first payer, copies of the receipts and the explanation of benefits can then be submitted to the secondary plan so that the balance can be considered for payment.

Can I view my claims and payments on the website?

Claim history is available on the website, and updated daily, so that you will always have the most current information regarding your submitted claims.

You have the option to print the Explanation of Benefits (EOB) for any claim that has been processed. The EOB outlines claim information, and payments made by your plan. Having this information easily accessible will make it easier for you to submit the information to any alternative insurance you may have, or provide you the information you may require for income tax purposes.

How do I know when my benefit maximums have been reached?

You can view your benefit balances on **cbusu.drawbridge.ca**. Once you have registered, you will have access to view the remaining balance of most benefits. This option is particularly helpful when you have repeat treatments for a specific benefit type.

THE CAMPUS TRUST

CAPE BRETON UNIVERSITY
STUDENTS' UNION

cbusu.drawbridge.ca

The PBAS Group
101-33 Pippy Place
St. John's, NL A1B 3X2

1 (888) 404-6623
studentbenefits@pbas.ca

studentbenefits.ca