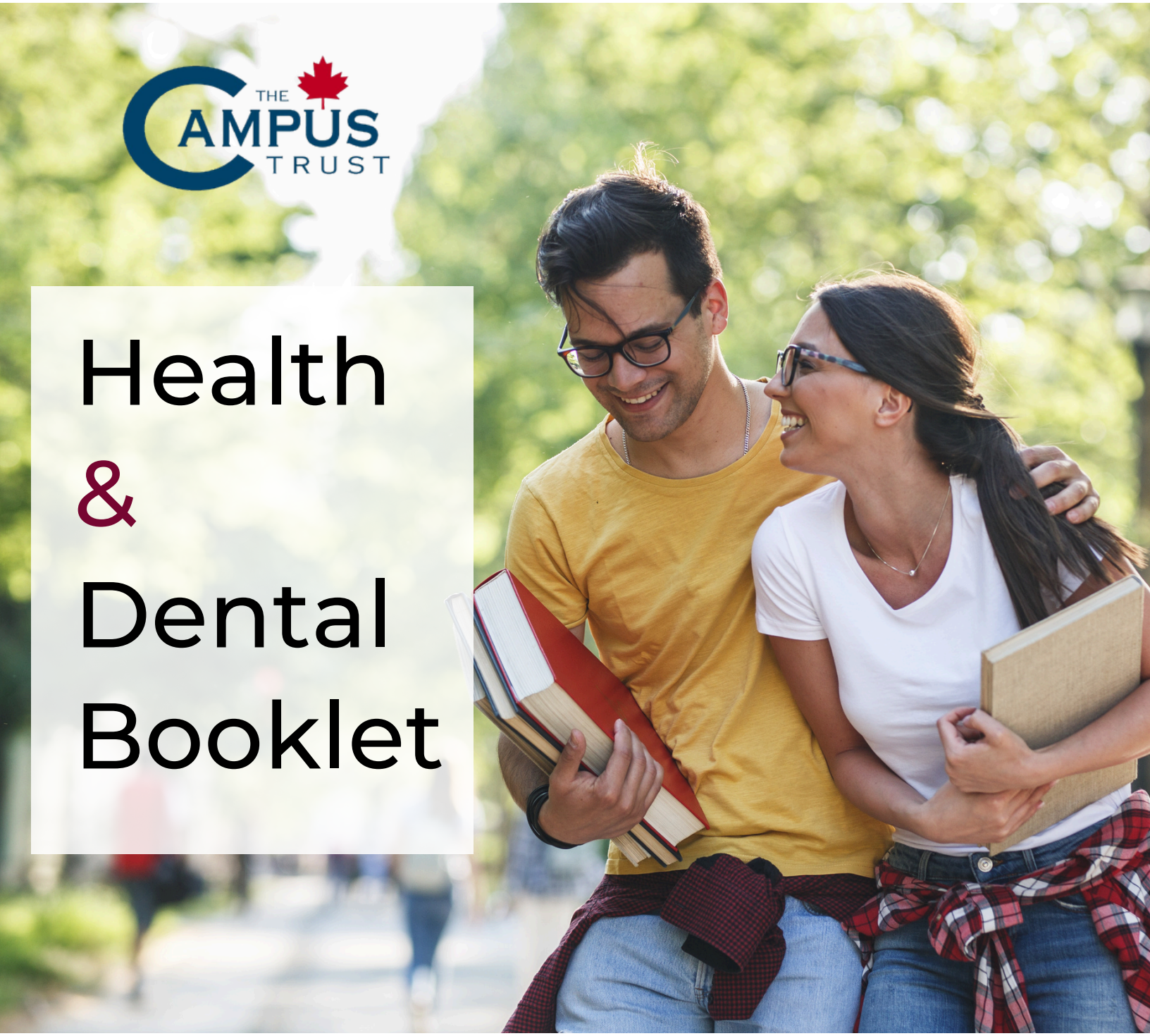


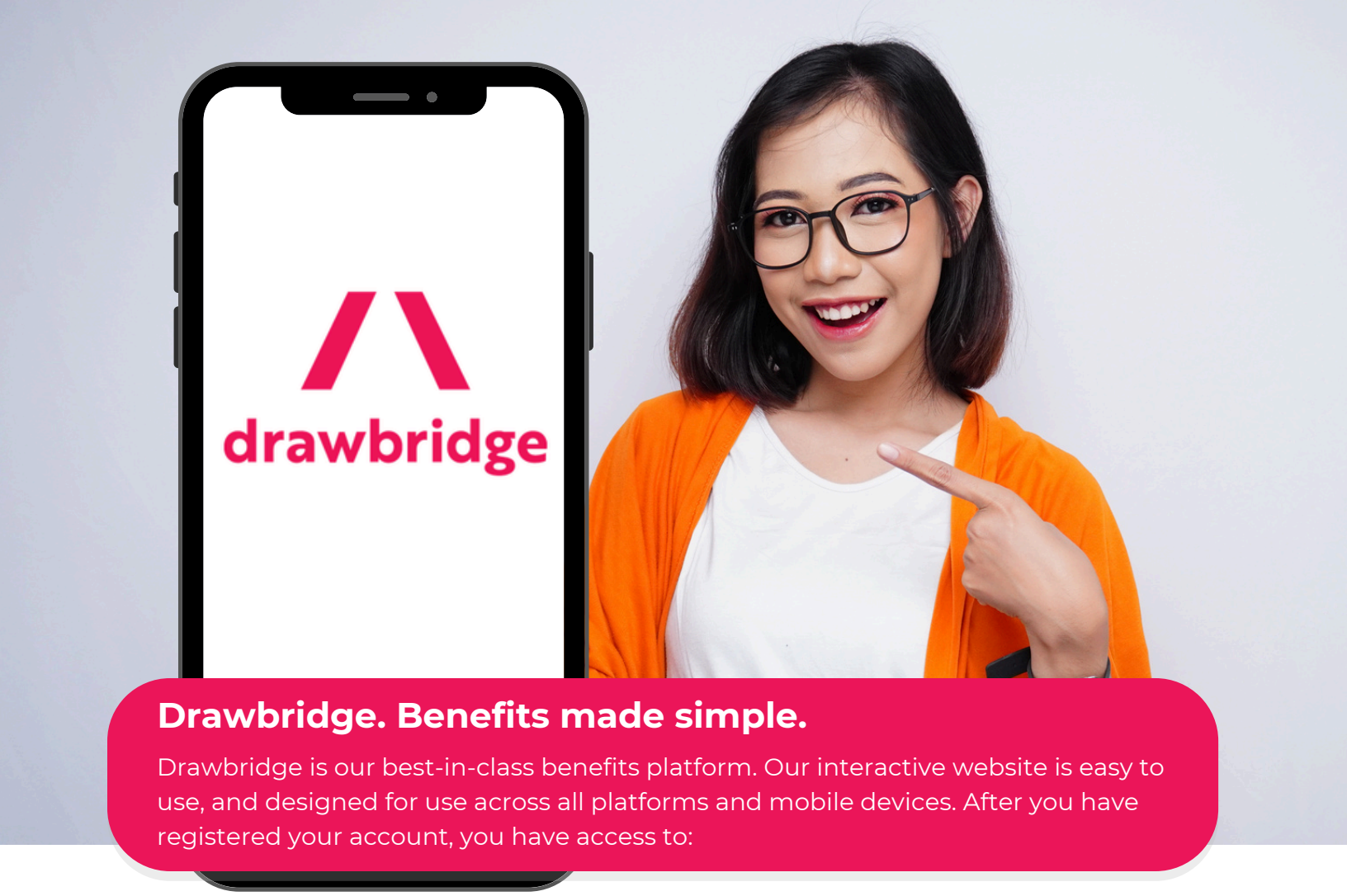
THE CAMPUS TRUST

Health & Dental Booklet

Your guide to benefits and coverage

2026/2027

GSA
GRADUATE STUDENTS ASSOCIATION
OF MCMASTER UNIVERSITY



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- 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

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Graduate Students Association of McMaster University

2026/2027

Graduate Students Association of McMaster University is pleased to sponsor the Extended Health and Dental Benefit Plan ("the MacGSA 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. The Health and Dental benefits are underwritten and insured by Canada Life. 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 MacGSA 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 MacGSA Plan certificate 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 MacGSA 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 MacGSA 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:
macgsa.drawbridge.ca

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

1280 Main St. West
Refectory Rathskeller Building East
Tower, 2nd floor
Hamilton, ON L8S 4L7

Tel: 905 525-9140 Ext. 22043
macgsa@mcmaster.ca
gsa.mcmaster.ca

Important Deadlines

Opt out, opt in, or add dependants to the MacGSA Plan:
September 30, 2026
January 31, 2027
May 31, 2027 (opt in only)

Opt Out, Opt In, or Add Dependants:
www.studentbenefits.ca

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Eligibility

Am I eligible for benefits?

To be eligible for coverage you must be:

- Enrolled as a full-time or part-time graduate student in the Fall or Winter term paying McMaster fees, including;
  - International students studying at McMaster and paying McMaster fees;
  - Students away on exchange paying McMaster fees;
  - MBA students; or,
- a graduate student starting in the Fall or Winter term who is part of CUPE 3906 (eligible for Health only if covered under the CUPE 3906 Dental Plan); or,
- Full-time Fall and Winter Term Divinity students (automatically covered by the Health Plan only);
- Under the age of 70; and,
- Covered under a Provincial Health Care Plan or equivalent.

Full-time students are automatically enrolled in the MacGSA Health and Dental Benefit Plan when they register for classes. The health and dental fees are automatically applied to your Student Fees Account.

The following students have the option to **opt-in**:

- new students in May
- full-time post-degree students, students on co-op or leave of absence, exchange students, and auditing students
- visiting students

A benefit year runs from September 1st until August 31st. If you have fulfilled the requirements for eligibility, you will have a 12 month term of coverage commencing September 1st. Students enrolling after September 1st will be eligible for the remainder of the benefit year.

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

Yes, your spouse and dependent 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 dependent 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.

Did you know?

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

Eligibility

How do I add my spouse and dependent 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.

Simply visit **studentbenefits.ca**, and click on "Add Dependants". This will redirect you to the form. Complete the form in full and upload any necessary proof, if applicable. You will receive a confirmation email. Please ensure to keep this for your records. You must complete this process by the applicable deadline.

When adding dependants, the additional fee must be sent to the Administrator by e-transfer to **studentbenefits@pbas.ca** including your student name and number, before your requested coverage will be activated. Your add dependant request is only confirmed once you receive an email advising you of your approval and payment is received.

Can I opt in to the Plan?

Yes, if you meet the definition, you can opt in to your plan by filling out the online request form, and paying an additional fee. The fee must be paid in full before you are eligible for coverage.

Simply visit studentbenefits.ca, and click on "Opt-In". This will redirect you to the form. Complete the form in full. You will receive a confirmation email. Please ensure to keep this for your records. You must complete this process by the applicable deadline.

When opting in, the additional fee must be sent to the Administrator by e-transfer to **studentbenefits@pbas.ca** including your student name and number, before your requested coverage will be activated. Your request is only confirmed once you receive an email advising you of your approval, and payment is received.

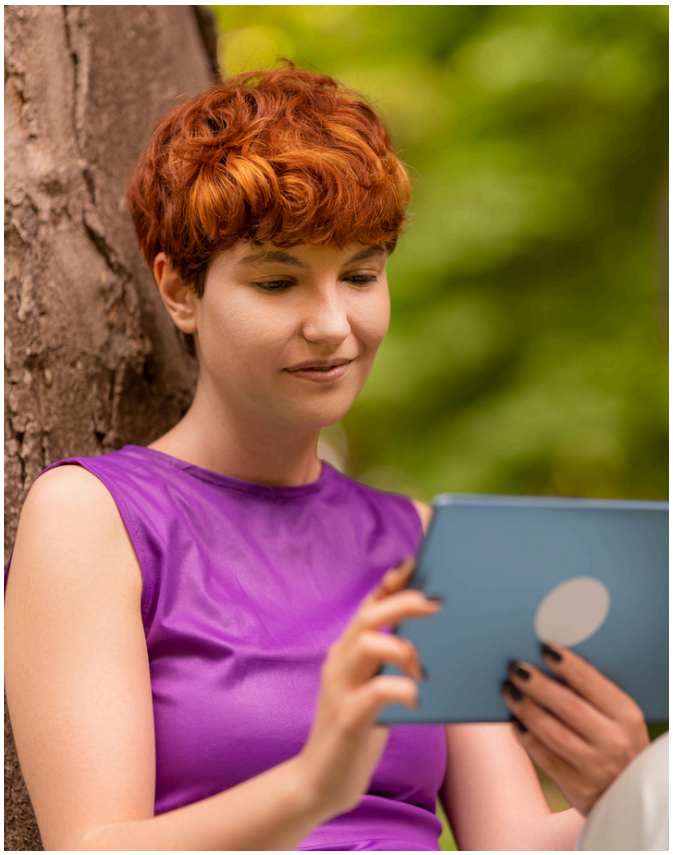
When does my coverage end?

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 Graduate Students Association of McMaster University 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.



Eligibility

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. Ontario Health Insurance Plan - OHIP) 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.

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.

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

The MacGSA 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.

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

If you are already covered under an extended health and dental plan, and you choose to opt out of this plan, your Student Fee Account will be reimbursed the applicable amount. Refunds are issued after the opt out period has closed.

Health Benefits

At-a-Glance | 2026/2027

Accidental Dental	**100%**	Reasonable and Customary charges	
AD&D	—	see schedule of losses	
Ambulance	**100%**	up to $200 per trip	
Counselling	**100%**	$100 per visit, up to $400 per benefit year	
Health Practitioners	**100%**	chiropractor	$35/visit, up to $500 every benefit year
		physiotherapist *	$40/visit, up to $500 every benefit year
		massage therapist *	$25/visit up to $500 per benefit year
		naturopath consultations osteopath podiatrist/chiropodist speech therapist	$25/visit up to $300 per practitioner per benefit year
Home Nursing Care	**100%**	up to $25,000 every three benefit years	
Hospital	**100%**	Semi-private room	
Lab tests and Diagnostic Services	**100%**	Reasonable and Customary charges	
Medical Equipment *	**100%**	Reasonable and Customary charges	
Orthotics and Orthopedic Shoes	**50%**	up to $250 per benefit year	
Prescription Drugs	**80%**	up to $3,000 per benefit 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	
Vision Care	**100%**	up to $150 every 24 months, combined	

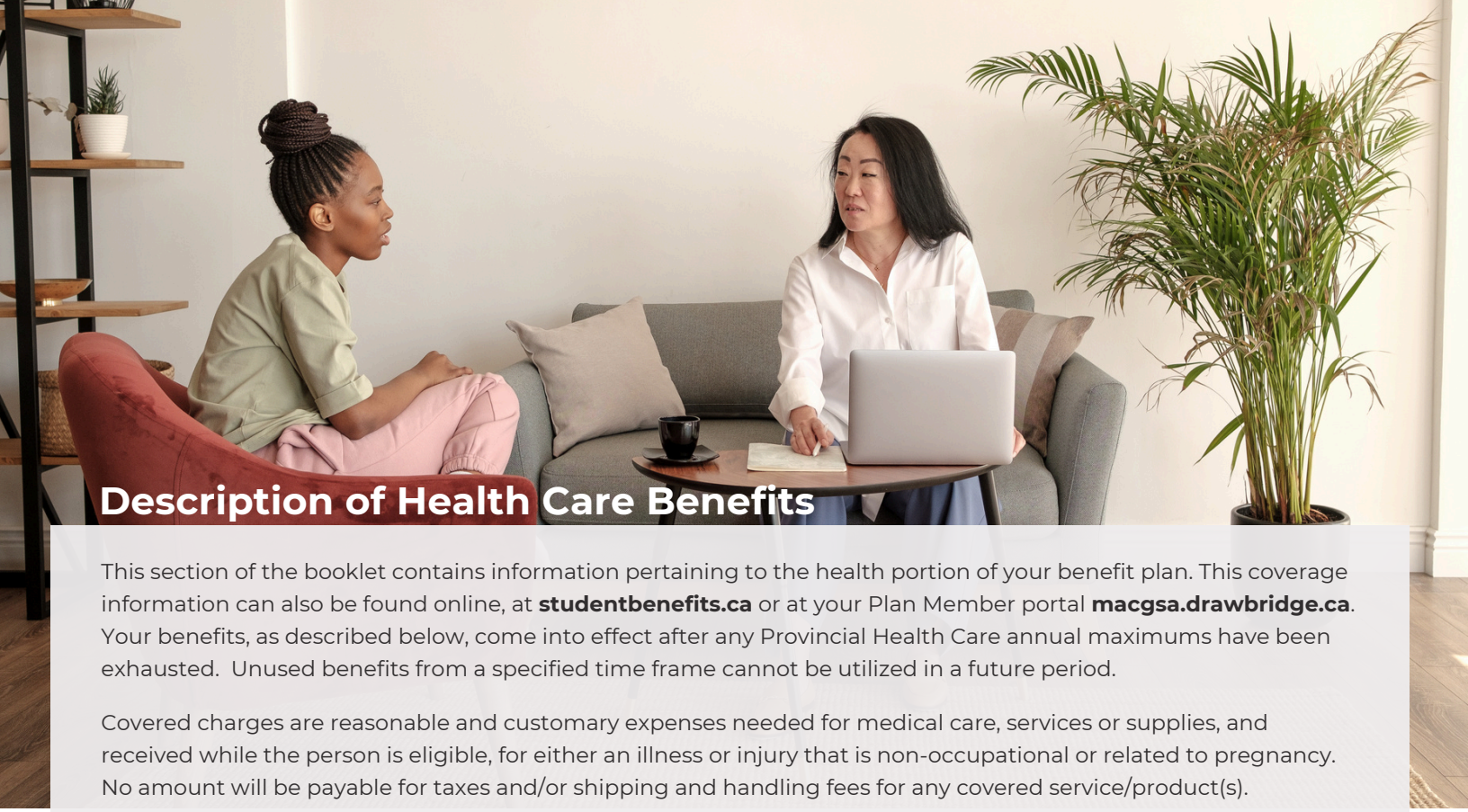
This is a basic overview of your health & dental plan, created as an easy way to assist students to maximize coverage. Complete descriptions of all benefits, including specific limits, are listed in your booklet.

* Referral required every 12 months

Pharmacy Direct Billing:
Group: 615
Carrier: MDM
Pharmacy Support: 1 (800) 838-1531

Student Benefits
macgsa.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 **macgsa.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 – 100%, Reasonable and Customary charges

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 Ontario Dental Fee Guide for 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 and 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 **macgsa.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 – 100%, up to $200 per trip

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%, $100 per visit, up to $400 per benefit 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.

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 **macgsa.drawbridge.ca** to see information for providers participating in the Preferred Provider program for your plan.

Health Practitioners – 100%, limits vary

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:

$35 per visit up to **$500** per benefit year:

- Chiropractor

$40 per visit up to **$500** per benefit year:

- Physiotherapist (referral required)

$25 per visit, up to **$500** per benefit year:

- Massage Therapist (referral required)

$25 per visit, up to **$300** per benefit year, per practitioner:

- naturopath consultations
- osteopath
- podiatrist/chiropodist
- 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.

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.

Home Nursing Care – 100%, up to $25,000 every three benefit years (referral required)

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 doctor (M.D.) as medically necessary for disability that requires the specialized training of an R.N. or V.O.N.

Hospital – 100%, semi-private

Charges, up to the provincial benefit maximum for semi-private rate, are eligible. A hospital is a place that:

- chiefly provides inpatient medical care for the injured, sick or chronically ill;
- has a staff of licensed doctors (M.D.) and 24-hour nursing care by registered nurses (R.N.); and,
- is approved as a hospital for payment of the ward rate under the provincial health plan.

Diagnostic laboratory tests – 100%, up to Reasonable and Customary charges

Charges for Lab tests performed in a commercial lab, used to diagnose an illness are covered within Canada, in excess of the amount payable under the covered person's provincial health care plan, when prescribed by a doctor. Physician and administration fees aren't covered.

Medical Equipment – 100%, Reasonable and Customary charges (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, $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, and 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 (IUD's) with no medicinal content, (one per benefit year);
- Aero chamber (one per benefit 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.

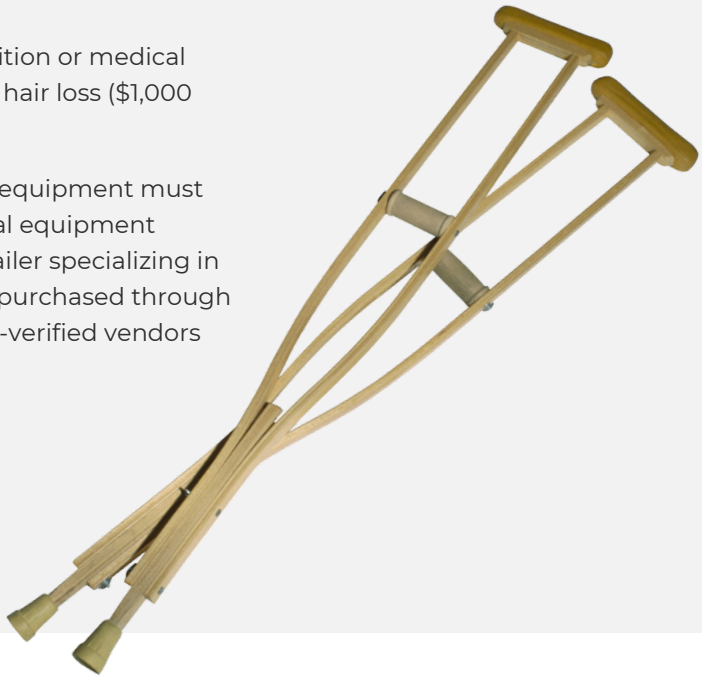
Excluded items include those intended for athletic use; personal comfort or convenience items; fitness or wellness equipment; safety or environmental modifications; cosmetic, self-care or hygiene items; self-help or environmental control items; over-the-counter or non-prescription items; experimental 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.

Orthotics or Orthopedic Shoes - 50%, up to $250 per benefit 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%, up to $3,000 per benefit year

The plan covers a list of Health Canada approved prescription drugs, professionally compiled to address the needs of students. This Plan uses "The Student Managed Drug Formulary" 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**.

By visiting **Pharmasave** on campus, **Walmart**, or **Costco**, and showing your benefit card, you can receive coverage of up to **100%** on your out-of-pocket prescription drug costs (up to a max of $40).

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

- Eligible drugs which 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.

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 plan is limited to one intra-uterine device (IUD) per benefit year. IUD's that do not contain medicinal content may be eligible for coverage under the Medical Equipment benefit.

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, including HPV and pneumococcal vaccines;
- 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;
- Smoking cessation products are covered at **80%** up to **$500** per benefit year.

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;
- Fertility drugs;
- Hair loss and hair growth agents;
- Household products such as, but not limited to, soap and toothpaste, prescription mouthwash;
- Oral drugs for the treatment of erectile dysfunction;
- Anti-obesity drugs;
- Vitamins (other than injectable).

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' General Association. 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.

Vision Care – 100%, up to $150 every 24 months

Charges for the following vision care are covered to the combined maximum of **$150** every 24 months:

- Eye examinations, by an Ophthalmologist or Optometrist, registered and legally practicing within the scope of their license, are covered. No amounts will be paid for contact lens fitting fees or retinal photos.
- 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.

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 Ontario, 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 **macgsa.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

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 **macgsa.drawbridge.ca** for more details

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.

Dental Benefits

At-a-Glance | 2026/2027

GSA
GRADUATE STUDENTS ASSOCIATION
OF MCMASTER UNIVERSITY

Benefit Maximum is $750 per Benefit Year

Diagnostic	**70%**	Exams, X-rays
Preventive	**70%**	Polishing, Scaling, Oral Hygiene Instruction, Space Maintainers
Restorative	**70%**	Fillings
Endodontic	**70%**	Root canals, Pulpotomy
Periodontic	**70%**	Root Planing, Management of Oral Disease
Oral Surgery	**70%**	Tooth and Root Removal
Anesthesia	**70%**	Deep, Inhalation, Intravenous, when required for a covered procedure

Payments will be based on the Ontario 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.

Using preferred providers can also help to reduce your out-of-pocket expenses, and they will submit your claim on your behalf.

Electronic Billing:
Account: PBAS
Carrier Code: 610256
Claim Format: NDC
Group No.: 615

Student Benefits
macgsa.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 **$750** per benefit 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 **macgsa.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 Ontario Dental Association Suggested Fee Guide for 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 **$750** per benefit 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 - 70%

Examinations

- Initial or complete examinations (once every 36 months)
- Recall examinations (once every nine months)
- Specific examinations
- Emergency examinations

X-rays

- Full mouth series x-rays (once every 36 months)
- Periapical x-rays (up to 16 films every 36 months)
- Bitewing x-rays (up to four films per benefit year)
- Panoramic x-rays (once every 36 months)

Cavity Prevention

- Polishing or cleaning teeth (once every nine months)
- Recall scaling (four units per benefit year, combined with root planing)
- Flouride treatment (once every nine months)
- Pit and fissure sealants (once per tooth every three years for dependants age 16 or younger)
- Space Maintainers (once per space for primary teeth, dependants age 14 or younger)

Restorative – 70%

Fillings

- Sedative, silver or white fillings
- Retentive Pins

Endodontic – 70%

- Pulpotomy
- Root Canal (once per tooth)

Periodontic – 70%

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

Oral Surgery – 70%

Major

- Extractions, erupted teeth
- Residual root removal

Minor

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

Anesthesia – 70%

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

Limitations to the Dental Care Benefit Plan

No amount will be reimbursed for the following expenses:

- bite plates, 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 **macgsa.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 **macgsa.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 **macgsa.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 **macgsa.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 **macgsa.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 **macgsa.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 add dependants (within the applicable deadline), and update your contact and direct deposit information.

Is there a mobile app?

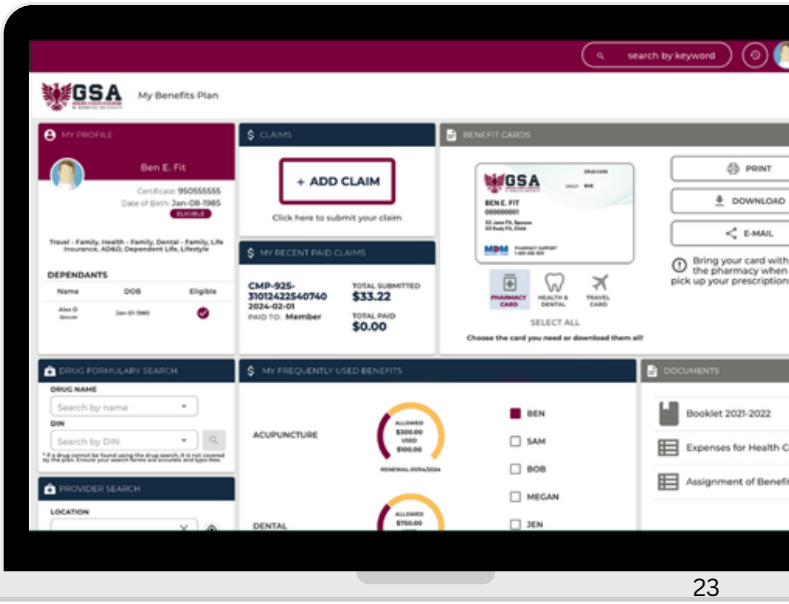
There is an App that allows you access your benefit card(s) and submit new claims conveniently. You can review your claim history, view up to date benefit balances, check your coverage, and much more.

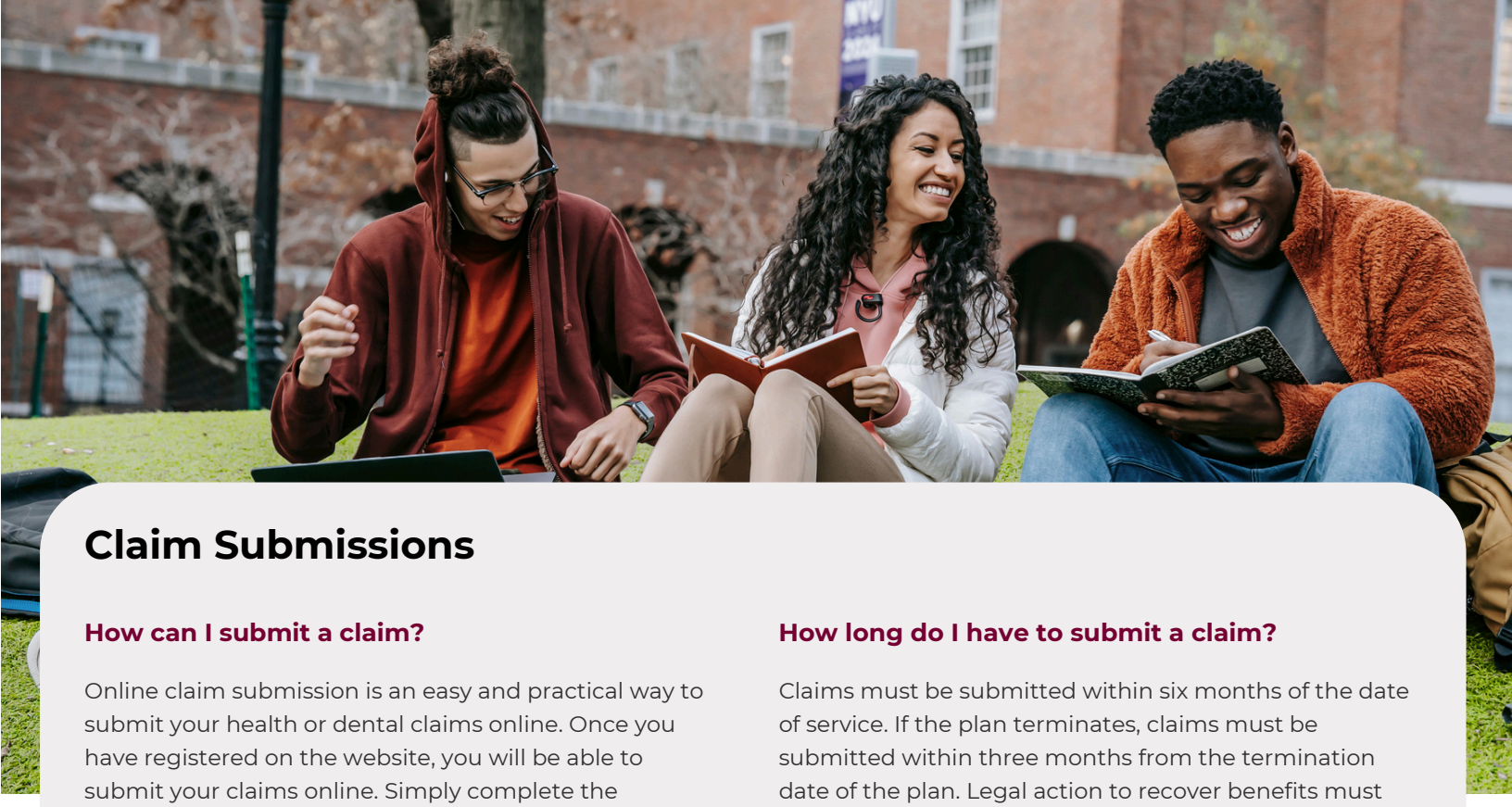
Simply search for "Drawbridge" under the Google Play or App Store to download. The Drawbridge website is also mobile friendly.

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 **macgsa.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 **macgsa.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 **macgsa.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 **macgsa.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

GSA
GRADUATE STUDENTS ASSOCIATION
OF MCMASTER UNIVERSITY

macgsa.drawbridge.ca

The PBAS Group
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